

National Deaf Children's Society

Child Protection
Policy, Procedure and Guidance

Local Groups Version

Policy Summary

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Introduction

1. Protecting children¹ is everyone's responsibility. Deaf and disabled children are particularly vulnerable to child abuse, so it is especially important to keep a watchful eye for signs of abuse or neglect.
2. Although very little research has been done in the UK regarding the vulnerabilities of deaf children, we know from studies around the world that deaf children are more vulnerable to neglect, emotional, physical, and sexual abuse than children in the general population. (Sullivan, Vernon, & Scanlan, 1987)
3. Research indicates that deaf children are more than twice as likely to be abused as hearing children – e.g. “20% of deaf children had been abused compared to a prevalence rate of 9% among the non-disabled child population” (Sullivan and Knutson, 2000).
4. Children with communication disorders are more likely to be physically and sexually abused than children without these disorders. (Sullivan & Knutson, 1998)
5. As a result of this research we are aware that children and young people whose families are receiving a service from NDCS and/or local groups are deemed to be especially vulnerable to abuse because of their deafness and in some cases other disabilities, and are less likely to be taken seriously when they disclose abuse. Workers have a duty to be vigilant in monitoring their welfare.
6. This policy applies to everyone who works or volunteers for NDCS or a local group, whether in a voluntary or paid role. Even if you are not sure about what is happening, you **MUST** take advice if you are worried.

NB It is expected that the government guidance Working Together to Safeguard Children, which applies to England and Wales, will be changed during 2013.

What this document contains and how to use it

7. The **NDCS Local Groups Child Protection Policy, Procedure and Guidance** should support your work in protecting children. It will help you to develop good practice and safeguard children.
8. In order to do this effectively, you should also undertake awareness raising or child protection training appropriate to your role. Some roles will require you to undertake more detailed training.
9. Throughout this document, certain words, phrases and names of policies are highlighted in order to help you find the information you need.

¹ The definition of a child in England and Wales and in Northern Ireland is a person aged 0 years to their 18th birthday. In Scotland a child is a person aged 0 years to their 16th birthday, though there are variations to this in relation to different functions. In child protection guidance, in all of the UK countries, a child is defined as a person under the age of 18 years. In Scotland, in some circumstances, a 16 or 17 year old is considered a “vulnerable adult”.

10. This document tells you in Section One about the NDCS **policy** about protecting children and the principles the organisation supports.
11. The **procedures** in Section Two tell you what you must do if you have a concern about a child, what your responsibilities are and how to respond even if it is out of hours.
12. The **procedures** also tell you how to respond if you think a child may be abusing another child and what to do if you think an adult working with children is unsafe to do so.
13. Section Three tells you how to create **a safer organisation** and includes information about volunteer and staff recruitment, induction, training and reporting concerns.
14. Section Four contains some more detailed **guidance** including definitions and indicators of abuse and harm to children. There are some slight differences in the different parts of the UK in how harm to children is defined. These are explained, but should not prevent you from acting if you are worried. There is also some information about some of the signs which might indicate that a child is suffering abuse or neglect. It explains the role of some other professionals in assessing and responding to concerns about child abuse so that you know what is likely to happen after a child protection referral is made.
15. Section Five gives some of the **forms, flowcharts and contact information** which should help you with your responsibilities.
16. There is a **form** to help you record clearly any concerns about a child and what you have done.
17. There are **flow charts** to explain;
 - how to report concerns about possible child abuse
 - what happens when the report is referred on by the Designated Person to one of the statutory agencies dealing with child protection
 - how to report concerns about a volunteer or member of staff who may be harming a child and the process for managing allegations.
18. There is also an explanation of the role of the **Designated Person** for child protection.
19. You should also read the **NDCS Guidance for Safer Working Practice for Adults who Work with Children and Young People** document. It explains clearly how all workers are expected to conduct themselves in relation to children. It should be fully used in the induction of new volunteers and staff and in the continuing supervision or appraisal of all volunteers and staff .

Section One: NDCS policy statement and overview

20. The National Deaf Children's Society recognises that the welfare of all children and young people is of paramount importance.
21. All children have the right to be protected from abuse. NDCS and its local groups will not discriminate in any way, for example on the grounds of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.
22. Safeguarding their welfare is the responsibility of every NDCS and local group worker², whether salaried or voluntary, whatever their role or status. It is also the responsibility of our partners, in the UK and overseas.
23. The procedures outlined below apply to the UK, though legislation differs slightly between England and Wales, Scotland and Northern Ireland. However, it is NDCS policy that we will expect our partners overseas to develop child protection policies consistent with the UN Convention of the Rights of the Child and the child protection legislative framework of those countries. We will support our partners' policies and procedures through the work of Deaf Child Worldwide.
24. NDCS uses the following definition of safeguarding:
 - **protecting children from maltreatment;**
 - **preventing impairment of children's health or development;**
 - **ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and**
 - **taking action to enable all children to have the best outcomes³**

And the following definition of child protection:

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm,⁴

25. NDCS staff and local group workers have a responsibility to report concerns of suspected abuse or poor practice to a designated person for child protection within their department/group.
26. NDCS and its affiliated local groups are committed to promoting the seven key themes found in the UN Convention on the Rights of the Child and reflected in the objectives for children's services in the 4 countries of the UK:
 - Being healthy

² The term 'worker' refers to roles in the organisation which involve work with children whether on a paid or voluntary basis. Local groups affiliated to NDCS are expected to adopt this definition.

³ Working Together to Safeguard Children 2013

⁴ Working Together to Safeguard Children 2013

- Staying safe including being free from abuse, victimisation and exploitation, accidental death or injury, bullying, discrimination, crime and anti-social behaviour
 - Having a nurturing place to live
 - Enjoying, learning and achieving
 - Making a positive contribution and being listened to
 - Achieving economic well-being
 - Security, stability, and a respect for the human rights of children
27. This policy is intended to ensure that NDCS staff and local group volunteers and staff play their part in the achievement of these objectives.
 28. Any child, whether deaf or not, with whom a local group volunteer or member of staff may come into contact in the course of NDCS duties has the same right to be protected from abuse or neglect.
 29. Each child should be treated as an individual, encouraged to express their own needs and wishes, and be listened to by the worker.
 30. Children's complaints and concerns should be taken seriously and responded to swiftly and appropriately.
 31. NDCS and local group workers will work co-operatively with all agencies who share responsibility for protecting children from abuse.
 32. NDCS encourages working in partnership with children, parents and carers, whenever possible, where there are concerns or suspicions about child abuse.
 33. All workers who have direct contact with children and their families will be recruited, trained and supervised to ensure that they are properly equipped to:
 - Identify where there may be a concern
 - Know how to obtain speedy and professional advice
 - Refer concerns appropriately to specialist workers as necessary
 - Contribute to the maintenance of a safe working environment and protect themselves from allegations of abuse
 34. NDCS and local groups will ensure that those who work with children and their families are subject to the appropriate level of criminal records and other checks prior to their appointment, in line with government policy. (See **NDCS Safer Recruitment and Vetting Policy**)
 35. All workers are required to work within the **NDCS Guidance for Safer Working Practice for Adults Who Work with Children**.
 36. NDCS and its affiliated local groups are committed to respond to any allegations of abuse by volunteers or staff promptly and to implement the appropriate complaints, disciplinary and appeals procedures as necessary.

37. Information sharing will be compliant with current data protection and human rights legislation.
38. This policy and procedure will be reviewed annually.

Section Two: NDCS Child Protection Procedures Responding to Child Protection Concerns

What to do if a child tells you about abuse or if you are concerned about a child's welfare?

39. The meaning of 'tell' is very broad in this context. Often, it is not what a child says or signs, but what s/he does, or does not do, that alerts you. A child may be frightened to talk or sign about what is happening at home. Sometimes, communication difficulties have made speech or sign impossible. A child may display sudden or strange changes of behaviour, for example angry outbursts or complete withdrawal. A child might become unusually dirty or dishevelled, may lose weight dramatically or look exhausted. Changes in behaviour or appearance that worry you must be passed on. It may be that what is happening has nothing to do with child protection, but there may still be a need for support in other ways. So the agencies that can offer this help need to be alerted.
40. **Listen Carefully.** Most children find it difficult to talk about abuse. If they have summoned up the courage to talk to you, it is because they believe you can help. Now is not the time to be working out whether what you hear can possibly be true.
41. **Let the child lead the pace.** Try not to ask questions. Don't jump in to fill pauses. Keep the conversation going with encouraging nods, attentive eye contact and repetitions of what has been said or signed.
42. **Once is enough.** Once you know you will have to report what you have been told, don't ask the child to repeat what s/he has said. Make sure the child knows that s/he is not alone, and that you are taking what s/he says seriously. You will be getting help from someone who knows what to do in this kind of situation.
43. **Be honest.** Answer the child's questions as honestly as you can; if you don't know the answer, say so, but say you will try to find out.
44. **Don't investigate, don't confront.** Your job will be to pass on the information, not to investigate. Don't confront the alleged abuser; this will not be helpful and may cause difficulties for any investigation.
45. **Remember the boundaries of confidentiality.** Never promise total confidentiality if you are told about possible abuse. You will almost certainly have to share the information in order to help keep the child safe. If a child wants to tell, but wants a promise of confidentiality first, tell the child that if you believe that the child or anyone else might be harmed, you cannot keep a secret. If the child is not able to say anything more, you can help them find some privacy and a telephone to contact Childline (0800 1111 or Textphone 0800 056 0566 for hearing impaired children). This is a totally confidential service.

46. **Seek advice.** Explain to the child that this kind of thing happens to a lot of children; that's why you are able to talk to people who know what to do to help. Enlist the support of your Designated Person in making a confidential report. Even if the account the child has given seems vague or unlikely, still take advice from the Children's Social Care service in the area where the child lives. You can do this, if necessary, by discussing the situation without mentioning any names. Local Group Designated Persons can seek advice from the **NDCS Local Groups Designated Person or the NDCS Child Protection Advisor** (details on P 42).
47. **Keep contact numbers handy.** Some general contact numbers are given at the end of this document. But it's useful to have the numbers for your local police, social workers and other useful organisations in your area ready to hand.
48. In conclusion, your job is to **listen, support and pass information on.** Then let the experienced professionals take over, and cooperate with them in any way that you can to protect the child.

What to do if a child tells about abuse or you have concerns about a child's welfare when they are away from home (e.g. at a residential or an event without their parents present).

49. The immediate decision you will face is whether the child is safe to go home, for example, you will need to consider what to do if the alleged abuser is likely to be there. If you believe the risk to the child is serious and immediate, or the child does not feel safe to go home, call the local Children's Social Care/ Social Work service Emergency Duty/Out of Hours Team or the Police. Make clear that this is a child protection matter and take advice on what to do next. You can also seek advice from the **NDCS Local Groups Designated Person or the NDCS Child Protection Advisor** (details on P 42), but do not delay taking action if you cannot contact them.
50. As soon as possible after receiving the information or becoming aware of the concern:
51. **Make a careful log of what has happened:** what the child told you (use the child's own words as closely as you can); what you saw and heard; when and where the alleged abuse took place; who was involved, when and where the child told you about it.
52. **Log any calls you make** e.g. to children's social care/social services team or the police. Put a full date and time on the log. (See the Child Protection Incident Report Form on P36.)
53. **Contact your Local Group Designated Person** to tell them what has happened and seek advice. Go over the log together to make sure it is clear, then give it to the Designated Person for filing in a secure place. It might be needed by other agencies.

54. **The Designated Person should call the appropriate Children's Social Care team⁵ (local to the child's address),** if you have not already made an emergency referral. Make sure s/he has to hand the details of the child's name(s), address and date of birth on it.
55. **The Designated Person where possible should seek advice on whether or not to inform the parents or carers of the referral, and will:**
56. **Follow up the call with a written note** (s/he will be advised about what needs to be included in it by the social worker who takes the call).
57. **The Designated Person will keep a copy of your log, plus a log of any further action.**
58. If your Designated Person is not available, and you believe the child is in imminent danger, contact the Police and explain that this is a child protection call. They will advise you on what to do next. You can also seek advice from the **NDCS Local Groups Designated Person** or the **NDCS Child Protection Advisor** (see P 42 for details)

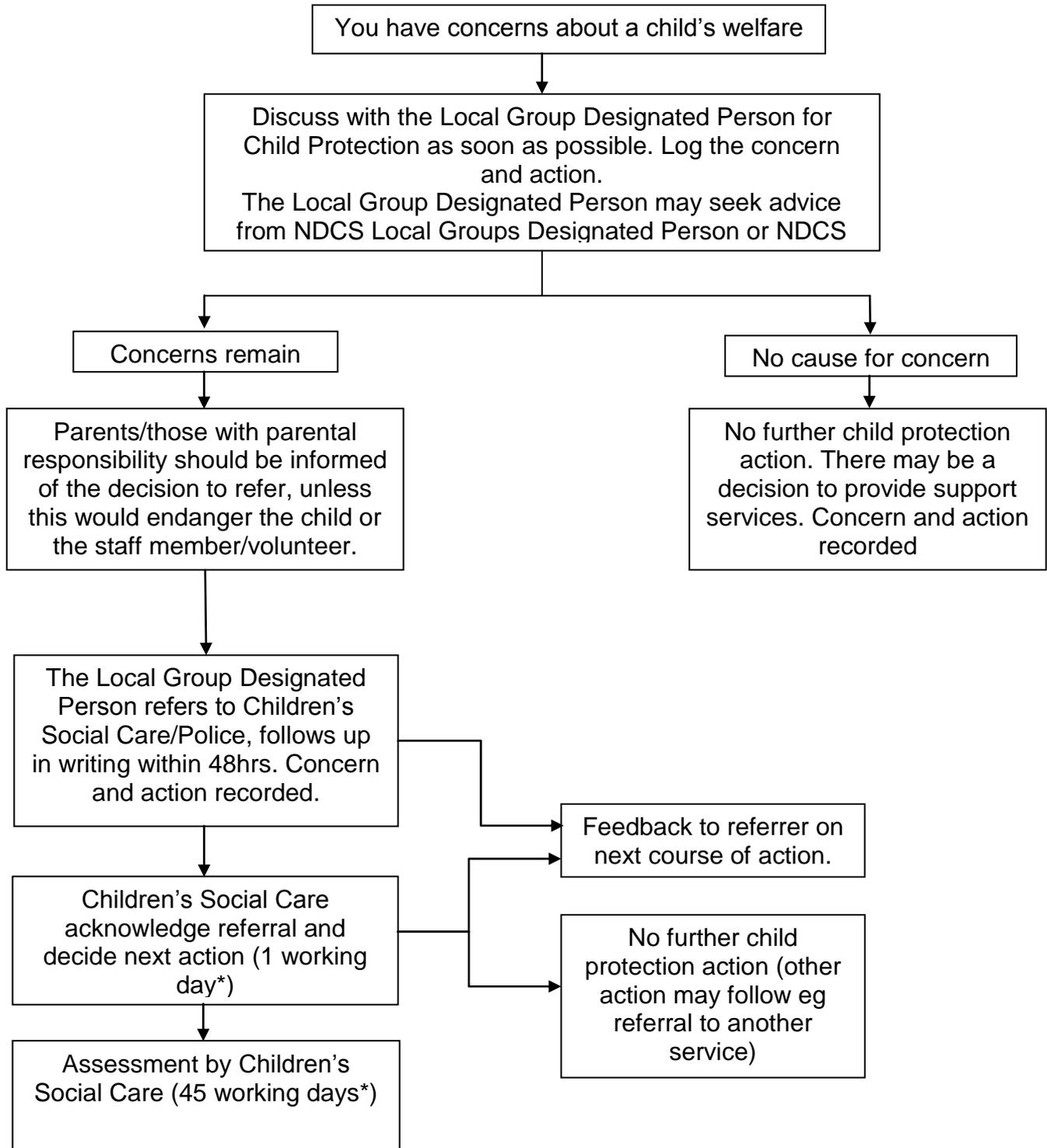
What to do if you have concerns about a child or young person who might be harming other children?

59. It is important to be aware that children can abuse other children. There is a range of behaviours, starting with normal childhood activity, which in the extreme can extend to bullying, violence or sexual assault. Sexual activity between children and young people under the age of consent can form part of normal childhood exploration, but in some circumstances can be abusive.
60. It is therefore important to understand the difference between consenting and abusive, and between appropriate and exploitative peer relationships. Staff should not dismiss some abusive sexual behaviour as 'normal' between young people, and should not develop high thresholds before taking action. See **NDCS Relationships and Sexual Health Policy** for more detailed guidance about consent.
61. Therefore when a child or young person within or outside the family alleges abuse by another child, the child protection procedures must be followed in respect of both the victim and considered in relation to the alleged abuser.
62. It is not the responsibility of NDCS or Local Group staff to make an assessment of the needs of either child, but to identify the level of concern and make appropriate decisions about immediate action and referral.

⁵ This will usually be called the children's social care team or children's social services and is part of the local Council, or in NI the Health and Social Services Trust. You need to speak to the Duty Child Protection Worker or Duty Social Worker.

63. The principles of the child protection procedures as outlined above in paragraphs 39 – 57 should be followed: **Listen Carefully: Let the Child Lead the Pace: Once is Enough: Be Honest: Don't Investigate, Don't Confront: Remember the Boundaries of Confidentiality: Seek Advice: Keep Contact Numbers Handy: and out of hours, Make a Careful Log: Log any Calls: Contact the Designated Person.**
64. In addition, it is important to follow these additional steps:
65. **Be Aware** of what is happening between children and young people. Good, but unobtrusive, supervision can prevent many problems from escalating.
66. **Don't Overreact.** However distressing the situation, stay calm and keep your language and behaviour neutral. The outcome for both children can be affected by the way that adults respond.
67. **Gather Information.** It will be important to record the detail of what the alleged victim, the alleged perpetrator and any other children who were present have to say, without taking an investigative approach.
68. **Consider** whether there is a need to make **an immediate referral** to the Police and Children's Social Care. This might be important in the case of a very serious allegation of assault.
69. **Consider whether both children can remain at the activity/event.** This will depend to a large extent on whether both children can be kept safe. The views of the alleged victim (and their parents in the case of a young child) should be consulted and a risk assessment conducted.
70. **Consider**, with the Designated Person, **the need to report** the matter to Children's Social Care and the Police in respect of each child. If the alleged victim wishes a report to be made to the Police then this is what should happen. If they express a wish for this not to happen, this should still be considered, in the interests of the alleged perpetrator and other children.
71. The needs of children and young people who abuse other children should be considered separately from the needs of their victims, and an assessment should be carried out by the statutory agencies in each case. They may also be in need of protection. The perpetrator of abuse should therefore also be referred to the statutory child protection agencies. Children who harm others should be considered as children in need but should also be held responsible for their actions. See P 31 for additional information about sexually harmful behaviour

How to Report Child Protection Concerns Flow Chart



It is essential that any worker who suspects or knows of abuse raises their concerns in line with procedures. Failure to report concerns may lead to disciplinary action, or in the case of a volunteer, suspension pending investigation.

***Immediate action to protect the child may be taken if necessary. See Appendix 1 for flowchart about what happens next**

Responsibilities of the Local Group after a referral is made.

72. If the statutory child protection agencies decide a child is at risk of significant harm, a child protection plan will be formed in order to try and keep the child safe and support the child and family appropriately in taking measures to lower the level of risk. Wherever possible, work will be done to try and keep the child within the family. But if the child cannot be safe there, despite everyone's best efforts, the child will be looked after by the local authority instead of the parents.
73. The role of the Local Group is to support the statutory agencies in seeking the best outcome for the child. This responsibility may not end at the referral stage.
74. An inter-agency strategy meeting may be called to discuss the situation and you may be asked to attend. Any such requests should be discussed with the Local Group Chair.
75. There may be a request from other agencies to contribute to the child protection plan that is formed for a child who has been referred. This should be discussed with the Local Group Chair.
76. The volunteer or staff member who recognised the possible abuse, or who heard the disclosure from the child, may require appropriate de-briefing and emotional support from the Local Group Designated Person or an external source. Local Groups are encouraged to draw on local resources for support.
77. If the statutory agencies record or investigate your concerns but decide to take no further action, parents may want to know why a referral was made. The Designated Person should be involved, as appropriate, in explaining the actions taken in accordance with this policy.
78. Local Groups can also seek advice from the **NDCS Local Groups Designated Person** or the **NDCS Child Protection Advisor** (see details P 42)

What to do if you have concerns about an adult who works with children? (This section applies to anyone who works with children, whether as a volunteer or member of staff).

79. Sometimes, adults deliberately seek work or positions as a volunteer that will give them ready access to children for sexual abuse. There may be others who would be horrified at the thought of harming a child, but who nonetheless unintentionally put children at risk, or actually harm them.
80. Ideally, you should be working in an ethos of open and honest comment. So, if you are worried about something a volunteer or staff member does, you can talk directly to him/her about it at an early stage – just as s/he would talk to you if your practice was not quite following safer practice guidance.
81. This open and honest relationship between those who work with children protects children. It also protects the worker from misunderstandings and false

allegations. However, you should be aware that those who may seek to deliberately harm children will try to conceal their actions from others.

82. NDCS has a clear, comprehensive **Whistle blowing Policy** to help protect children from those who might put them at risk. This policy is available to local groups and is likely to be helpful (see page 41). You should seek advice from your Local Group Designated Person where you observe:
 - a lack of appropriate boundaries e.g. in physical contact;
 - personal issues affecting behaviour with children;
 - ignorance of, or refusal to accept, health and safety issues;
 - an uncontrolled tendency to lash out when angry;
 - special attention to a child or group of children that singles them out from the rest of the group;
 - attempts to make contact with children outside the work environment;
 - flouting of guidelines for behaviour with children;
 - possible targeting and grooming of individual children;
 - a child's disclosure of abuse or of behaviour that has made the child feel unsafe
83. If the Designated Person is the person about whom you have concerns, contact the appropriate local authority Children's Social Care Team or the Police.
84. Reporting the behaviour of a colleague is usually an uncomfortable situation, particularly if you are unsure about what is happening. You might be worried that you are over-reacting and that you might be wrong. It is useful to consider what could happen if your concerns are well-founded and you fail to act: it is very likely that children will come to harm. So it is better to be safe than sorry. Your role is to pass on concerns, not to investigate their merit. You have no option but to pass on concerns about behaviour in a colleague that worries you.
85. This applies whether or not the individual you are concerned about works for NDCS or for any other organisation.
86. You may be asked to provide written details of your concerns.
87. **Whistle blowing Policies** are designed to protect people during the process of investigation; if the person's concerns turn out to be mistaken, they should not be made to feel that they were wrong to bring it to anyone's attention. Whistle blowers are protected by the law. You may find it helpful to refer to the **NDCS Whistleblowing Policy** for more details (see page 42)
88. Concerns about the conduct of an adult who has a role working (whether in a paid or voluntary capacity) with children may need to be dealt with via a number of procedures: Child Protection Procedures in the area in which the child lives, Disciplinary Procedures of the organisation the adult works for and Criminal Investigation by Police in the place where any alleged offence took place. There may be other children whose safety also needs to be considered.

89. Because this can be a complex matter to manage, all Local Safeguarding Children Boards in England and Wales have a **Local Authority Designated Officer(s)** who will co-ordinate the process by means of a strategy meeting (sometimes a series of meetings). This process is known as **Managing Allegations**. Area Child Protection Committees (will become Safeguarding Boards) in Northern Ireland and Child Protection Committees in Scotland have arrangements for dealing with allegations which do not involve the role of a Local Authority Designated Officer(s) , but do include strategy or interagency discussions.
90. The Designated Person and the Group Chair will make the decision about referring an adult to the Local Authority Designated Officer(s) or equivalent, and are responsible for liaising with the Police and the Local Authority Designated Officer(s). The decision about whether or not a volunteer or member of staff should be suspended should be taken in consultation with the statutory agencies, but is the responsibility of the Designated Person and the Group Chair.
91. Local Groups can also seek advice from the **NDCS Local Groups Designated Person** or the **NDCS Child Protection Advisor** (see P 42 for details)
92. For further information turn to the flowchart on P 38

Section Three: Creating a Safeguarding Organisation and Culture (Recruiting, Managing and Supporting Volunteers and Staff Safely)

Recruitment and selection

93. NDCS and Local Groups know that it is possible that unsuitable people may attempt to get work in our organisations. Deaf children, and any child with a disability, are more vulnerable to abuse, especially sexual abuse. All workers need to be aware that unsuitable individuals who seek to get access to children may 'slip through the net' and gain work, either as volunteers or as paid members of staff. It could happen.
94. The best way to ensure that only the most suitable people are recruited to work with families is to have rigorous recruitment and selection policies. NDCS and Local Groups' recruitment and selection policies are designed to deter unsuitable individuals from seeking work with children.
95. The recruitment and selection process includes a number of checks and processes which are designed to give a full picture of the suitability of an individual to work with children. Whilst they are important, criminal records checks are only one element of the selection process.
96. The term "working with children" is used to cover adults who work with children whether in a paid or voluntary capacity. NDCS is working to ensure that recruitment, selection, training and support of volunteers meets the same standards as that for employed staff, recognising that it is not always possible to place the same requirements on volunteers as on employed staff. Therefore the following information applies to all roles unless otherwise stated.

Disclosure and Barring Service/Disclosure Scotland/Access NI Disclosures

97. The Disclosure and Barring Service in England and Wales has replaced the Criminal Records Bureau and the Independent Safeguarding Authority. Access NI continues to undertake disclosures and is working with the DBS to undertake barring activity. In Scotland, Disclosure Scotland undertakes disclosures and individuals will be expected to register with the Protection of Vulnerable Groups Scheme.
98. All newly appointed Committee members are required to undergo an Enhanced DBS/Access NI/PVG check through the umbrella body appointed by NDCS to carry out criminal record checks for local groups. In addition, all volunteers and staff whose work meets the definition of regulated activity are required to undergo an Enhanced criminal record check through the umbrella body appointed by NDCS and be checked against the list of those barred from working with children.
99. The new definition of regulated activity (i.e. work that a barred person must not do) in relation to children comprises, in summary:

(i) unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children;
(ii) work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises.

Not work by *supervised* volunteers;

Work under (i) or (ii) is regulated activity only if done regularly:

Regularly means care or supervision of children if carried out by the same person

frequently (once a week or more often)

or on 4 or more days in a 30-day period

or overnight

100. Disclosures for volunteers are free of charge.

101. NDCS works with the DBS (in England and Wales), Disclosure Scotland, and Access NI (in Northern Ireland) to obtain relevant information about potential employees and volunteers. **No new employee or volunteer is permitted to come into direct unsupervised contact with children until their Disclosure has been received and cleared by the person responsible within the local group.** Where no disclosure (or equivalent) is available, please refer to NDCS Safer Recruitment and Vetting Policy for further guidance.

102. NDCS employs an outside umbrella organisation, to process checks on behalf of **local groups**. To initiate criminal record checks for your local groups, the Designated Person within your local group should contact local.groups@ndcs.org.uk to carry out criminal record checks for relevant people in the Local Group. The Designated Person for the local group is then required to show original versions of their identity documents and criminal record certificate to NDCS either via post or face to face, to prove their identity and suitability for the role.

Self- Disclosure

103. All candidates who will be working with children should complete a **self-disclosure declaration** as part of their application. The declaration requests information about any concerns there may have been in the past about conduct with children, as well as any criminal convictions, cautions and bind-overs. This is done in addition to – never instead of - the DBS Disclosure.

104. The self-disclosure form used by the local groups is shown on P40.

Vetting and barring of individuals who work with children

The Disclosure and Barring Service (England and Wales)
Access NI (Northern Ireland)

105. In England and Wales the Disclosure and Barring Service replaced both the Criminal Records Bureau and the Independent Safeguarding Authority from 10 September 2012.

106. Major changes in September 2012 were:

- New definition of regulated activity.
- Repeal of controlled activity.
- Repeal of registration and continuous monitoring.
- Repeal of additional information.
- Minimum age (16) at which someone can apply for a DBS Disclosure check.
- More rigorous 'relevancy' test for when the police release information held locally on an enhanced DBS check.

107. Not changed:

- You must make appropriate referrals to the ISA/DBS.
- You must not engage in regulated activity someone whom you know has been barred by the ISA/DBS.
- Everybody within the pre-September 2012 definition of regulated activity will remain eligible for enhanced DBS checks, whether or not they fall within the post-September definition of regulated activity.

108. In Northern Ireland, from December 2012, the Disclosure and Barring Service will deal with barring decisions. Access NI will continue to provide criminal records Disclosures.

109. From 17 June 2013, there will no longer be an employer's copy of the Disclosure. Therefore the prospective employee or volunteer will be asked to provide their Disclosure before their employment/volunteer status can be confirmed.

110. From 17 June 2013, individuals will be able to register for the update service. Where individuals have done this, NDCS will be able to check up to date disclosure information online.

111. Key changes in September 2012 were:

- Scaling back of regulated activity.
- Repeal of controlled activity.
- Repeal of registration and continuous monitoring.

112. Not changing:

- You must make appropriate referrals to the ISA/DBS.
- You must not engage in regulated activity someone whom you know has been barred by the ISA/DBS.

- Everybody within the pre-September definition of regulated activity will remain eligible for enhanced Access NI checks, whether or not they fall within the post-September definition of regulated activity.

The Protecting Vulnerable Groups Scheme (Scotland)

113. The Protecting Vulnerable Groups Scheme (PVG Scheme), which implements the provisions outlined in the Protection of Vulnerable Groups (PVG) (Scotland) Act 2007 will be managed and delivered by Disclosure Scotland which, as an agency of Scottish Government, will take on additional responsibilities. This will include taking decisions, on behalf of Scottish Ministers, about who should be barred from working with vulnerable groups. The Scottish government has decided to continue with implementation of the scheme regardless of the reviews in England and Wales and Northern Ireland.
114. Any person intending to work in any capacity, whether paid or voluntary will be expected to register with the scheme. The scheme started in 2011 and will take 4 years to be fully implemented. Electronic applications will be in place from 2012.
115. In the meantime, NDCS will make referrals to the DBS and PVG as required of any individual who may be unsuitable to work with children.
116. Local groups may find it useful to look at the **NDCS Policy and Procedure Safer Recruitment of Staff and NDCS Policy Recruitment of Ex-Offenders for more detail (see page 42)**.

Induction for new volunteers and staff.

117. Even a careful and safe recruitment and selection process cannot solely be relied upon to ensure that all newly recruited volunteers and staff are suitable to work with children. Induction of volunteers and staff is a very important tool to keep children safe, and gives clear information about proper behaviour with children.
118. All new volunteers and staff should complete an induction, usually led by a Committee member. This will show them the requirements of their role and reinforce the principles of NDCS and Local Groups. As part of this induction, all newly appointed volunteers and staff who will work directly with children agree to work within the **Guidance for Safer Working Practice for Adults Who Work with Children and Young People** document and they are required to sign an agreement to this effect. A copy should be kept on file by the Group Secretary. In addition, all newly appointed volunteers and staff who work directly with children should read and understand the **NDCS Child Protection Policy, Procedure and Guidance** document and may find it helpful to read the **Whistle blowing Policy**. Staff in roles not directly working with children should be made aware of NDCS policy in relation to safeguarding children and how to access the relevant procedures and advice.

119. Everyone is responsible for safeguarding children; best practice should be for all volunteers and members of staff to have access to supervision from a named person and regular discussions with that person. (Local Groups will need to determine if they are able to reach this standard given their resources and circumstances).

Training

120. Training in safeguarding and protecting children is available for volunteers and staff who have contact with children. This consists of two online modules (provided through Educare); **Child Protection** (for most people) and **Staying Aware** for people who have some knowledge and have undertaken some training. There is also an NDCS Child Protection DVD available to watch, with BSL and subtitles.

Induction and training for volunteers and staff in the local group

121. All Local Group volunteers and staff working directly with children should complete an induction, usually led by a Committee member and to undertake a basic level of Child Protection training. This may be via watching the NDCS Child Protection DVD and completing a questionnaire, or via online Educare training, both of which are Free to Local Groups via NDCS. Local Groups may also be able to access face to face Training via their Local Safeguarding Board. Local Groups staff and volunteers should read the **NDCS Child Protection Policy for Local Groups or the summary version of this policy and should be made aware of who the Local Groups Designated Person is. Local group volunteers and staff** should also have access to supervision from a named person.
122. Local Group volunteers and staff should receive a briefing about child protection which highlights the essential messages from these documents, at the start of every activity or residential event where they have supervisory responsibility for children.

Responsible Reporting (Whistleblowing)

Responding to allegations about the behaviour of a volunteer or staff member.

123. If any volunteer or staff member has any concerns about the behaviour of colleagues with regard to children they should follow the procedure below.
124. If you have concerns about, or if an allegation is made about, a volunteer or staff member:
- Report concerns to the Local Group Designated Person at the earliest opportunity
 - Record information about what you have seen or heard, with details, remembering to separate fact from opinion
 - The Designated Person will inform the Local Group Chair

- The Designated Person/Local Group Chair will refer the matter to the Local Authority Designated Officer(s).
125. The Designated Person is primarily responsible for taking all reasonable steps necessary to secure the safety of any child who may be at risk.
126. The Designated Person/Local Group Chair is responsible for liaising with the Police or the Local Authority Designated Officer(s).
127. There may be a number of processes which need to be co-ordinated:
- Child protection investigation in relation to the allegation
 - Action to ensure the safety of other children
 - Criminal investigation by the Police
 - Disciplinary/volunteer procedures
 - Action in relation to any other organisation's disciplinary procedures
128. In order to ensure that these matters are properly co-ordinated the **Local Authority Designated Officer(s)**⁶, who usually works for or with the Local Safeguarding children Board, will need to be contacted. S/he will convene any **Strategy Meeting** which is required. In most cases the timing of action/s will be agreed by the Strategy Meeting. However, this should not prevent any organisation taking decisions in relation to contact with children (eg suspension from duty/activity) should this be necessary.
129. See separate disciplinary procedures for paid staff and volunteers, for more detailed information.
130. In the case of a volunteer or staff member reporting concerns about a colleague, appropriate support should be provided for all relevant workers in accordance with the **Whistleblowing Policy**.
131. Advice and support can be obtained from the **NDCS Local Groups Designated Person or the NDCS Child Protection Advisor**. (see page 42 for details)

⁶ In England and Wales. In Scotland and Northern Ireland, the Local Authority Designated Officer(s) role is not specified in guidance, but similar procedures exist.

Section Four: Guidance

Definitions of abuse

Significant Harm

132. The child protection framework deals with families, or those who have a family-type responsibility for children. It is different from the criminal process, although in very serious cases of abuse there will be criminal and child protection enquiries going on side by side. The priority for good child protection work is to ensure that children are in the best possible situation for their potential to be fulfilled as they grow. For most children, even when parenting styles cause concern in the community, outcomes for the child are best if a child grows up in his or her own family. The concept of significant harm is outlined here for information. However, the decision about whether or not a child is suffering or is likely to suffer significant harm is a decision to be taken by the statutory child protection agencies, not for employees or volunteers in NDCS or local groups.
133. **The concept of significant harm (or threshold of risk, in Scotland), is the threshold between children who might be in need of support or services from the local authority, and children who are simply not safe at home, and need protection. If you are concerned about a child, you MUST seek advice.**
134. To cross that threshold into significant harm, the child protection agencies must agree that:
- the child has suffered, OR is likely to suffer, significant harm already, AND
 - this harm or likelihood of harm is a result of the parental care of the child.
135. The term 'significant' is a matter of judgement. Each child has to be considered individually. Even in the same family, one child might cross the threshold and a sibling might not. Significant harm could be the result of one incident – a physical beating, a serious sexual assault, for example. But sometimes it is more difficult to recognize; the threshold is reached after repeated activity or damage building up over a period of time. Emotional abuse and neglect often fall into this pattern. This is why it is so important to keep careful records of any concerns, as they build an accurate picture of what has been happening and what changes you may have seen in that child
136. Remember to consider the **impact on the child** when abuse occurs, whether it is a one – off event or the result of continuous concerns. However much sympathy you might have for the stress parents are suffering or the difficult situation they are in, you have a duty to refer if you are worried.
137. **If you have any doubts about whether or not you are looking at significant harm, always refer on to someone who has the skills and experience to help you decide.** It is better to be cautious than risk harm to a child. Remember, you do not have to have evidence of harm to a child: if you believe that a child *might* be at risk of harm that is enough to trigger asking for advice.

138. See P42 for useful contacts for advice and support if you suspect a child might be at risk.

Definitions of Abuse: England and Wales

Physical Abuse

139. 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. Please see P28 for additional information on smacking.

Emotional Abuse

140. 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 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.

Sexual Abuse

141. 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 (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

142. 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.

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

Definitions of Abuse: Northern Ireland

144. Significant harm is identifiable under four headings:

Physical Abuse

145. Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour. Please see P28 for additional information on smacking

Emotional Abuse

146. Emotional abuse is the persistent ill-treatment 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, or valued only insofar as they meet the needs of another person. It may involve 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 ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

Sexual Abuse

147. Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

148. Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing

to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

Definitions of Abuse: Scotland

Physical Abuse

149. Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. For further information, see the section on fabricated or induced illness.

Neglect

150. 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from "non-organic failure to thrive", where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

Emotional Abuse

151. Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a 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 involve the imposition of age- or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Sexual Abuse

152. Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a

child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Indicators of Abuse or Neglect

General

153. There can never be a definitive list of signs and symptoms of abuse. Children are all individuals and the spectrum of abuse is very wide. Below are some of the common signs that are seen in abused children. However, many of them can be explained by something other than abuse, and many abused children behave in a way that is not described below.
154. Deaf children may already be facing difficulties with communication and other aspects of deafness, which can affect the family or child's behaviour and make problems more difficult to detect. There are likely to be many people involved in the care of a deaf child, and if abuse is suspected, there may be quite a few people who had the opportunity. Also, deaf children may have problems with communicating clearly what has happened to them. Yet a clear account of what has happened is an important part of the protection process.
155. Children with disabilities are, unfortunately, significantly more at risk from abuse, especially sexual abuse. Any sudden change from a child's typical behaviour, or any situation where your instincts tell you something is not right, should be discussed with your designated person.

Indicators of physical abuse

156. Parents have the right to reasonable discipline of a child, but if an injury is left on a child as a result, the line has been crossed. (In Scotland, hitting a child who is under the age of 3, or hitting any child on the head area, is also considered to be unreasonable).
157. **Always ask about an injury.** Use an open, non-threatening question e.g. 'How did that happen?' Ask the child rather than the parent, unless communication with the child is not possible. If the injury you see does not fit the explanation, or if there is something about the reaction of the child or adult that makes you suspicious, always seek advice.
158. Typical indicators of physical abuse include:
 - **black eyes**
 - **'fingertip' bruises that seem to have been made by a hand, or marks that show something has been used to hit the child**
 - **signs (or disclosure) of over-restraint** (e.g. tying a child up);
 - **poisoning** (resulting from giving a child inappropriate drugs or alcohol)

- **locking a child up**
- **denying access to food or to equipment** e.g. hearing aids or a walking frame needed by a child with a disability;
- **fabricated illness** (this used to be called Munchausen's syndrome by proxy). A fabricated illness is one that the carer has deliberately induced (e.g. with drugs) or that the carer pretends is there, allowing the child to undergo medical examinations and treatments that are not necessary.

159. Use the Child Protection Incident Report form (P 36) to make a note of exactly where on the child's body an injury was, and what it looked like. This will be very helpful to the child protection professionals who will help you deal with the situation. Be as detailed as possible: for example, rather than 'a bruise on her face', say 'a bruise the size of a five pence piece just above the left cheekbone'.
160. **Speedy action is vital** in physical abuse; it is the abuse most likely to result in serious injury or even death if it happens again.

Indicators of sexual abuse

161. Sexual abuse covers a wide spectrum of behaviour. It may involve no physical contact at all, for example if children are shown pornography or made to pose for pornographic images. What these behaviours have in common is that **the contact is being sought for the sexual gratification of the adult, who exploits the child for his or her own gain.**
162. The indicators shown below are not necessarily signs of sexual abuse, but they are often found in sexually abused children. Seek advice from your designated person promptly, if you are worried about sexual abuse. Do not talk to the parents/carers about it without taking advice first.
- **sexual behaviour beyond a child's years.** Very young children often inadvertently disclose abuse because they copy patterns of behaviour that show a really advanced sexual knowledge that is way beyond that of their peers.
 - **reckless behaviour, self-harm, withdrawal or sudden aggression**
These behaviours are certainly likely to be indicators of distress; they may or not be abuse, but either way the underlying cause needs to be addressed.
 - **injuries around the genital area or recurrent and unexplained urine infections** can indicate abuse and may in any case need medical attention.
 - **fear of certain places or people.** Of course, some children develop what appear to be irrational fears for all sorts of reasons, but a fear that is sudden, or unusual, may be an indicator of harm
 - **explicit drawings or writing** can be a way of re-living abuse, or perhaps trying to make sense of what has happened. These behaviours can be repetitive and compulsive.

163. **Sexual abuse is almost always (over 90%) perpetrated by someone the child knows and trusts.** Children with disabilities may be specifically targeted because of communication difficulties or a sense of isolation from their peers and/or family. Often, a relationship is built with the child and the family before abuse begins, making it even harder for the child to tell.
164. In addition to the information provided in this document about sexual abuse, volunteers or staff members should read the **NDCS Relationships and Sexual Health Policy (see page 42)**..

Indicators of inappropriate sexual behaviour between children

165. The following may indicate that there should be concern about sexual contact between children:
- Difference in age and/or development and/or understanding
 - Difference in physical size
 - Any suggestion of manipulation, coercion, threats, bribery or physical force

Indicators of emotional abuse

166. 'Persistent' is the key word. No parents behave impeccably towards their children all the time; they get tired, stressed, and perhaps unwell. The threshold is crossed when the child is receiving a drip-feed of negative or uncaring messages: children grow up feeling worthless, unloved or only loved as long as they measure up to the standards of what the parents consider to be a 'good' child. Emotional abuse can lead to:
- **global delay** for which no underlying cause can be established
 - **fear of trying anything new**, which can be either because children have been taught to believe they will fail, or because they have been so over-protected they see the world away from their parents' authority as a frightening place. Where a child has a disability parents can easily become over-protective and feel unable to let the child take any risks at all.
 - **sudden inexplicable rages**; perhaps because the expression of anger is never allowed at home, or is dealt with aggressively;
 - **inability to deal with the normal range of emotions shown in others**; for some emotionally abused children other people's emotions can be overwhelming and they will react aggressively; others are bewildered or, having learned that their emotions will not have any impact, they adopt a calm, smiling or blank expression, whatever happens.

Indicators of Neglect

167. Neglect and emotional abuse are both considered on a spectrum, with a range of different problems that often overlap with each other.

168. With very young children and babies, the threshold for harm is reached much more quickly, and they may not be involved in any activities outside the home that would enable professionals in the statutory agencies to see the effects of neglect. Therefore, if you have concerns about the neglect of an infant or young child in a family you are visiting, take advice promptly from your designated person and consider contacting the Health Visitor for the family.
- **Undersized, pinch-faced, malnourished appearance**, particularly in a child where there is not a known medical condition to account for this;
 - **Extremely dirty/smelly appearance**, particularly to the point where the child's peers refuse to play with him/her
 - **Missed health care appointments, refusal to take a child to the doctor**. Neglect can be seen in the parent who is too busy with their own concerns to take the child to health care appointments, or to make sure necessary medical equipment is maintained.
 - **Lack of response to a child's social/emotional needs**, often observed through the lack of interaction with the child at home. With a deaf child, it might be seen in parents who make no attempt to learn how to communicate, leaving the child out of family conversations etc.
169. Neglect, like emotional abuse, is centred on 'persistent' activity. Many families go through short periods of stress where the care of the children is poor, but if this becomes a persistent pattern of behaviour, the child will be at risk of significant harm.

Child Trafficking

170. Child trafficking is child abuse. It is when children are illegally recruited, transported, transferred, received and/or harboured for the purpose of exploitation. Children can be trafficked within, as well as between countries. Recruiters often use multiple forms of coercion and abuse in order to do this, including violent force, abduction and/or the giving and receiving of payment. Children can be trafficked for things such as child sexual exploitation, forced labour, benefit fraud and criminal activity, such as pick pocketing or transporting drugs. Trafficked children are often subject to many forms of abuse because physical, sexual and emotional violence are often used to control them. They are also likely to be physically and emotionally neglected.
171. Child sexual exploitation (CSE) is one reason that children may be trafficked. It is a type of sexual abuse that involves 'someone' (whether this is the child or a third party) receiving 'something' (for example money, food, drugs, affection) as a result of the child engaging in sexual activities. Children could be violently coerced into engaging in exploitative relationships. On the other hand, children may believe that they are in a loving, consensual relationship. They may have experienced off or online grooming (when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation).

Additional information about physical chastisement (smacking)

172. This section describes the law as it applies to the use of physical chastisement by parents. NDCS policy is that no form of physical chastisement or sanction will be used by volunteers or staff members.
173. Please read this alongside the sections on physical abuse

England and Wales

174. Prior to 1998, parents were afforded the right to use “reasonable chastisement” to discipline their children but the subjective term “reasonable” was never well explained. In September of that year, the European Court of Human Rights decided that this law did not adequately protect children’s rights and so the Children Act 2004 sought to clarify the laws surrounding smacking. Under Section 58 of the Act, smacking remains legal as long as it does not cause visible bruises, grazes, scratches, swelling or cuts. (Source: <http://www.kidsbehaviour.co.uk/SmackingAndChildren.html>)

What the law says about hitting children

175. In the UK it is an offence for one person to assault another. However, when it comes to children, parents may claim a defence of “reasonable chastisement” if they hit or assault their child. This defence is not open to parents in many European countries, where hitting children is against the law. In the UK, a parent could be prosecuted for assaulting a child if the hitting went beyond "reasonable chastisement".

What is "reasonable chastisement"?

176. The law does not define "reasonable chastisement" clearly - it depends on the circumstances. Physical punishment is unlikely to be seen as "reasonable" if it leaves a mark on the child or if the child is hit with a cane, stick, belt or other implement.

If another adult hits my child can they claim "reasonable chastisement" in their defence?

177. It is against the law for teachers, nursery workers and child care workers to smack another person's child. But anyone employed privately by a parent, such as a babysitter or nanny, may smack a child as long as the parent gives permission. (Source: http://www.nspcc.org.uk/helpandadvice/whoturnto/nspcchelpline/adviceonthissite/physicalpunishment_wda33275.html)

Scotland

178. From 2003, it has been illegal to punish children by:
- Shaking
 - Hitting on the head

- Using a belt, cane, slipper, wooden spoon or other implement
179. The legislation is not confined to banning the specific types of behaviour mentioned above.
180. In addition, if a court were looking into the physical punishment which a child had received, it would consider:
- The child's age
 - What was done to the child, for what reason and what the circumstances were
 - The duration of the punishment and the frequency
 - How it affected the child (physically and mentally)
 - Other issues personal to the child, such as their gender and state of health

Has smacking been banned altogether?

181. Smacking is not completely prohibited. Whether a physical punishment is legal or not will depend on the factors detailed above. However, smacking is not advisable as a method of disciplining children since it:
- Can be dangerous - it is easy to forget how delicate children are, particularly if you are frustrated or angry. What feels to you like a light slap can have the potential to cause real harm to a small child.
 - Sets children the wrong example - rather than correcting misbehaviour, it can teach children to hit out at people who are doing things they don't like or who don't do what the child wants them to do.
 - Has effects which last long after the physical pain dies away - young children will not necessarily associate the punishment with their behaviour. It can make them angry and resentful and can be damaging to their confidence and self-esteem.
 - Smacking is not an effective way to teach children discipline
 - 'Smacking' is only one word used by parents in Scotland for physical punishment. Others include spanking, hitting and slapping. (Source: <http://www.scotland.gov.uk/Publications/2003/10/18406/28339>)

Northern Ireland

182. In 2006 the Government put a new law before Parliament to bring the law in Northern Ireland 'into line' with the law in England and Wales. This means that a child can be smacked as long as the smack does not leave a mark or cause lasting damage to the child.
(<http://www.niccy.org/article.aspx?menuid=329>)

Additional information: sexually harmful behaviour

Management of sexually harmful behaviour

183. Three key principles should guide work with children and young people who abuse others:
- there should be a co-ordinated multi-agency approach including youth justice (where appropriate), children's social care, education (including educational psychology) and health (including child and adolescent mental health) agencies and police;
 - the needs of children and young people who abuse others should be considered separately from the needs of their victims; and
 - a multi-agency assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.
184. Local Safeguarding Children Boards and Youth Offending Teams should have a clear operational framework in place within which assessment, decision-making and case-management take place.
185. In assessing a child or young person who abuses another, relevant considerations include:
- the nature and extent of the abusive behaviours. In respect of sexual abuse, there are sometimes perceived to be difficulties in distinguishing between normal childhood sexual development and experimentation, and sexually inappropriate or aggressive behaviour. Expert professional judgement may be required, within the context of knowledge about normal child sexuality;
 - the context of the abusive behaviours;
 - the child's development, and family and social circumstances;
 - needs for services, specifically focusing on the child's harmful behaviour as well as other significant needs; and
 - the risks to self and others, including other children in the household, extended family, school, peer group or wider social network. This risk is likely to be present unless the opportunity for further abuse is ended, the young person has acknowledged the abusive behaviour and accepted responsibility and there is agreement by the young abuser and his/her family to work with relevant agencies to address the problem.
186. Decisions for local agencies (including the Crown Prosecution Service where relevant) according to the responsibilities of each include:
- the most appropriate course of action within the youth justice system if the child is above the age of criminal responsibility;
 - whether the young person who perpetrated the abuse should be the subject of a child protection conference; and
 - what plan of action should be put in place to address the needs of the young abuser, detailing the involvement of all relevant agencies.
187. A young person who abuses others should be the subject of a child protection conference if he or she is considered personally to be at risk of continuing significant harm. Where there is no reason to hold a child

protection conference there is likely to be a need for a multiagency approach if the young person's needs are complex.

Referring on: what happens next

188. When a referral is received by the local Children's Social Care or Police, the procedures followed will be those of the Local Safeguarding Children Board (or Area Child Protection Committee in NI).
189. See Flowchart Page 38 for further information about what happens next.
190. When a referral is made in respect of sexually harmful behaviour by a child or young person, the needs of both children will be assessed according to local protocols. This however, will include the following:
 - a multi-agency strategy discussion including the Youth Offending Team, Children's Social Care and the Police
 - A decision about whether the safeguarding route or the criminal justice route is to be followed
 - An assessment of the needs of both the victim and the offender, with decisions about the protection needs of both, and the intervention needs of the offender.

The role and responsibilities of the Local Group Designated Person

Local Group Designated person roles and responsibilities

191. The Local Group Designated Person takes responsibility for the overview of child protection cases. Because of the 'jigsaw' nature of child protection work, it is important that the Designated Person can keep clear up-to date records and be able to co-ordinate any information that is received from volunteers or staff members and other sources. Confidentiality is important and fine judgements are necessary in many cases to assess what the volunteers and staff members as a whole need to know and what needs to be kept confidential for the sake of the child and the family in line with data protection and information sharing protocols. The Local Group Designated Person also plays an important role in coordinating criminal record
192. The following are examples of duties that a Designated Person is expected to undertake:
 - Update their Designated Personnel child protection training every two years. Local groups can access free online Educare training through NDCS.
 - Make sure that all Group Committee members and volunteers receive child protection training every three years at a minimum.
 - Understand NDCS's or local groups' child protection policies and to be able to use such policies when necessary
 - Make sure there is at least one hard copy of the child protection policy available so that all volunteers and staff members have easy access to it.

- Clarify how to access the policy on-line for anyone who may wish to do so.
- Ensure that the policy has up-to-date information about local services (including telephone numbers and contact details).
- Be sure that all volunteers and staff members are able to use the policy if necessary.
- Make sure that parents/carers are also given access to the policy and understand the responsibility of the NDCS and local groups to safeguard and promote the welfare of children. Sometimes a decision to refer might have to be made without the parents'/carers' knowledge or consent.
- Ensure that all volunteers and staff members feel equipped to handle a disclosure and that everyone is clear about the need to pass on 'nagging doubts'.
- Keep child protection records in a locked cabinet, separate from children's other records. These records are only accessible to designated personnel and the Group Chair.
- Agree contingency plans with the local Committee for times when the Designated Person for your Group and the Group Chair might not be available.
- Liaise with Children's Social Care Services and/or the Police (and/or any other appropriate agencies e.g. the Local Authority Designated Officer(s) as necessary to safeguard the welfare of children.
- Represent your local group when inter-agency working is needed.
- Help volunteers and staff members to devise and co-ordinate strategies to support children who are particularly vulnerable.
- Work with your volunteers and staff to reinforce appropriate personal safety messages for the children in your care tailored to their special needs.
- Gather information from relevant sources to pass on to Children's Social Care services in situations where a referral that you have made is taken further.
- Co-ordinate the implementation of any aspects of the Child Protection Plan to which you have agreed.
- Have overall responsibility for all policies and procedures related to child protection for the Local Group.
- Make sure that all workers and volunteers within the Local Group are using the child protection policy when there are concerns about the welfare of children.
- Gather, manage and keep securely all copies of child protection concerns directly from workers or volunteers so that they have an overview of how the whole of the Local Group is managing such concerns.
- Intervening with any agency outside the Local Group where there might be worries that concerns are not being taken seriously or managed in a timely way.
- **You will play an important role in coordinating criminal record checks for your local group's volunteers and staff through NDCS's umbrella body, including checking ID documents. This may also include managing information that is disclosed on**

disclosure certificates and carrying out risk assessments relating to this information.

Vulnerable adult procedures

- 193 The Care Act 2014⁷ includes the following definitions which now apply in England:
The safeguarding duties apply to an adult who:
a) has needs for care and support (whether or not the local authority is meeting any of those needs)
b) is experiencing, or at risk of, abuse or neglect
c) as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 194 Scotland shares a similar definition in the Adult Support and Protection Act 2007 but also recognises adults with disabilities as being at potential more at risk of harm.
- 195 It is important to note that the Protection of Vulnerable Groups (Scotland) Act 2007 defines a “protected adult” as a person, **aged 16** or over, who receives one or more type of care or welfare service either regularly or for a short period of time. The purpose of the term “protected adult” is to distinguish the category of adult requiring protection and to avoid labelling adults solely on the basis of having a specific condition or disability.
- 195 In Wales and Northern Ireland the term “vulnerable adult” is still in use.
- 196 In Wales, the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (January 2013) applies. In Northern Ireland the guidance Adult Safeguarding in Northern Ireland – Regional and Local Partnership Arrangements 2010 applies.
- 197 So an adult receiving a service from NDCS as a result of their deafness or disability e.g. an 18 year old at a NDCS weekend, could be regarded as an “adult with care and support needs” or an “adult at risk” or a “vulnerable adult” .A volunteer who is deaf or disabled is unlikely to be regarded as a vulnerable adult as they are not a recipient of a service because of their disability.
- 198 If an NDCS Local Group volunteer or staff member was concerned that someone aged 18 or over who is in receipt of an NDCS service might be being abused by someone in their lives (outside of the NDCS setting) then it would be for the adult to determine whether or not they wanted support or referral to the police or adult social care. It is not possible to make a referral without the consent of the person involved unless other people are at risk or the person is not able to act to protect themselves or does not have the mental capacity to make the specific decision to seek support.
- 199 NDCS Local Group volunteer or staff member or worker from any other agency has harmed an adult then action similar to that within the child protection policy should be undertaken. However this should be with the consent of the adult

⁷ Care and Support Statutory Guidance DoH 2014.

unless other people are at risk or the person does not have the capacity to make the specific decision. This means that the same processes should be followed as in the child protection policy but with the consent of the adult being sought before referral unless other people are at risk or the person does not have capacity to make that decision. Referral would be to adult social care or the police. Advice can be sought from adult social care if the situation is unclear. The same good practices such as staff monitoring each other's practice and behaviour and raising concerns (whistleblowing) apply to work with adults as well as work with children, e.g: staff are expected to report any concerns to an appropriate manager.

Section Five: Forms, Flowcharts and Contacts

Child Protection Incident Report Form

Child's Name		Date of Birth	
Ethnicity		Religion	
Gender M/F			
Parents/Persons with Parental Responsibility (indicate the address at which the child normally lives):			
1. Name Address Telephone Textphone		2. Name Address Telephone Textphone	
Level of Deafness		Language/Communication Method	
Aid/s used (ie hearing aid)		Additional needs	
Date of concern/incident		Time of concern/incident	

Describe the incident or reasons for the concern as factually as possible. Include who was involved (any other children and/or adults present), where it happened, exactly what happened etc. Remember to describe clearly any behavioural or physical signs you have observed.

--

Please give brief details of any previous involvement with this child/young person. Please give details of any other professional/organisation involved.

--

Have you spoken to parents about the incident/concern? If yes, please give details of their response.

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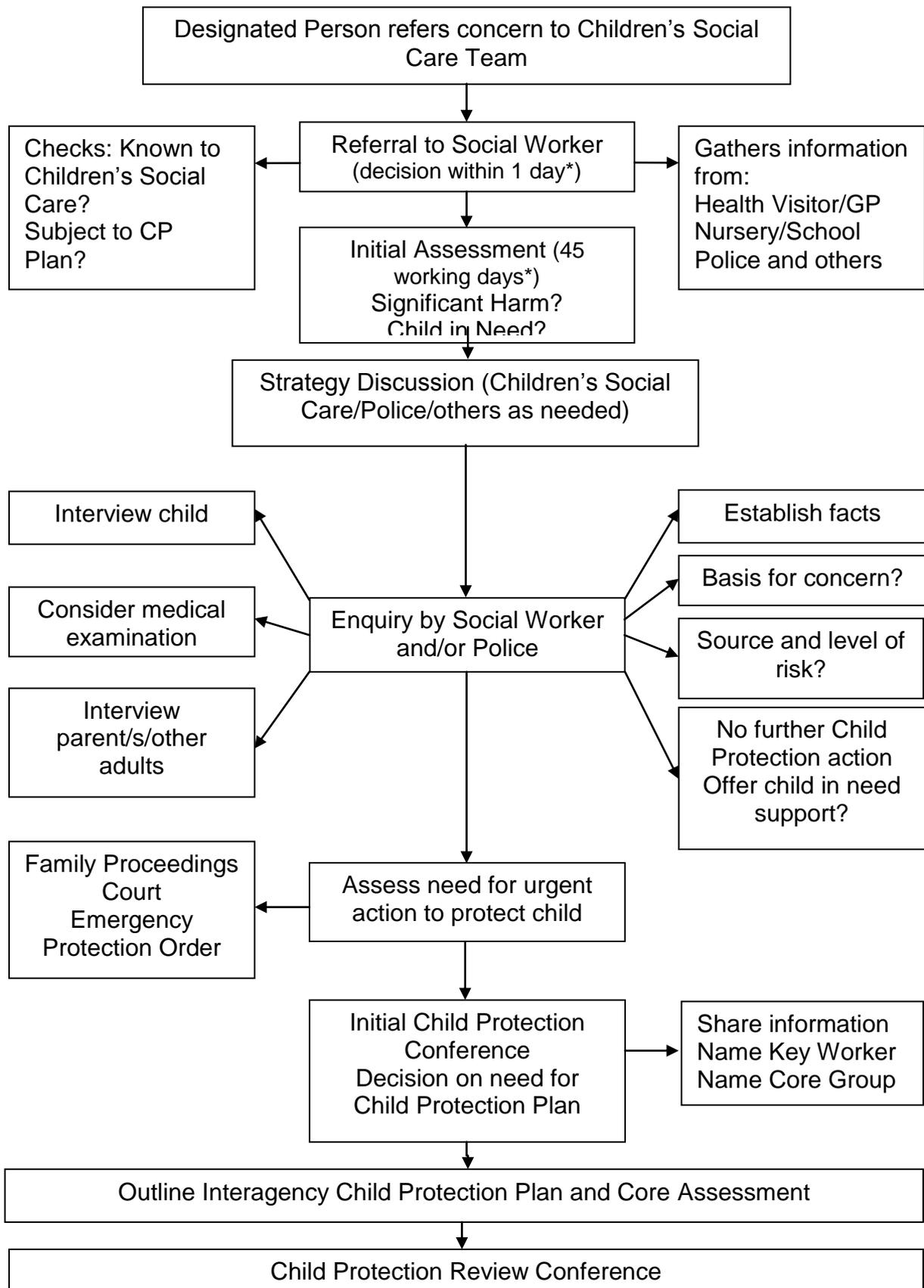
To whom did you report the concern?		Date and Time	
Your name and position			
Signature		Date of Report	
Designated Person's Signature		Date and Time	
Further action recommended as a result of the concerns (to be completed by the designated person)			
Outcome (to be completed by the Designated Person)			

Send this form to the Designated Person
Make sure that your report is clear now – and will also be clear to anyone in the future who reads it who may not have pre-existing knowledge of this concern/incident.

- Ensure that:
- It is written in clear language and makes sense
 - It is concise
 - All important details have been included
 - You have separated fact from opinion and only given your opinion where you have supported it with factual information
 - You have signed, timed and dated this account

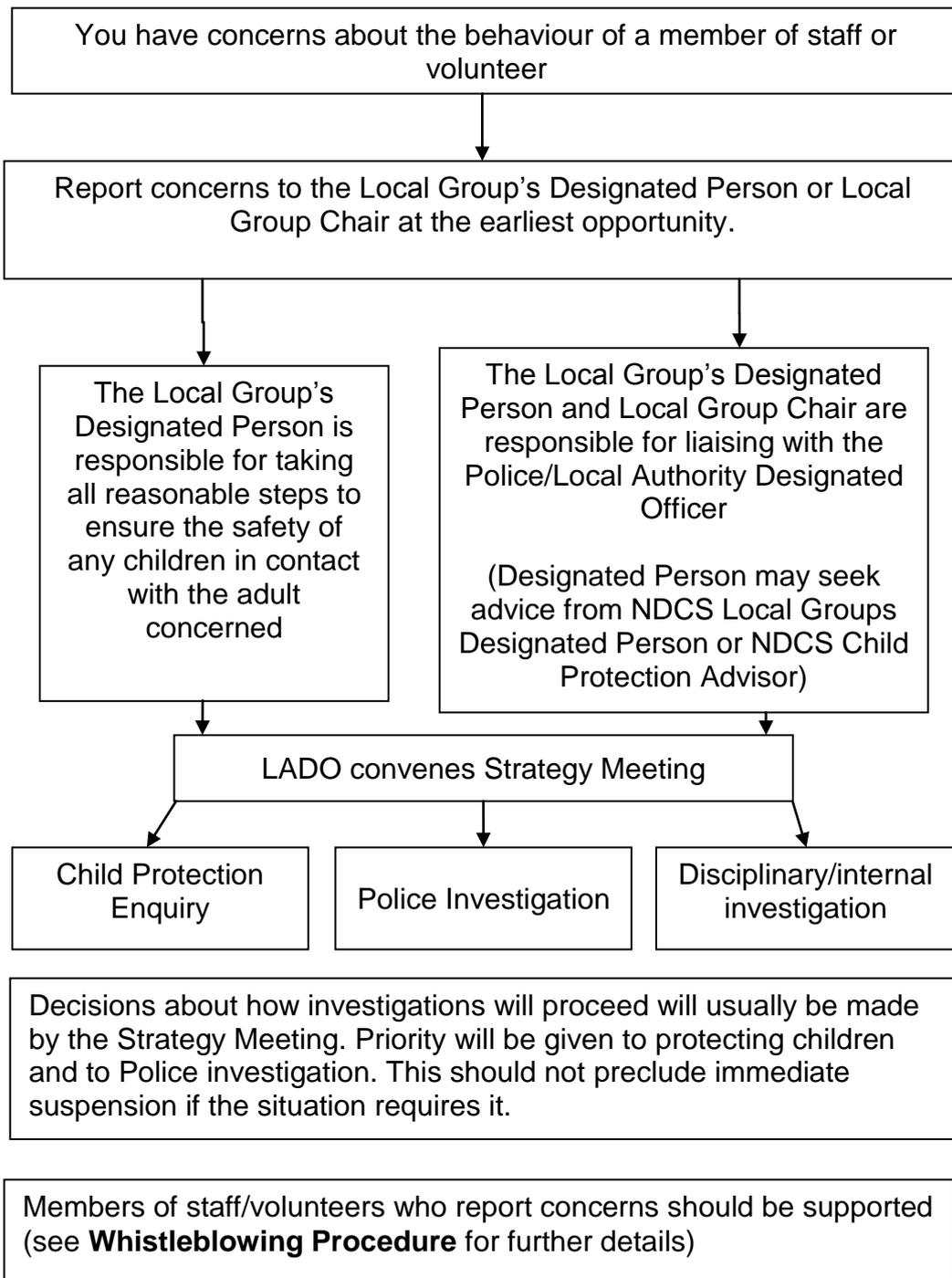
This form may be made available to individuals involved in the incident in compliance with Data Protection legislation.

Referring On: What Happens Next



***Immediate action to protect the child may be taken if necessary
See Appendix 1 for flowchart about what happens next**

How to Respond to Concerns/Allegations about an Adult Working with Children



NDCS Self Disclosure Form

The principle that the welfare of children and young people must be the paramount consideration is at the core of child protection work in the United Kingdom. NDCS and Local groups fully support this principle. Therefore, everyone connected with NDCS or any related local groups, who will come into contact with children or their personal details, must complete and sign this declaration.

1. Have you ever been convicted of any criminal offence, including motoring offences? Please include cautions and bind-overs as well as convictions.

Yes No Don't know

2. Does your name appear on the Disclosure and Barring Service list of individuals who are barred from working with children or PVG list (Scotland)?

Yes No Don't know

3. Have you ever been the subject of a disciplinary hearing by any professional body?

Yes No Don't know

4. Have you ever been the subject of any allegation, concern or disciplinary process in relation to your contact or care of children by any official body?

Yes No Don't know

5. Have you ever been dismissed or been asked to leave employment or voluntary activity due to allegations of inappropriate behaviour towards a child?

Yes No Don't know

6. Have you ever been disqualified from working with children or young people?

Yes No Don't know

If you have answered 'yes' or "don't know" to any of these questions please include a statement setting out the details and context of the situation in a separate envelope addressed to the Chair of the Recruitment Panel/person responsible for recruitment.

This declaration must be signed and returned to the person responsible for recruitment prior to commencing any direct work with children and young people.

I confirm that the above information given by me is correct and that I consent to my personal data being processed and kept for the purpose of safeguarding and promoting the welfare of children and young people in accordance with the Data Protection Act 1998.

Name

Role

Signature

Date (incl. year)

NDCS useful contacts

Gavin Davies – NDCS Designated Safeguarding Officer

Email: gavin.davies@ndcs.org.uk

Tel: 0207 014 1140

Emma Williams Daley- Designated Safeguarding Manager

Email: emmawd@ndcs.org.uk

Tel: 0161 432 7297 / 07772081451

Other useful contacts: further information

MAKING REFERRALS

England and Wales

Contact Details for individual local authority Children's Social Care Services can be obtained from local authority and Local Safeguarding Children Board websites.

Northern Ireland Health and Social Services Trusts (for details of where to make referrals in NI):

http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection.htm

Scotland 24 hour Child Protection Line: 0800 022 3222

www.infoscotland.com/childprotection

Childline

Telephone: 0800 1111 (24 hour)

Textphone: 0800 056 0566

Website: www.childline.org.uk

Children's Legal Centre

Telephone: 0207 580 1664

www.childrenslegalcentre.com

Domestic Violence Helpline

Telephone: 0808 2000 247

NSPCC

Telephone: 0808 800 5000

(Can offer bi-lingual service in South Asian languages, and Welsh 10am-6pm)

Textphone 0800 056 0566

Website: www.nspcc.org.uk

Contact-a-Family (for families with a disabled child)

Telephone: 0808 800 3555

Textphone: 0808 808 3556

Website: www.cafamily.org.uk

Family Lives

Website: www.familylives.org.uk

Kidsmart

Website: www.kidsmart.org.uk

(Internet safety: advice for children and adults)

Further information from NDCS:

The following policies have been developed for NDCS staff and volunteers rather than to meet the specific needs of local groups. However local groups may wish to refer to them for guidance on good practice and can decide how or if it is appropriate to apply them in their group. Contact a member of local groups team if you would like access to these policies. Policies marked with an * are available on the NDCS website

*NDCS Child Protection Policy (contains additional information about what to look out for, the role of the Designated Person and flowcharts; Referring On: What Happens Next; How to Respond to Concerns about an Adult; Safeguarding Responsibilities in NDCS)

*NDCS Additional Guidance on Neglect

*NDCS Safer Working Practice Guidance

NDCS Safer Recruitment and Vetting Policy

NDCS Whistle Blowing Policy

NDCS Data Protection Policy

NDCS Confidentiality and Information Sharing Guidance

NDCS Policy: Employment of Ex-Offenders

NDCS Relationship and Sexual Health Policy

NDCS Parental Responsibility guidance

England

Working Together to Safeguard Children 2013: A guide to inter-agency working.

What to do if you're worried a child is being abused...

Information Sharing: Practitioners' guide.

Available from www.education.gov.uk/aboutdfe/statutory

Wales

All Wales Child Protection Procedures 2008

Available at

<http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/proceduresandprotocols/index.html>

Scotland

National Guidance for Child Protection on Scotland 2010

Available at

<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>

Northern Ireland

Children (NI) Order 1995 Guidance and Regulations

Vol 6 Co-operating to Safeguard Children 2003

Available at

http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_publications.htm

All available from www.education.gov.uk

Links to National CP Procedures

England

www.education.gov.uk/aboutdfe/statutory

Wales

<http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/proceduresandprotocols/index.html>

Northern Ireland

http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_publications.htm

Scotland

<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>

Local contacts information

This information should be collected prior to any event taking place or in the case of a local group; this information should be collected and held by your Local Group Designated Person.

Keep a note here of any sources of information or support that you think will be useful in your local area e.g. local police and social work contacts, other charity groups and so on.

Local police:

Location.....

No.

Local child protection team (Children's Social Care/Social Work):

Location.....

No.....

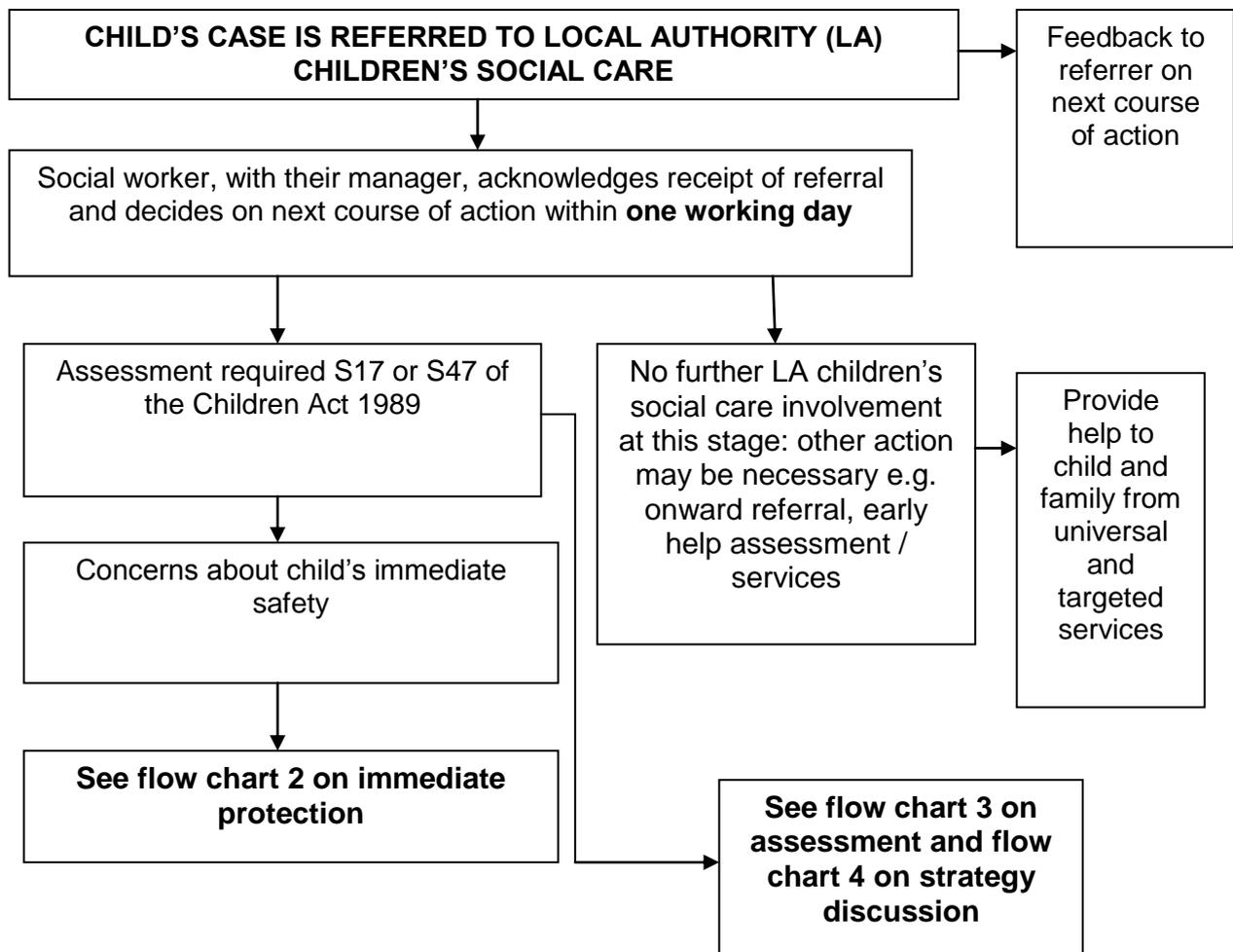
Local Safeguarding Children Board (for LADO/advice/training etc)

Location.....

No.....

APPENDIX 1

Flowchart 1: Action taken when a child is referred to local authority children’s social care services⁸



See Working Together 2013 for flowcharts:

Flowchart 2 on immediate protection P 29

Flow chart 3 on assessment P 32

Flowchart 4 on strategy discussion P 35

⁸ Working Together 2013