

**Safeguarding and Child Protection Policy 2017**

The purpose of this document is to assist all staff in safeguarding and protecting children who are at risk of abuse or neglect and promoting their well-being.

At NT&AS we are committed to safeguarding children and young people and we expect everyone who works in NT&AS to share this commitment. Adults in NT&AS take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.

This policy and procedures should be read in conjunction with

* Working Together to Safeguard Children 2015
* Keeping children safe in education 2016
* NT&AS Internet Access policy
* NT&AS Code of Conduct
* NT&AS Data Protection Agreement
* NT&AS Anti Bullying policy

The safeguarding of children is everyone’s business and NT&AS have a responsibility under Section 175 of the Education Act 2002 to ensure that its functions are carried out with a view to safeguarding and promoting the welfare of children.

This includes:

Preventing the impairment of children’s health or development.

Protecting children from maltreatment.

Ensuring children grow up in circumstances consistent with the provision of safe and effective care.

The Children Act 1989 defines a child as being up to the age of 18 years; it also defines significant harm and the roles and responsibilities of Children’s Social Care and the Police.

**Legislation related to safeguarding in NT&AS**

Keeping Children Safe in Education (September 2016)

The Children Act 1989 and 2004

Education Act 2002 The Education (Health Standards) (England) Regulations 2003

The Further Education (Providers of Education) (England) (Regulations) 2006

The Children and Families Act 2014

**Context**

The content of this policy is applicable to all staff and the Directors of NT&AS.

The directors and staff of NT&AS recognise the contribution it makes to safeguarding children. We recognise that all staff have an active part to play in protecting children from harm. We believe that NT&AS should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child.

**Aims of this policy:**

* To support the child’s development in ways that will foster security, confidence and independence
* To raise the awareness of teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse. This is achieved through induction, training, policy, procedures and a code of conduct for staff.
* To provide a systematic means of monitoring children known or thought to be at risk of harm.
* To support pupils who have suffered abuse in accordance with their agreed Child Protection Plan.
* To emphasise the need for good levels of communication among all members of staff.
* To follow the procedures for recruitment and selection of staff ensuring that all adults within NT&AS who have access to children have been checked as to their suitability and have a current enhanced DBS in place.
* To set out a structured procedure within NT&AS in cases of suspected abuse.
* To share information about child protection and good practice with children, parents/ carers and staff.
* To develop and promote effective working relationships with other agencies, especially the Police and Social Care, sharing information about concerns with agencies who need to know, and involving parents, carers and children appropriately.
* To ensure all staff are aware of NT&AS’ Code of Conduct.
* To provide effective management for staff through support, supervision and training.

**Equality**

Some children’s circumstances mean they are more vulnerable to abuse and/or less able to access services. These children often require a high degree of awareness and co-operation among professionals recognising and identifying their needs and acting to meet those needs.

**Significant Harm**

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child. Sometimes, a single traumatic event may constitute significant harm (eg. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding which interrupt change or damage the child’s physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

It is acknowledged that a child can be abused, harmed or neglected in a family, institution or community setting or online by someone known to them, or less commonly, by a stranger; this includes someone in a position of trust such as a teacher or other professional.

Safeguarding and the promotion of a child’s welfare covers all aspects of the child’s life and NT&AS is committed to ensuring that all its actions in respect of a child are compatible with this aim. If there are concerns about a child’s welfare that do not meet the thresholds of child abuse NT&AS will consider whether the Early Help approach should be considered. Early identification of concerns and the use of Early Help to develop a multi-agency plan for the child can reduce the risk of subsequent abuse.

# **Types of abuse and neglect and possible signs and symptoms**

These definitions are from “Working Together” (March 2015) and “Keeping Children Safe in Education” (September 2016).

**Abuse is:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

# **Possible Signs & Symptoms of Abuse** may or may not be indicators that abuse has taken place but the possibility should be considered. Guidance on recognising signs & symptoms of abuse can be found in *Working Together to Safeguard Children 2015*. Students with learning difficulties often exhibit some of these signs which are not necessarily signs of abuse but symptoms of their condition. It must also be remembered that disabled children are three times more likely to experience abuse or neglect than their non-disabled peers.

**Physical abuse**

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

**Signs or symptoms**

Unexplained injuries, bites, bruises or burns, particularly if they are recurrent  
Improbable excuses given to explain injuries

Refusal to discuss the causes of injuries  
Untreated injuries  
Disclosure of punishment which appears excessive  
Withdrawal from physical contact/aggressive behaviour  
Arms & legs kept covered in hot weather (excluding reasons of cultural dress)  
Fear of returning home  
Fear of medical help  
Self-destructive tendency  
Running away

**Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying / online bullying), causing children to feel frightened or in danger, or the exploitation or corruption of children including forced marriage. Some level of emotional abuse is involved in all types of maltreatment of a child although it may occur alone.

**Signs and symptoms**

Physical, mental, emotional or developmental delay  
 Domestic violence  
 Disclosure of punishment which appears excessive  
 Over-reaction to making mistakes or fear of punishment  
 Continual self-deprecation

Sudden speech disorders  
 Fear of new situations  
 Inappropriate responses to painful situations  
 Neurotic behaviours  
 Self-harm  
 Fear of parents being contacted  
 Extremes of passivity or aggression  
 Drug or solvent abuse  
 Running away  
 Compulsive stealing, scavenging

**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). All sexual exploitation is abusive.

**Signs and symptoms**

Sudden changes in behaviour  
Displays of affection which are inappropriate  
Alleged promiscuity or sexualised behaviour  
Fear of undressing  
Regression to younger behaviour  
Inappropriate internet use and possible ‘grooming’ concerns  
Genital itching or other genital/anal pain/injury  
Distrust of familiar adult  
Unexplained gifts of money, mobile phones etc.

Depression and withdrawal  
Apparent secrecy about social activities or the identity of “special friends”  
Wetting or soiling, day and night  
Sleep disturbances or nightmares  
Chronic illness, especially throat infections and sexually transmitted disease

**Neglect**

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. 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);
* ensure access to appropriate medical care or treatment.

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

**Signs and symptoms**

Constant hunger  
Poor personal hygiene  
Constant tiredness  
Poor state of clothing  
Frequent lateness or non-attendance at NT&AS  
Untreated medical problems or unmet special needs  
Low self-esteem  
Neurotic behaviour  
Poor social relationships  
Deterioration in attainment  
Running away  
Compulsive stealing or scavenging

### **Child Sexual Exploitation (CSE Working together, February 2017)**

**Child sexual exploitation (CSE) (Working Together, Feb 2017):** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity  
In exchange for something the victim needs or wants; and/or  
For the financial advantage or increased status of the perpetrator or facilitator.  
The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.’  
There are three main types of child sexual exploitation:

### Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.

### Boyfriend: Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.

### Organised exploitation and trafficking: Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

**Signs and Symptoms**

Going missing for periods of time or regularly coming home late  
 Regularly missing NT&AS or education or not taking part in education   
 Appearing with unexplained gifts or new possessions   
 Associating with other young people involved in exploitation   
 Having older boyfriends or girlfriends   
 Suffering from sexually transmitted infections  
 Mood swings or changes in emotional wellbeing  
 Drug and alcohol misuse   
 Displaying inappropriate sexualised behaviour.

**Female Genital Mutilation (FGM)**

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. It typically takes place between birth and around 15 years old but The World Health Organisation identify girls between and 10 as being most at risk.

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18. This will usually come from a disclosure. Unless there are exceptional circumstances, concerns about FGM should be taken to the Designated Safeguarding Lead, rather than the police. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them so sensitivity should always be shown when approaching the subject.

**Signs, Symptoms and indicators**

Low level of integration into UK society

Mother or a sister who has undergone FGM

Visiting female elder from the country of origin

Being taken on a long holiday to the country of origin

Talk about a ‘special’ procedure to become a woman

Indications that FGM may have already taken place may include:

Difficulty walking, sitting or standing and may even look uncomfortable.

Spending longer than normal in the bathroom or toilet due to difficulties urinating.

Frequent urinary, menstrual or stomach problems.

Prolonged or repeated absences from NT&AS, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl’s return.

Reluctance to undergo normal medical examinations.

Confiding in a professional without being explicit about the problem due to embarrassment or fear.

Talking about pain or discomfort between the legs.

**Breast Ironing:** is where young pubescent girls’ breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses large stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them from growing in girls as young as 9 years old. Much like Female Genital Mutilation (FGM), breast-ironing has been identified by the UN as one of five under-reported crimes relating to female-to-female/gender-based violence.The practice is performed usually by mothers and female relatives and it is believed that by carrying out this act:

* young girls will be protected from harassment, rape, abduction
* it will prevent early pregnancy that would tarnish the family name
* it will allow the girl to pursue education rather than be forced into early marriage
* it will delay pregnancy by “removing” signs of puberty
* girls may not appear sexually attractive to men

Most at risk: Young pubescent girls usually aged between 9 – 15 years old. It is a well-kept secret between the young girl and her female relatives who are likely to carry out the practice.

**Prevent, Radicalisation and Extremism:**

As part of the Counter Terrorism and Security Act 2015, NT&AS has a duty to ‘prevent people being drawn into terrorism’. This has become known as the ‘Prevent Duty’. Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead. The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching NT&AS’ core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

**Early indicators of radicalisation or extremism**

Making remarks or comments about being at extremist events or rallies outside NT&AS

Evidence of possessing illegal or extremist literature

Out of character changes in dress, behaviour and peer relationships

Secretive behaviour

Intolerance of difference, including faith, culture, gender, race or sexuality

Graffiti, art work or writing that displays extremist themes

Attempts to impose extremist views or practices on others

Verbalising anti-Western or anti-British views

Advocating violence towards others

**Sexting:**

The term ‘sexting’ relates to the sending of indecent images, videos and/or written messages with sexually explicit content. These are created and sent electronically. They are often ‘shared’ via social networking sites and instant messaging services. NT&AS will not tolerate sexting; it is inappropriate and illegal amongst young people and can have extremely damaging and long-lasting consequences. Sexting is unacceptable behaviour. The misuse of electronic communication, such as sexting, inappropriate comments on Facebook, being the object of cyber-bullying and online grooming are all potential safeguarding concerns. We have a responsibility to work with parents and carers in ensuring that all pupils are fully aware of the dangers and possible repercussions of sexting. Mobile phones must be switched off during teaching sessions.

**Procedures**

NT&AS procedures for safeguarding children will be in line with Local Safeguarding Children’s Board procedures.

The Safeguarding and Child Protection Team are:

**Jacob Sibley**, Operations Manager, senior management team, Designated Safeguarding Lead

**Alison O’Brien**, National Development Manager, Safeguarding Deputy

**Lisa Williamson**, National Development Manager, Safeguarding Deputy

**Anne Palin** is the designated Director for Child Protection/Safeguarding.

The Designated Safeguarding Lead and their deputies have received appropriate training and undertake formal training at least every two years. The Safeguarding Team will keep themselves up to date throughout the year.

All NT&AS staff will receive training every year.

In the event that there are concerns about a child the Designated Safeguarding Lead will contact the local safeguarding board to inform their decision making process with regard to the presenting of safeguarding concerns.

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children and confirms a duty to make enquiries to decide whether action should be taken to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

All members of staff will develop their understanding of the signs and indicators of abuse and their responsibility for referring any concerns.

The induction of new staff by the team manager will include Safeguarding and Code of Conduct training.

All members of staff will read Keeping Children Safe in Education 2016, part 1. SMT will support staff in understanding this key document and implementing it in their practice.

All members of staff will know how to respond to a pupil who discloses abuse. It is vital that our actions do not abuse the child further or prejudice further enquiries:

* Stay calm, listen to the child, if you are shocked by what is being said try not to show it.
* Do not promise confidentiality; you can however promise privacy, reassure the child they have done the right thing, explain who you will have to tell and why.
* If a child is making a disclosure the pace should be dictated by the child, do not ask leading questions for example, ‘what did they do next?’ It is our role to listen not to investigate. Use open questions such as ‘is there anything else you wish to tell me’.
* Accept what they are telling you, do not make judgements.
* Reassure the child that they have done the right thing in telling you. Do acknowledge how hard it was for them to tell you.
* Don’t criticise the perpetrator, this may be someone they love.
* Tell them what you will do next and with whom the information will be shared.
* All staff must report all information immediately, on the same working day, to the Designated Safeguarding Lead, or in their absence to the Safeguarding Deputy.
* The conduct of staff when in a 1:1 situation with a child is managed in a way that would not lead any reasonable person to question their motives or intentions. All staff must ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to children. All staff must be aware of NT&AS’ Whistleblowing Policy and how to access it.
* All parents/carers are made aware of the possibilities of staff members’ actions with regard to child protection procedures.
* All parents, as part of the child induction process, will be made aware of the Safeguarding and Child Protection Policy which is on NT&AS website address.
* Safeguarding and Child Protection Procedures are reviewed annually.

# **What to do if you suspect that abuse may have occurred**

You must report the concerns immediately, on the same working day, to the Designated Safeguarding Lead or their deputies. You may report verbally, but this must be followed up by a written account on the same working day.

**The role of the Designated Lead is to:**

* Obtain information from staff, children or parents and carers who have child protection concerns and to record this information.
* Assess the information quickly and carefully and ask for further information as appropriate.
* Consult with the LADO
* The Designated Lead should make a referral to social care / police without delay if it is agreed during the consultation or if there is an immediate risk to the child.
* The referral should be made to the local authority safeguarding team in which the child lives
* Concerns will not be discussed with anyone other than those nominated above.
* It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the Designated Lead has not responded appropriately to your concerns, it is then your responsibility to contact the local authority. Safeguarding team directly.

**Responsibilities of DSL**

The Designated Safeguarding Lead or those deputising for them, is responsible for:

* Adhering to procedures with regard to referring a child if there are concerns about possible abuse.
* Keeping full written chronological records of NT&AS’ concerns about a child even if there is no need to make an immediate referral.
* Ensuring that all such records are kept confidentially and securely
* Checking the attendance of children subject to a Child Protection Plan on daily basis.
* Ensuring that where any child currently who is subject to a Child Protection Plan leaves, their information is transferred to the new education placement immediately and that the child’s social worker is informed. A digital copy of the child’s information will be retained by NT&AS

**Handling sexting and nude selfie incident:**

UK Council for Child Internet Safety (UKCCIS) will be used to triage concerns. There should always be an initial review meeting, led by the DSL. This should consider the initial evidence and aim to establish:

*‘Whether there is an immediate risk to a young person or young people’*

When assessing the risks the following should be considered:

* Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
* Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
* Are there any adults involved in the sharing of imagery?
* Does the young person understand consent?
* Has the young person taken part in this kind of activity before?
* If a referral should be made to the police and/or children’s social care
* If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed.
* What further information is required to decide on the best response.
* Any relevant facts about the young people involved which would influence risk assessment.
* Whether to contact parents or carers of the pupils involved - in most cases they should be involved.

An immediate referral to police and/or children’s social care should be made

* if the incident involves an adult. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs).
* If what you know about the imagery suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent, or the young person in the imagery is under 13.
* You have reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming.

If none of the above apply then NT&AS may decide to respond to the incident without involving the police or children’s social care when the DSL is confident that they have enough information to assess the risks and manage them within NT&AS.

**Private Fostering**

A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. A close family relative is defined as a ‘grandparent, brother, sister, uncle or aunt’ and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins. Parents and private foster carers have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence. Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or involved in trafficking, child sexual exploitation or modern-day slavery. NT&AS have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. NT&AS need to know who has parental responsibility. NT&AS staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. NT&AS itself has a duty to inform the local authority of the private fostering arrangements.

**Supporting Children**

We recognise that a child who is abused or witnesses violence and/or abuse may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless, humiliated and self blame. We recognise that NT&AS may provide the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

NT&AS will support all children through:

* The curriculum
* NT&AS ethos
* Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
* Promoting a caring, safe and positive environment within NT&AS, giving children a sense of being valued.
* Ensuring children know there are adults in NT&AS whom they can approach if they are worried.
* Liaising and working together with support services and agencies involved in the safeguarding of children.
* Notifying Social Care as soon as there is a significant concern.
* Providing continuing support to a child about whom there have been concerns who leaves NT&AS ensuring that appropriate information is forwarded under confidential cover to the child’s new provider.

**Supporting Staff**

We recognise that staff working in NT&AS who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to discuss the situation with the Designated Safeguarding Lead and to seek further support as appropriate.

**Safer Recruitment**

High quality staff are recruited through the following process:

* application forms are evaluated
* interview by an experienced manager
* two references taken up
* enhanced DBS completed and Teacher reference confirmed

Recruitment will highlight the priority that NT&AS places on safer recruitment and NT&AS’ commitment to safeguarding. NT&AS will follow the guidance set out in Keeping Children Safe in Education 2016, and in line with the Local Authority and Local Safeguarding Children’s Board procedures.

**Allegations against peers**

NT&AS recognises the different forms of peer on peer abuse, and is clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”.

Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal among young people and should not develop high thresholds before taking action. Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour among young people.

Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person’s behaviour as abusive if:

* There is a large difference in power (for example age, size, ability, development) between the young people concerned
* The perpetrator has repeatedly tried to harm one or more other children
* There are concerns about the intention of the alleged perpetrator.
* If the evidence suggests that there was an intention to cause severe harm to the victim; this should be regarded as abusive whether or not severe harm was actually caused

**Allegations against staff**

NT&AS recognises the possibility that adults working in NT&AS may harm children. Any concerns about the conduct of other adults in NT&AS should be taken to the DSL on the same working day.

Points for Consideration

We understand that a child or 3rd party may make an allegation against a member of staff.

We will be guided by Working Together 2015 which defines an allegation as:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child; or
* Behaved towards a child or children in a way that indicates that they are unsuitable to work with children.

The DSL will discuss immediately, on the same working day, the content of the allegation with the Local Authority Designated Officer (LADO), before taking any further action.

NT&AS will not internally investigate until instructed by the LADO.

NT&AS will follow the LA procedures for managing allegations against staff, a copy of which will be readily available in NT&AS.

**Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff must be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues. Further information is available in our Whistleblowing Policy.

**Physical Intervention**

Our policy on physical intervention by staff is set out in NT&AS’ Code of Conduct. NT&AS are not trained in any form of restraint and have a policy of no physical contact

**Bullying**

Our policy on bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

**Racial Incidents**

Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

**Gender Incidents**

Our policy relating to gender incidents is set out in a separate policy and recognises the vulnerability of young people to harassment and bullying.

**Health & Safety**

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of children. All children referred have a current risk assessment; venues are risk assessed. Staff who have particular medical needs will have risk assessments.

**Prevention**

We recognise that NT&AS plays a significant part in the prevention of harm by providing children and young people with good lines of communication with trusted adults and an ethos of protection.

NT&AS establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to. .Ensure that all children know there is an adult in NT&AS whom they can approach if they are worried or in difficulty.

**Other Relevant NT&AS policies:**

Whistleblowing Policy

Code of Conduct

Behaviour Management Policy

Anti-Bullying Policy

Equal Opportunities and Racial Discrimination Policy

Health, Safety and Welfare Policy

Internet Access Policy

Quality Assurance policy

Working with Young People in their Homes Policy

Data Protection Agreement and Data Protection Policy

Violence and harassment Policy

Preventing Extremism and Radicalisation Policy

# **Management of Children subject to Child Protection Investigation or subject to a Child Protection Plan:**

The Designated Lead and team will contribute to the child protection investigation and attend or contribute to the Strategy meetings.

The Designated Lead or deputy will attend the Initial Child Protection Conference to share any relevant information and provide a written report for the conference.

If the child is placed on the Child Protection Register, the Designated Lead or deputy is responsible for ensuring that NT&AS participates appropriately in the Child Protection Plan and attends all Core Group Meetings and Child Protection Conferences.

Information will be shared with staff on a need to know basis but key personnel working with child should have sufficient information to support them in their work with that child.

If a child with a Child Protection Plan has an unexplained absence from NT&AS, the Designated Lead will inform the Social Worker.

# **Support and Training**

We are committed to the provision of safeguarding training for all our team members and we recognise that staff must be regularly updated. Safeguarding and Child Protection training is repeated on an annual basis for all staff. Safeguarding and Child Protection training forms part of NT&AS induction process.

# **Record Keeping**

NT&AS will work within DfE guidance. The Designated Lead will keep detailed, accurate, secure records of referrals and concerns. These will be kept separately from academic records. They are exempt from records available for examination by parents or children unless subject to a court order. All records will be dated and only accessible to named personnel.

A Child Protection Log is maintained in a secure area of the NT&AS portal; this is only accessible by appropriate senior staff as directed by the Designated Lead. A log of concerns is maintained in the same secure site for concerns about young people which did not meet the threshold for referral in order to support monitoring and to provide information to escalate concerns when needed.

If a child transfers to another educational provision, the Designated Lead will forward the child protection file to a named person in the young person’s home authority following a written request. The file should be marked ‘confidential, to be opened by addressee only.’

The Designated Lead will retain a digital copy of the child protection file stored in a secure area accessible only by appropriate senior staff members. Child Protection records about a young person who has ceased to be of compulsory age should be archived and catalogued. Records must be kept until a child reaches 25 years of age; child protection records must be kept for 35 years after the child leaves NT&AS.

When making a referral, the referrer should keep a written record of:

Discussions with child

Discussions with parents/carers

Discussions with staff

Information provided to Social care

Advice given and decisions taken (clearly times, dated and signed)

The referrer should confirm verbal and telephone referrals in writing within 12 hours, using NT&AS Child Protection form or the specific local authority referral form as agreed with a particular local authority.

NT&AS will ensure that we keep up-to-date personal data records of all the children by regularly reminding parents to inform them of any change in family circumstances and requesting an annual update.

# **Confidentiality and Information Sharing**

We recognise that all matters relating to child protection are confidential. The Designated Lead will disclose personal information about a young person to other members of staff on a need to know basis only.

However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. Staff cannot promise a child to keep secrets.

Staff will consider the following:

The Data Protection Act is not a barrier to sharing information, it provides the framework.

Be open & honest with the person from the outset about how information may be shared.

Seek advice; do not fail to share information because you are unsure what to do.

Consider safety and well-being of the child and base information sharing decisions on this.

**Ensure all information shared is Necessary, Proportionate, Relevant, Accurate, Timely & Secure**

Keep a record of your decision and reasons for it. Record what you have shared, with whom and the purpose.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being or that of another.

**Key contacts**

Anne Palin, Director, NT&AS 07974 571370 anne.palin@ntas.org.uk

**Designated Lead and team**:

Jacob Sibley, Operations Manager, NT&AS 07989 351223 [jacob.sibley@ntas.org.uk](mailto:jacob.sibley@ntas.org.uk)

Alison O’Brien, National Development Manager, NT&AS 07866 751571 [alison.obrien@ntas.org.uk](mailto:alison.obrien@ntas.org.uk)

Lisa Williamson National Development Manager NT&AS 07866 801473 [lisa.williamson@ntas.org.uk](mailto:lisa.williamson@ntas.org.uk)

**For further information go to NSPCC Child Protection Helpline: 0808 800 5000**

* [https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/551575/6.2439\_KG\_NCA\_Sexting\_in\_NT&AS\_WEB\_\_1\_.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB__1_.PDF)
* DfE Guidance: Safeguarding practitioners: information sharing advice 2015  
  <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
* DfE Statutory guidance: Working together to safeguard children 2015  
  <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
* DfE Statutory guidance: Keeping children safe in education 2016  
  <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
* DfE : Advice what to do if you are worried that a child is being abused 2015  
  <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
* DfE Statutory guidance: Providers causing concern 2015  
  [https://www.gov.uk/government/publications/NT&AS-causing-concern--2](https://www.gov.uk/government/publications/schools-causing-concern--2)

**Signed: **

**Date: 8th August 2017**

**Next review date: 8th August 2018**