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Safeguarding Policy:

Protecting children and young people, and responding to safeguarding concerns

Aim/purpose

This policy provides guidance and procedures for everyone working or volunteering for NACOIA who come into contact with children and young people. The aim is to safeguard children and young people from ill treatment, harm, neglect and abuse. The policy applies to all children and young people up to the age of 18 (children in care (LAC) count up to age 20). The policy details how to recognise safeguarding concerns and how to respond appropriately to any concerns. As a UK based charity, NACOIA's safeguarding policy is written to adhere to UK law and statutory services, and further specialist advice must be sought for concerns with regards to callers from outside the UK which relates directly to the services and context of the child's resident country.

Recognising safeguarding concerns

The UN Convention on the Rights of the Child (UNCRC) requires governments to ensure that all children, irrespective of gender, religion, language, ethnicity or any other status are given access to the social, cultural and economic rights set out in the convention. The four general principles seen as core to rights identified by the Convention include the 'right to survival and development.' Safeguarding, is defined by the government (Working Together to Safeguard Children, 2018) as:

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Acting to safeguard a child means to enable them to live free from harm, abuse and neglect, and therefore encompasses child protection. Abuse, harm, neglect, poverty and discrimination perpetuate harm to children in multiple ways, preventing them from thriving, as well as sometimes causing direct harm. Safeguarding is everyone's business, and anyone can act to safeguard a child or young person. This policy details the procedures for doing so.

Some examples of harm to a child or young people are clear and obvious and will be easily recognised by staff. These might include physical, sexual and emotional abuse, as well as neglect, criminal exploitation and discrimination based on ethnicity, gender, disability, sexuality, religion or other identified characteristics.

Abuse refers to the maltreatment of a child which can be caused either by intentional harm inflicted on the child, or by failing to protect that child from harm. A survey in 2009 by the NSPCC estimated that 6% of children in the UK aged under 11 have experienced severe maltreatment (defined by factors such as needing hospital treatment, criminality, frequency, use of a weapon). For 11–17-year-olds the rate of severe

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maltreatment rose to 19%. Thus nearly 20% of the population have some experience of severe maltreatment during childhood.

Physical abuse

Physical abuse can include but is not restricted to a form of harm inflicted on the child such as hitting, scalding, shaking, poisoning, burning, shaking or suffocating a child. This can also include parents or carers fabricating or inducing illness in a child. The types of physical abuse can vary in severity, ranging from behaviours that do not result in significant physical injuries, to acts that result in the death of a child. Female genital mutilation (FGM) is illegal, and a type of physical abuse and any concern that a child is at risk of this must be acted on.

Emotional abuse

Emotional abuse of a child or young person can be difficult to identify but is defined as persistent verbal and emotional abuse of a child to the extent of causing the child to suffer poor emotional development. This may include overt and covert attempts to convey to the child they are worthless, unlovable and inadequate, and includes behaviour of mocking, humiliating or shaming a child or young person. Shouting, threatening and with-holding of affection are all forms of emotional abuse of a child, which stunt the child's ability to develop positive self-worth. Emotional abuse can also include overprotection, failing to provide a child with appropriate developmental learning experiences (such as peer group interactions) or making demands on a child that are inappropriate for their developmental stage. Emotional abuse may be intentional and a deliberate attempt to shame, humiliate and dominate a child, but it can also be unintentional when a parent or carer is unaware or unable to appropriately meet the emotional needs of a child. Emotional abuse is usually present alongside other types of abuse but can also occur on its own. Witnessing domestic violence is viewed as abusive to a child or young person. Emotional abuse can occur within peer group relationships and can include cyber-bullying and social exclusion.

Sexual abuse

Involves forcing or manipulating a child or young person to take part in or observe sexual activities, whether or not the child is aware of this. Sexual abuse may involve physical contact, including penetrative (for example rape and oral sex) and non-penetrative sexual contact (such as masturbation, kissing, touching over clothes), but also non-contact activities such as watching or making sexual images or via internet and online activities. Sexual abuse can be perpetrated by men, women or other children.

Child exploitation

Children and young people can be exploited in a number of ways. Child sexual exploitation occurs when an individual or group of individuals take advantage of a power imbalance to coerce, deceive or manipulate a child or young person into sexual activity. The power imbalance and exchange of incentives such as reward or affection may mean that the child or young person does not view this as abuse, and it may appear consensual. Children and young people can also be victims of criminal exploitation, whereby a power imbalance results in children and young people engaging in criminal behaviour (such as drug dealing activities, theft, violence). Another form of exploitation of children and young people arise within extremism, where individuals encourage beliefs and activities that support active discrimination via vocal or active opposition to the tolerance of others and extreme beliefs that contradict the values of human rights for all.

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Neglect

Children and young people suffer harm if their carers and living situation persistently fails to meet their physical and/or psychological needs. Neglect of the needs of the child can begin prior to birth (including maternal substance abuse resulting in harm to the foetus).

Neglect of a child's needs can include failing to provide warmth, shelter, food or clothing to a child, or failing to protect a child from harm from others, or from the environment (for instance allowing young infants access to substances, or dangerous objects). Neglect also includes failing to provide appropriate medical or dental care. For very young children, being left with no appropriate visual, verbal or emotional stimulation can stunt development and harm children.

Discrimination

Discrimination based on ethnicity, gender, sexuality, disability, religion or any other identified characteristic causes harm to a child and young person. This harm can be psychological, provoking shame and distress, but can also restrict access to appropriate health care, or educational opportunities. Discrimination can also be a factor in organisations failing to act to prevent harm or safeguard children, for instance by deeming physical abuse as more common cultures, and therefore failing to act.

Discrimination can be overt and obvious, or can be indirect, such as when language barriers or disabilities prevent children and young people from accessing services and support.

Historical abuse

Adults sometimes disclose experiences of assault and/or abuse that occurred during their childhood. This should still be responded to as a safeguarding concern, in that the perpetrator may have current access to children and young people, and there is a need to safeguard all children and young people, currently and in the future. Therefore, historical reports of abuse and harm should be addressed within this current policy on responding and reporting safeguarding concerns.

Staff responsibilities

All staff working or volunteering for NACOIA may come into contact with information that indicates safeguarding concerns. All staff and volunteers who have access to the helpline need Child Protection Training. The NSPCC site detailing types of abuse can also be consulted: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

If staff become concerned that they have information indicating a child is at risk of harm, then there is a duty to act on that information.

Confidentiality

The helpline offers a confidential service for children and young people to talk openly, and the vast majority of these conversations will be kept confidential within NACOIA. However, it is a legal responsibility in England for individuals concerned about the wellbeing and health of a child to report that concern, even if this breaches confidentiality. Ideally this should be done with the understanding and in discussion with the child or young person, to mitigate against the harm done by breaking confidentiality. However, there may be some situations where this is not possible, and the responsibility in light of concerns will be to share concerns if at all possible. Often a child or young person does not wish for safeguarding concerns to be raised or shared. Anyone with a safeguarding concern can discuss this issue with the helpline supervisor

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and/or Chief Executive for support in this, as the confidentiality is maintained within the organisation and confidentiality is only breached when information is shared outside NACOA.

What to do

Once a safeguarding concern has been identified, the staff member or volunteer must in the first instance share that information with another member of the NACOA team.

If the child needs medical help, for instance if they have an injury or have taken an overdose, then the priority is to support them to access medical treatment, as a matter of urgency.

If the concern is dealt with immediately (e.g. the child or young person is at risk, but then is supported to get immediate help from another statutory agency, and this is confirmed by that agency to NACOA) then this should be recorded following note keeping procedures (refer to other policy on record keeping). No further action is required if the concern has been addressed.

If the initial concern is not addressed in this way, and the staff member or volunteer remains concerned there is a safeguarding risk, then they should consult with a helpline supervisor and/or the Chief Executive to agree on a course of action. Together the decision will be taken about how to appropriately respond to this concern. Possible actions will include:

- to continue to watch and support the caller
- to talk with the caller about a possible referral to the NSPCC or social care
- to immediately call NSPCC or other appropriate involved agency (where details are known)

When making a referral call to the NSPCC Child Protection Helpline on 0800 800 500 or Social Services in the caller's local area, the Helpline Supervisor /CEO or volunteer (who may have been working closely with caller) must be prepared to provide the following details:

- Your name, Nacoa's name, address, telephone number and your role
- As many details of the child as you can, including name, address and the name of the school which she/he attends
- What you have been told by the child or young person, providing details where possible and details of the child's emotional state at the time
- What the child or young person has said in response to any concerns you have
- The action you have taken so far

In England, in each local authority there is a Local Safeguarding Children Partnership (LSCP). For instance, in Bristol, the LSCP has a referral form for reporting concerns about a child's welfare to Social Care:

https://www.proceduresonline.com/bristol/cs/user_controlled_lcms_area/uploaded_files/Making%20a%20First%20Response%20referral%20-%20practitioner%20booklet.pdf. Therefore, if a child is in England and their address or locality is known, then it may be possible to make a local referral to the appropriate social care service.

There are different legal frameworks and procedures for Scotland (<https://learning.nspcc.org.uk/child-protection-system/scotland#heading-top>) and for Wales (<https://learning.nspcc.org.uk/child-protection-system/wales#:~:text=In%20Wales%20the%20child%20protection,sexual%20abus>) and for Northern Ireland ([Child protection system for Northern Ireland | NSPCC Learning](#)).

The actions taken should all be recorded in line with NACOA's record keeping policy, and any communication with other agencies should be recorded.

If after action has been taken the safeguarding concerns remain, the staff or volunteer should return to discussion with helpline supervisor and/or Chief Executive to decide on whether further actions should be taken.

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Actions:

When a concern is identified:

1. Decide if there is an immediate risk to physical health, and if there is, act immediately
 - a. If the CYP is in contact with NACO A, ask them to contact 999 or if possible, attend A&E, and to confirm that they have done this. Alternatively, if they can identify a trusted adult, they can contact immediately then they should do this to access services.
 - b. If the CYP refuses to act on these concerns, then there is a responsibility for the NACO A staff member or volunteer to act.
 - c. If the **CYP's location and/or identity is known**, a referral to NSPCC can be made, or any appropriate service can be contacted. If the CYP has provided names and contact details of other involved staff from statutory services, then it might be possible to contact those staff as well to share the concern.
 - d. If confidentiality is to be breached, it may be possible to discuss this with the CYP (e.g. if they are on the call or call back). The seriousness of the concern should be highlighted, and that it is NACO A's responsibility to ensure their health is not threatened, so that NACO A can continue to support the CYP to access more help. The CYP's feelings of anger, betrayal, fear or distress should be acknowledged and accepted, and an apology can be given for the effect of this. If possible, the staff member should accept those difficult feelings and validate them and state that NACO A will continue to offer them support throughout the referral, and beyond.
 - e. It may not be possible to discuss the confidentiality breach with the CYP.
 - f. Given that the concern is relating to immediate serious risk of harm to the CYP, the severity and urgency of the risk means that referral and reporting the risk needs to be acted on without delay, and without consent.
 - g. If the CYP has provided **no information that allows their location or identity to be known**, then it is not possible to report the concern. If it is possible, the seriousness of the concern should be emphasised to the CYP and the need for them to act should be emphasised. They should be provided with numbers and resources in order to act.

2. If there is no immediate risk to physical health:
 - a. The staff member or volunteer identifying the concern should contact the helpline supervisor and/or CEO and arrange to discuss the concern in detail.
 - b. A decision should be made together with regard to the severity and urgency of the safeguarding concern, along with an assessment of the risks of raising/referring the concern. For example, a CYP may have disclosed that they are experiencing cyber bullying, which is concerning distress. They are finding it useful to talk on the helpline about this but are worried that if a parent finds out about their social media usage that parental alcohol abuse will increase, or that they will be at risk of physical or emotional abuse from their parent. There is also a risk that a child talking to NACO A will feel scared of any safeguarding referral to the extent that they stop accessing support from NACO A before any referral is possible, thus reducing the support available to a vulnerable child.

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- c. If a decision is made that a referral is necessary and useful then the staff member/volunteer should contact either the NSPCC or the local authority (local to the child) safeguarding contacts for social care.
 - d. Referrals are only possible where there is identifiable information about the CYP.
 - e. If there is an ongoing relationship with the CYP and NACOA, this decision to refer should be discussed with the CYP prior to referral as described above. If a referral is needed, but there is no identifiable information, the CYP should be asked to provide enough information to enable the referral and encouraged that NACOA will continue to support them through this.
 - f. If there is no ongoing relationship between the CYP and NACOA, but there is identifiable information provided, then this should be used to make the referral to NSPCC and/or local authority social care.
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3. All actions (including decisions not to make referrals) should be documented appropriately, with reference to the record keeping policy.
 4. Safeguarding concerns and the process of referring these can be a distressing, stressful and difficult experience for staff and volunteers. Anyone involved in a safeguarding concern should access support within NACOA from helpline supervisors, colleagues and the CEO immediately following a concern.

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