**NDNA Safeguarding Children and Child Protection Policy and Procedures (Scotland)**

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* Code of professional conduct for staff
* Equality, diversity and inclusion policy
* Anti-harassment and bullying policy
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* Code of conduct for strategic board directors
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## Internal safeguarding reporting procedure (for all staff and stakeholders)

NDNA will always act on behalf of the child and will do everything possible to ensure the safety and welfare of any child and so will take all allegations of potential abuse seriously.

All concerns reported to NDNA staff or stakeholders will be pursued, regardless of the nature of the concern and to whom the allegation relates. Following [GIRFEC guidance](https://www.gov.scot/policies/girfec/), it is good practice to [create a chronology](https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf) at the outset. Any concerns arising from contact with members or stakeholders that relates to the safety of a child must be reported following NDNA procedures:

|  |  |
| --- | --- |
| **Step 1** | * Staff or stakeholder receive information that reports or causes a safeguarding concern (see Appendix 1 for definitions of abuse)
 |
| **Step 2** | * Contact DSL immediately – this must be a verbal conversation to ensure the concern is dealt with as quickly as possible
* If the DSL is unavailable, follow the flow chart in Part 2 until you are able to have a verbal conversation
* Following the conversation, email the person you have reported to including contact details ([safeguarding@ndna.org.uk](safeguarding%40ndna.org.uk)), an outline of the concern and any confidentiality issues. Copy in the DSL in all cases (See Appendix 2 for responding to and recording disclosures)
* Staff or stakeholders involved add their information to the safeguarding report form within 5 days of the concern being raised and shared with the DSL: [BLANK SG report form.doc](https://nationaldna.sharepoint.com/%3Aw%3A/s/EarlyYearsAdvisros-SGConfidential/EULznRtLO2ZDkxrDJ8JlojsB5MDk0r8B4aIBqbNTcLJ-YA?e=JtFueu)
 |
| **Step 3** | * The DSL, deputy DSL or person dealing with the safeguarding report will follow NDNA policy guidelines for contacting the reporting party to discuss the issues raised, as follows:

Concern from member setting* NDNA DSL to contact the member setting and speak to their DSL, where possible, to explain the concern raised and agree actions to be taken by NDNA and the member setting
* Within 24 hours, member DSL to report to NDNA DSL and explain steps taken to resolve the concerns (including, if applicable, reporting to the appropriate regulatory bodies)
* NDNA DSL to decide if response and actions taken are satisfactory. In this instance, no onward referral is required. NDNA DSL initiates internal safeguarding report form
* If the member does not respond to NDNA DSL, or if NDNA DSL still has concerns, a referral to the appropriate regulatory body is submitted

Concern from non-member setting* If the concern was raised by non-NDNA members, they are not covered under this policy and so the NDNA DSL will refer the concern to the appropriate regulatory body
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| **Step 3, continued** | Concern from NDNA staff or stakeholder while in a member settingAdvise NDNA staff or stakeholder to speak with the DSL and/or manager and/or owner in the setting and raise the concernConcern from parent* If a parent shares a concern with NDNA, advise them to refer to the Local authority safeguarding children team
* If the parent raises a safeguarding concern about a member setting, NDNA DSL will contact the setting regarding the concern

NDNA will follow the steps above for member settings. |
| **Step 4** | * DSL records actions taken on the NDNA safeguarding report form, outlining the concerns and actions taken by all parties.
 |
| **Step 5** | * If appropriate, the DSL will contact the regulatory body, requesting a confirmation email
* A copy of the confirmation email will be stored alongside the safeguarding report form.
 |
| **Step 6** | * Allegations against a member of nursery staff will always be reported to the Care Inspectorate and the Child Protection Team (Scotland), requesting a confirmation email
* A copy of the confirmation email will be stored alongside the safeguarding report form
* If an allegation refers to an NDNA member, the NDNA DSL would contact the setting Child Protection Lead and/or manager and/or owner to inform them of the allegation. The member setting will be advised to initiate their own safeguarding procedures. They will also be advised that NDNA would report the matter to the appropriate regulatory body.
 |
| **Step 7** | * A member of SMT will review the safeguarding report form, any actions taken and any further actions required
* NDNA Safeguarding procedures will be reviewed to ensure the process has been applied in line with the policy.
 |

If a concern is raised anonymously and we have no contact details, NDNA will treat the concern as valid and follow the procedures as above. If a malicious call is suspected, the procedures will still be followed: a child may be in danger. The Information Commissioners Office (ICO) will be contacted to ensure permitted data sharing.

See Appendix 5 for useful contacts.

## **Allegation against NDNA staff or stakeholder**

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| *The procedures below will be followed for any allegation against a member of staff or NDNA stakeholder, regardless of whether the allegation relates to work they are contracted to do for NDNA.* |
| **Step 1** | * NDNA receive information that reports or causes a safeguarding concern involving an NDNA staff member or stakeholder (see Appendix 1 for definitions of abuse)
 |
| **Step 2** | * Contact DSL immediately – this must be a verbal conversation to ensure the concern is dealt with as quickly as possible
* If the DSL is unavailable, follow the flow chart in Part 2 until you are able to have a verbal conversation
* If the allegation refers to the DSL, report to a member of HR or SMT
* Following the conversation, email the person you have reported to including contact details, an outline of the concern and any confidentiality issues ([safeguarding@ndna.org.uk](safeguarding%40ndna.org.uk)). Copy in the DSL in all cases, unless they are the subject of the allegation (See Appendix 2 for responding to and recording disclosures)
* If other staff or stakeholders are involved, they will be requested to add the information to the safeguarding report form within 5 days of the concern being raised and shared with the DSL, unless the DSL is the subject of the allegation: [BLANK SG report form.doc](https://nationaldna.sharepoint.com/%3Aw%3A/s/EarlyYearsAdvisros-SGConfidential/EULznRtLO2ZDkxrDJ8JlojsB5MDk0r8B4aIBqbNTcLJ-YA?e=JtFueu)
 |
| **Step 3** | * The DSL contacts *either* HR *or* SMT to discuss the reported concerns
* The DSL or HR or SMT will follow the staff allegation procedures in this policy
* NDNA will cooperate with the appropriate regulatory bodies during any investigation.
 |
| **Step 4** | * Once an allegation has been made against an NDNA member of staff or stakeholder the following action will be taken:
* NDNA reserves the right to suspend the member of staff or stakeholder during the allegation investigation, in line with the procedures set out in this policy and in the NDNA disciplinary policy
* If an allegation was made regarding an NDNA Trustee or Board Member, NDNA reserves the right to ask the trustee or board member to step down temporarily from the board pending the outcome, as per NDNA Criteria and eligibility for the Appointment of Trustees and Board Directors
* If the member of staff or stakeholder resigns during the investigation, NDNA will inform the Disclosure Scotland, the appropriate regulatory body and may contact the Police, if appropriate
* If appropriate, the DSL or HR or SMT will contact the regulatory body, requesting a confirmation email NDNA
* A copy of the confirmation email will be stored alongside the safeguarding report form.
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| **Step 5** | * The DSL or HR or SMT will complete a written report describing the actions taken.
 |
| **Step 6** | * A member of SMT will review the safeguarding report form, any actions taken and any further actions required NDNA Safeguarding procedures will be reviewed to ensure the process has been applied in line with the policy.
 |

See Appendix 5 for useful contacts.

# PART 1: Safeguarding children and child protection procedures

## Introduction

National Day Nurseries Association (NDNA) is a national charity which aims to enhance the development and education of children in their early years through the provision of support services to childcare providers, other agencies and local authorities (LAs). NDNA is dedicated to the support, development and promotion of high-quality care and education for the benefit of children, families and communities. NDNA is committed to safeguarding children and promoting their welfare.

This policy and procedures sit within NDNA’s wider organisational policies and procedures which govern the way in which we work with employees, trustees, associates, consultants, volunteers, partners and customers. All of these policies are reviewed regularly to ensure they are in line with current guidance and good practice (see Appendix 3 for the legal framework).

Trustees, associates, consultants, volunteers and partners shall be known as **stakeholders** for the purpose of this policy.Depending on a stakeholder’s role in the organisation they may take part in front line activities in early years settings or out in communities. All stakeholders have a responsibility for safeguarding children, being vigilant and identifying and reporting any safeguarding concerns, in line with this and supporting policies, including:

* Code of conduct for trustees and board directors
* NDNA code of conduct for members
* Terms and conditions of membership
* Articles of association
* Associate/consultant agreement
* Volunteer agreement.

NDNA is committed to ensuring that all staff and stakeholders have the necessary knowledge and skills to carry out their duties and have sufficient understanding of how this policy and procedures support them in promoting and safeguarding the welfare of children. This is achieved through recruitment, induction and introduction processes and by offering training and support to all staff and stakeholders, appropriate to their specific role (see Part 3).

The safeguarding children and child protection policy (Scotland) is reviewed annually and is subject to board approval to ensure it remains in line with statutory guidance and relevant to the work of the organisation. Staff and trustees receive an annual update, after which staff complete an annual assessment. Its effectiveness is monitored through the annual safeguarding report to the board of trustees to ensure that NDNA follow policy and procedure to ensure children are not at risk once incidents have been closed.

It is the responsibility of every NDNA staff member and stakeholder to report any breaches of this policy to the Designated Safeguarding Lead (DSL).

## Policy intention

The policy makes it clear that all NDNA staff and stakeholders have a responsibility to safeguard children and young people and to protect them from harm. It aims to raise awareness of how to safeguard and promote the welfare of children and provides procedures should a child protection issue arise.

The protection of children and young people includes unborn babies and children and young people under the age of 18 years (*National child protection guidance for Scotland*, 2021).

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm (*National child protection guidance for Scotland*, 2021).

Child protection is an integral part of keeping children safe and promoting their overall welfare. In this policy, child protection shall mean:

* The activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

[Getting it right for every child](https://www.gov.scot/policies/girfec/) (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the well-being of our children and young people by offering the right help at the right time from the right people.

It supports them and their parent(s) to work in partnership with the services that can help them. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential. Children’s rights underpin GIRFEC and its principles reflect the UNCRC.

The GIRFEC approach does not change existing laws or processes to [protect a child or young person at risk of significant harm](https://www.gov.scot/policies/child-protection/). Where anyone has child protection concerns, they must follow local child protection procedures immediately.

In a child protection context, there are consistent threads running between enabling, preventative and protective work applying the GIRFEC approach.

* The timing, process and content of all assessment, planning and action will apply to the individual child, and to their present and future safety and wellbeing. Their views will be heard and given due consideration in decisions, in accordance with their age, level of maturity, and understanding
* Services will seek to build on strengths and resilience as well as address risks and vulnerabilities within the child's world
* Partnership is promoted between those who care about and have responsibilities for the child – it entails a collaborative approach between professionals, carers and family members.

To keep children safe and promote their welfare NDNA will:

* Develop a safe culture where staff and stakeholders are confident to raise concerns about professional conduct
* Ensure all staff and stakeholders are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
* Share information with other agencies as appropriate.

Through our work, NDNA will promote:

* Always listening to children
* Positive images of children
* Children developing independence and autonomy as appropriate for their age and stage of development
* Safe and secure environments for children
* Tolerance and acceptance of different beliefs, cultures and communities
* British values
* Providing intervention and help for children and families in need.

NDNA has a duty to act quickly and responsibly in any instance that may come to our attention. If in any doubt about what constitutes a safeguarding concern, refer to the Designated Safeguarding Lead (DSL). If there is a concern, never do nothing (Laming 2009), always do something, including sharing information with any relevant agencies. Safeguarding is everybody’s responsibility.

**Safeguarding adults**

While the main purpose of this policy is to ensure the safety and well-being of children, we also encourage staff to have due consideration for the safety and well-being of adults in the organisation, although we have no legal duty to safeguard adults.

Concerns may include physical, sexual or domestic violence or abuse, coercion, threats, intimidation and financial abuse. In an emergency, call 999. Otherwise, further advice and support for helping adult victims of abuse can be found [here](https://www.nhs.uk/live-well/getting-help-for-domestic-violence/) and in Appendix 5.

## Confidentiality

Confidentiality must not override the right of children to be protected from harm. However, every effort will be made to ensure confidentiality is maintained for all concerned if an allegation has been made and is being investigated.

If uncertain about whether sensitive information can be disclosed to a third party, contact the DSL or call the Information Commissioner’s Office on 0303 123 1113. They will provide advice about the particulars relating to each individual case, including information which can and cannot be shared.

## **Data storage**

The NDNA UK GDPR/data protection policy will be applied with regards to any information received from an individual. If the information relates to child protection, this is stored securely for 25 years, in line with Government guidelines. Only persons involved in the investigation should handle this information although any investigating body will have access to all information stored in order to support an investigation.

Details relating to safeguarding will not be stored on the NDNA management system. Records and/or correspondence will be stored on the server with access for authorised personnel only and reference to the records will be included on CRM. The CRM reference will include the relevant NDNA contact. Should a setting be involved in an active child protection case, a note on CRM will request staff contact the DSL or SMT prior to making contact.

Authorised personnel includes:

* NDNA designated safeguarding lead
* NDNAdeputy designated safeguarding lead
* NDNA national membership manager
* NDNA senior management team.

Backups of data are stored both offline and offsite.  There is no auto-archiving of data in place and, should this be implemented, specific areas will be identified as not being subject to archiving.

# PART 2: Reporting procedures

## NDNA Designated Safeguarding Lead (DSL)

The DSL at NDNA has overall responsibility for the Safeguarding children and child protection policy and procedures. It is their role to ensure that the policy and procedures are implemented to safeguard and promote the welfare of children. They are responsible for coordinating safeguarding and child protection training for staff across the organisation.

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| **Designated Safeguarding Lead** | Gail Murphy |
| **Deputy Designated Safeguarding Lead** | Fiona Bland |

In the unlikely event of the DSL or Deputy DSL absence and to ensure immediate action can be taken, refer to the following flow chart:

## The role of the DSL

The role of the DSL is to:

* Monitor and update the Safeguarding children and child protection policy and procedures in line with new legislation and to ensure it is effective. This will be done by making sure that everyone understands the correct procedures during their individual annual review
* Ensure updates and new legislation are reflected in NDNA services as soon as they are known
* Act as a source of support, advice and expertise for all staff, stakeholders, members, children and parents who have child protection concerns
* Ensure detailed, accurate, secure written records of concerns and referrals
* Ensure detailed chronologies are kept up to date throughout the process
* Review all written safeguarding reports
* Assess information provided promptly, carefully and refer as appropriate to external agencies
* Provide signposting to other organisations
* Consult with statutory child protection agencies and regulatory bodies where required
* Make formal referrals to statutory child protection agencies or the police, as required
* Create an annual report for the board of trustees on reportable incidents
* Provide additional support for members and NDNA staff following safeguarding or child protection cases
* Ensure SMT and the Chief Executive are informed of any involvement in child protection cases.

In addition, the DSL is required to:

* Keep up-to-date with good practice and national requirements for safeguarding and child protection
* Provide information on safeguarding and child protection within NDNA
* Advise NDNA of any safeguarding and child protection training needs and implement where necessary
* Retain up-to-date knowledge of the role of the local safeguarding partnership arrangements and local child protection procedures.

The DSL does not investigate whether or not a child has been abused or investigate an allegation or disclosure. Investigations are for the appropriate authorities, usually the police and social services.

## Public interest disclosure (whistleblowing)

Whistleblowing is the term used when a worker passes on information concerning wrongdoing. If an NDNA staff member or stakeholder has a whistleblowing concern relating to malpractice, fraud, abuse or other inappropriate acts or omissions that put the organisation at risk, then they must follow the NDNA Public interest disclosure policy which is outlined in the Employee Handbook.

All safeguarding allegations, internal or external, current or historical, must be passed on the DSL. NDNA will cooperate fully with the authorities involved and follow any guidance given.

NDNA believes keeping children safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, concerns can be reported anonymously to the NSPCC, the police or the LA social services safeguarding children team.

**Allegation against NDNA staff or stakeholders**

An allegation against NDNA staff or stakeholders may relate to a person who has:

* 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
* Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, or
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

NDNA will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated. Dealing with an allegation can be a stressful experience and to support the staff member or stakeholder, a named person (usually the DSL or Deputy DSL) to liaise with will be offered. The timeframes for an investigation will follow the guidelines of other involved authorities.

NDNA reserves the right to suspend a staff member or stakeholder until the investigation is concluded. Further action will be determined by the outcome of the investigation.

*Founded allegations* are considered gross misconduct, in accordance with our disciplinary procedures, and may result in the termination of employment. Disclosure Scotland will be informed to ensure their records are updated and, where appropriate, Care Inspectorate Scotland will be informed. NDNA retains the right to dismiss any member of staff in connection with founded allegations following an inquiry.

All safeguarding records are kept until the person reaches normal retirement age or for 22 years, if that is longer. This will ensure accurate information is available for references and future PVG checks and avoids unnecessary reinvestigation.

*Unfounded allegations* will result in all rights being reinstated. A return to work plan will be put in place for any member of staff or stakeholder returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the staff member or stakeholder and the nature of the incident such as more frequent supervisions, coaching and mentoring or external support services.

If the member of staff or stakeholder resigns during the investigation, NDNA will inform Disclosure Scotland, the appropriate regulatory body and the police, where appropriate.

## Support for NDNA staff during safeguarding incidents

The DSL will support staff and stakeholders throughout any of the processes listed above and will organise appropriate counselling should this be required.

Any member of staff or stakeholder who has concerns about the content of this policy and its procedures, should speak to the DSL as soon as possible. If any member of staff or stakeholder wishes to talk confidentially about any safeguarding concern or any other issue relating to child protection or personal circumstance, it is important to do this as soon as possible to receive the appropriate support from NDNA.

##

# PART 3: Recruitment, selection, induction and training

## Recruitment and selection

Through the implementation of our recruitment and selection policy, we endeavour to prevent unsuitable people from becoming members of staff or associates. Procedures include relevant checks, such as requesting references, establishing the identity of applicant and conducting criminal records disclosures. Where required, staff and stakeholders have Disclosure Scotland checks. Clear person specification criteria and processes during the recruitment and selection process enable NDNA to determine a candidate’s suitability for the role.

NDNA has specific responsibilities, as outlined in this policy, for any staff, apprentices, students and learners under the age of 18 whether living with their families, in state care, or living independently.

## Induction and probation for NDNA staff

Within the first week of induction, all staff will receive basic training, be required to read and sign the NDNA safeguarding children and child protection policy and procedures (Scotland) and complete a quiz to demonstrate that they have the necessary knowledge and skills to safeguard and promote the welfare of children.

It is the line manager’s responsibility to ensure that the new staff member understands it and is able to follow it. For staff not based at head office, it is the responsibility of the individual and their line manager, within the first week of employment of NDNA, to ensure they also have the relevant knowledge of the Child Protection Guidance for Scotland, as appropriate to their role. If contracts require staff to work locally, they should familiarise themselves with local arrangements and policies. All safeguarding training must be completed by the end of the probationary period.

NDNA maintain records to ensure all staff and stakeholders have received the training they need. Line managers and NDNA contacts can provide clarity regarding this policy and procedures if required.

## Induction for stakeholders

As part of the introduction period, all new stakeholders will receive basic training on the organisation’s safeguarding children and child protection policy and procedures so they have the necessary knowledge and skills to safeguard and promote the welfare of children. Stakeholders will receive a copy of this policy and will be required to confirm their agreement to work with NDNA.

It is the stakeholder’s responsibility to ensure they also have the relevant knowledge of the National Child Protection Guidance for Scotland procedures for the area(s) where they work. If contracts require stakeholders to work locally, they should familiarise themselves with local arrangements and policies.

## Training for NDNA staff

Basic training on the NDNA Safeguarding children and child protection policy and procedures will be delivered to all staff on the commencement of their employment and ongoing, on an annual basis. It is mandatory for all staff to undertake this annual training, indicate knowledge and understanding of the policy annually and complete an annual safeguarding quiz to the standard required.

The NDNA DSL will cascade any new policy or updates to NDNA staff who support members with safeguarding concerns.

All training materials will have NDNA Head Office contact details included so staff can contact the NDNA if any concerns arise during working for or with NDNA, or if they have any concerns whilst on a member setting premises.

## Training for stakeholders

All stakeholders will be required to provide evidence that they have undertaken basic child protection training and also evidence that they fully understand the NDNA policy and reporting procedure. Any stakeholders who work in nurseries or deliver NDNA safeguarding specialist materials will be required to have undertaken an advanced version of the child protection training.

All stakeholders are expected to keep their safeguarding knowledge and skills up-to-date and report any concerns they may have. The DSL will support stakeholders by providing four safeguarding newsletter updates per year, training updates and clear reporting procedures.

It is the responsibility of NDNA to ensure that stakeholders follow this policy. If any child protection concerns are highlighted, these concerns must be raised following the steps outlined in this policy.

All training materials will have NDNA Head Office contact details included so stakeholders can contact the NDNA if any concerns arise during working for or with NDNA, or if they have any concerns whilst on a member setting premises.

## Placement providers

On occasions, NDNA deliver work placement programmes under funded contracts. In instances when employers working with NDNA take on learners from these programmes, they will be required to sign up to and adhere to this policy. If there are any child protection concerns with the conduct of learners, providers must follow this policy.

## Learners on placements or in employment

NDNA holds responsibility for ensuring that learners on placement or in employment are familiar with and sign up to this policy and agree to work within this framework. Learners will receive basic child protection training prior to their entrance into a placement or employment setting. If there are any child protection concerns relating to the placement regarding children, setting practice or staff members, learners must follow this policy.

Learners and students under the age of 18 will be protected as children. Risk assessments will be completed (in their work placement) to ensure their safety and well-being are protected and supported during their employment or training period. If situations arise during employment or placement which identifies those aged 18 or under are at risk from abuse or neglect, NDNA will contact the appropriate bodies to ensure the individual is safeguarded.

If a student on placement raises a concern about the practice in the setting or about a staff member then this should be reported to the project manager. The project manager will follow the reporting guidelines set out in this policy. For their protection, students reporting a safeguarding concern to their project manager will be removed from the placement with immediate effect and offered an alternative placement.

# APPENDIX 1: Definitions of abuse

See Appendix 4: Glossary of acronyms

## Definition of significant harm

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 children”*. It gives LAs a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Whilst there are no absolute criteria to rely on when judging what constitutes significant harm, consideration should be given to:

* The child’s experience, needs and feelings as far as they are known
* The nature, degree and extent of physical or emotional harm apparent
* The duration and frequency of abuse and neglect
* Overall parenting capacity
* The apparent or anticipated impact given the child’s age and stage of development
* Extent of any premeditation
* The presence or degree of threat, coercion, sadism and any other factors that may accentuate risk to do with child, family or wider context.

This may be a single traumatic event, such as a violent assault, suffocation or poisoning, or it can be a combination of events (both acute and long-standing) that impairs the physical, intellectual, emotional, social or behavioural development of the child.

## Definitions of abuse and neglect

The *National child protection guidance for Scotland* (2021) defines abuse as:

“*Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.”*

The signs and indicators listed below may not necessarily indicate that a child has been abused, but can help to indicate that something may be wrong, especially if a child shows a number of these symptoms, or any of them to a marked degree.

## Indicators of child abuse

|  |
| --- |
| * Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a child or conflicting reports from parents or staff
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns
* Constant hunger/overeating or dehydration
* Poor personal hygiene or clothing
* Sexually inappropriate behaviour/knowledge.
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Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

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| Emotional states: Fearful, withdrawn, low self-esteem.Behaviour: Aggressive, habitual body rocking.Interpersonal behaviours: * Indiscriminate contact or affection seeking
* Over-friendliness to strangers including healthcare professionals
* Excessive clinginess, persistently resorting to gaining attention
* Demonstrating excessively 'good' behaviour to prevent parent disapproval
* Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
* Coercive controlling behaviour towards parents
* Lack of ability to understand and recognise emotions
* Very young children showing excessive comforting behaviours when witnessing parental or carer distress.
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## Child-on-child abuse

Child-on-child abuse is also known as peer-on-peer abuse; children are included in NDNA policies as they may engage in abusive behaviour. Child-on-child abuse may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. Reporting procedures in these instances remain the same although additional support from relevant agencies may be required to support both the victim and the perpetrator. Children who develop harmful behaviours are also likely to be victims of abuse or neglect.

## 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. The Children (Equal Protection from Assault) (Scotland) Act 2019 sets out legal protection for children against all forms of physical harm.

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| If **physical abuse** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Fabricated or induced illness (FII)

This abuse is when a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

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| **FII** is a form of **physical abuse** and any concerns must be reported in line with NDNA safeguarding procedures. |

## Female genital mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed with no medical reason. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy, according to the community.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death (definition taken from the *Multi-agency statutory guidance on female genital mutilation*). Other consequences include shock, bleeding, infections (tetanus, HIV and hepatitis B and C) and organ damage.

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| **FGM** is a form of **physical abuse** and any concerns must be reported in line with NDNA safeguarding procedures. In addition, there is a mandatory duty to report to police any case where an act of FGM appears to have been carried out on a girl under the age of 18. |

## Breast ironing or breast flattening

Breast ironing, also known as breast flattening, is a process where young 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 to delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. These actions can cause serious health issues such as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

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| **Breast ironing/flattening** is a form of **physical abuse** and any concerns must be reported in line with NDNA safeguarding procedures.  |

Emotional abuse

*National child protection guidance for Scotland* (2021) defines emotional abuse as “*persistent emotional ill treatment that has severe and persistent adverse effects on a child’s emotional development.*” (p. 12). Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur separately.

Examples of emotional abuse include:

* Conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person
* Exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development
* Repeated silencing, ridiculing or intimidation
* Demands that so exceed a child’s capability that they may be harmful
* Extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development
* Seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018).

A child may also experience emotional abuse through witnessing domestic abuse or alcohol and drug misuse by adults caring for them. A child witnessing or hearing the abuse of another is a form of emotional abuse (in accordance with the Domestic Abuse (Scotland) Act 2018).

Signs and indicators may include delay in physical, mental and/or emotional development, sudden speech disorders, overreaction to mistakes, extreme fear of any new situation, neurotic behaviour (rocking, hair twisting, self-mutilation), extremes of passivity or aggression, appearing to lack confidence or self-assurance.

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| If **emotional abuse** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## **Sexual abuse**

Sexual abuse involves forcing, or enticing, a child to take part in sexual activities. Sexual abuse does not necessarily involve a high level of violence and includes 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males are not the sole perpetrators of sexual abuse; women also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years.

Symptoms of sexual abuse includes a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. Additional signs of emotional and physical symptoms are shown below.

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| **Emotional signs** | **Physical signs** |
| * Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or stage of development
* Personality changes, such as becoming insecure or clingy
* Regressing to younger behaviour patterns, such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
* Becoming worried about clothing being removed.
 | * Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy.
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| If **sexual abuse** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## **Neglect**

*National child protection guidance for Scotland (2021)* defines neglect as: *“persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in the serious impairment of the child’s health or development.”*

‘Persistent’ means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

The GIRFEC SHANARRI indicators set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. 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); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child’s essential emotional needs (*National child protection guidance for Scotland,* 2021, p.14).

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect involves adults involved in the care of the child failing to:

* Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
* Protect them from physical harm or danger
* Ensure adequate supervision (including the use of inadequate caregivers)
* Ensure access to appropriate medical care or treatment
* Respond to their basic emotional needs.

An NSPCC briefing (August 2024) found neglect to be the most common form of abuse, with one in ten children in the UK having been neglected. Concerns around neglect have been identified for half of children who are the subject of a child protection plan or on a child protection register in the UK.

Signs of neglect include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed. A child may be persistently hungry if a caregiver is withholding, or not providing enough, food. A child who is not receiving the attention they need at home may crave it from other adults, such as at nursery or school.

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| If **neglect** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Domestic abuse

The Definition of domestic abuse from the Domestic Abuse (Scotland) Act, 2018 is:

**Abusive behaviour towards partner or ex-partner**

1. A person commits an offence if
	1. The person (“A”) engages in a course of behaviour which is abusive of A's partner or ex-partner (“B”), and
	2. Both of the further conditions are met.
2. The further conditions are
	1. That a reasonable person would consider the course of behaviour to be likely to cause B to suffer physical or psychological harm,
	2. That either
		1. A intends by the course of behaviour to cause B to suffer physical or psychological harm, or
		2. A is reckless as to whether the course of behaviour causes B to suffer physical or psychological harm.
3. In the further conditions, the references to psychological harm include fear, alarm and distress.

Behaviour which is abusive of B includes (in particular)

1. Behaviour directed at B that is violent, threatening or intimidating
2. Behaviour directed at B, at a child of B or at another person that either
	* 1. Has as its purpose (or among its purposes) one or more of the relevant effects set out in subsection (3), or
		2. Would be considered by a reasonable person to be likely to have one or more of the relevant effects set out in subsection (3).
3. The relevant effects are of
	1. Making B dependent on, or subordinate to, A
	2. Isolating B from friends, relatives or other sources of support
	3. Controlling, regulating or monitoring B's day-to-day activities
	4. Depriving B of, or restricting B's, freedom of action
	5. Frightening, humiliating, degrading or punishing B.
4. In subsection (2)
	1. In paragraph (a), the reference to violent behaviour includes sexual violence as well as physical violence
	2. In paragraph (b), the reference to a child is to a person who is under 18 years of age.

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity and domestic abuse can happen at any stage in a relationship.

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| Signs and symptoms of domestic abuse include:* Changes in behaviour (for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.)
* Visible bruising or single, or repeated, injury with unlikely explanations
* Change in the manner of dress (for example, clothes to hide injuries that do not suit the weather)
* Stalking, including excessive phone calls or messages
* Partner or ex-partner exerting an unusual amount of control or demands over work schedule
* Frequent lateness or absence from work.
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All children can witness and be adversely affected by domestic abuse in the context of their home life. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Where incidents of domestic abuse are shared by NDNA staff or stakeholders we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection or where we believe there is an immediate risk of serious harm to the person involved.

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| If **domestic abuse** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Child sexual exploitation (CSE) and Child criminal exploitation (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation *(National child protection guidance for Scotland*, 2021 ).

**Child sexual exploitation (CSE)**

CSE is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into **sexual** activity in exchange for something the victim needs or wants. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology and may be without the child’s immediate knowledge such as through others copying videos or images they have created and posted on social media. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

Signs and symptoms include:

* Physical injuries such as bruising or bleeding
* Having money or gifts they are unable to explain
* Sudden changes in their appearance
* Becoming involved in drugs or alcohol, particularly if it is suspected they are being supplied by older men or women
* Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
* Using sexual language beyond that expected for their age or stage of development
* Engaging less with their usual friends
* Appearing controlled by their phone
* Switching to a new screen when you come near the computer
* Nightmares or sleeping problems
* Running away, staying out overnight, missing school
* Changes in eating habits
* Talk of a new, older friend, boyfriend or girlfriend
* Losing contact with family and friends or becoming secretive
* Contracting sexually transmitted diseases.

**Child Criminal Exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under 18 into any **criminal** activity in exchange for something the victim needs or wants. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including

sexual violence) and weapons may be involved.

Other examples include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Signs and symptoms of CCE are similar to those for CSE.

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| If **CSE** or **CCE** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## County Lines

The National Crime Agency (NCA) defines county lines as gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers live in a different area to the dealers, so drug runners are needed to transport the drugs and collect payment.

Perpetrators often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. A child is targeted and recruited into county lines through schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and symptoms include:

* Changes in dress style
* Unexplained, unaffordable new things (for example, clothes, jewellery, cars etc.)
* Missing from home or school and/or significant decline in performance
* New friends with those who don't share any mutual friendships with the victim, gang association or isolation from peers or social networks
* Increase in anti-social behaviour in the community including weapons
* Receiving more texts or calls than usual
* Unexplained injuries
* Significant changes in emotional well-being
* Being seen in different cars or taxis driven by unknown adults
* A child being unfamiliar with where they are.

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| If involvement in **county lines** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Cuckooing

Cuckooing is a form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person in order to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Signs and symptoms include:

* An increase in people, particularly unknown people, entering or leaving a home or taking up residence
* An increase in cars or bikes outside a home
* A neighbour who hasn't been seen for an extended period
* Windows covered or curtains closed for a long period
* Change in resident's mood and/or demeanour (for example, secretive, withdrawn, aggressive or emotional)
* Substance misuse and/or drug paraphernalia
* Increased anti-social behaviour.

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| If **cuckooing** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Child trafficking and modern slavery

The legal definition of the offence of human trafficking in Scotland is set out in the Human Trafficking and Exploitation (Scotland) Act 2015 (‘the 2015 Act’). A person commits an offence of human trafficking if a ‘relevant action’ is taken with a view to another person being exploited (section 1). The offence of human trafficking is aggravated by being committed against a child (as defined in the 2015 Act as a person under the age of 18 years old) (section 6).

Section 1(2) of the 2015 Act defines ‘relevant action’ as any of the following: recruiting another person; transporting or transferring another person; harbouring or receiving another person; exchanging or transferring control over another person; or arranging or facilitating any of those actions. It is irrelevant whether the person consents to any part of the action. Travel between two places is not a requirement for an offence of human trafficking to have taken place (*National child protection guidance for Scotland*, 2021 p.189).

Modern slavery includes slavery, servitude and forced or compulsory labour and child trafficking. Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse.

Signs and symptoms for children include:

* Being under control and reluctant to interact with others
* Having few personal belongings, wearing the same clothes every day or wearing unsuitable clothes
* Being unable to move around freely
* Appearing frightened, withdrawn, or showing signs of physical or emotional abuse.

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| If **child trafficking** or **modern slavery** are suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Forced marriage

A forced marriage is defined as ‘A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18.

Children at risk: Those who might identify as lesbian, gay, bisexual, and transgender (LGBT) and disabled children may be at increased risk of forced marriage. For LGBT people this is seen as a way of ensuring that their LGBT identity is not made public. Furthermore, immigration can be an aggravating factor towards forced marriage: by arranging a marriage of a UK citizen with someone from overseas, the overseas spouse is guaranteed an easier entry into the UK. An estimated 80% of forced marriage victims are girls and women. However, boys, especially those who might identify as gay, bi-sexual or transgender are also affected by forced marriage, domestic abuse, coercive control and other forms of HBA.’ (*National child protection guidance for Scotland*, 2021 p.203).

Where incidents of forced marriage are shared by NDNA staff or stakeholders, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

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| If it is suspected that a **forced marriage** is being planned, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Honour based abuse (HBA)

HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or ‘honour’. Such abuse can occur, for example, when perpetrators perceive that a relative has shamed or may potentially shame the family and/or community by breaking their honour code. This abuse can take many forms, including threatening behaviour, emotional blackmail, assault, rape, abduction, forced marriage, confinement and ‘honour killing’ (*National child protection guidance for Scotland*, 2021 p.203).

Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their ‘honour’ code. It is a violation of human rights and may be domestic, emotional and/or sexual abuse such as being held against their will, threats of violence or actual assault. It often involves wider family networks or community pressure and so can include multiple perpetrators.

Signs and symptoms of HBA include:

* Changes in how the child dresses or acts, such as a sudden shift to more culturally/religiously appropriate clothing
* Visible injuries, or repeated injury, with unlikely explanations
* Signs of depression, anxiety or self-harm
* Frequent absences
* Restrictions on friends or attending events.

Where incidents of HBA are shared by NDNA staff or stakeholders, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

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| If **honour based abuse** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Child abuse linked to faith or belief (CALFB)

Child abuse linked to faith or belief (CALFB) can happen in families when there may be tensions between a parent’s beliefs and Scottish laws, for instance, in relation to physical chastisement. Where specific practices linked to tradition, faith or belief are harmful or used to justify behaviour that is abusive, then services must not hesitate to engage in order to understand and prevent further harm. Female genital mutilation is an example of a traditional practice which is a criminal offence in Scotland and will be treated as child abuse (*National child protection guidance for Scotland*, 2021 p.210)

For example, a belief in:

* Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
* The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
* Ritual or multi-murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
* Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation
* Children’s actions are believed to have brought bad fortune to the family or community.

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| If **CALFB** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

## Extremism and radicalisation

Under the Counter-Terrorism and Security Act 2015, there is a duty to safeguard vulnerable and at risk children by preventing them from being drawn into terrorism. This is known as the Prevent Duty.

Children can be exposed to different views and receive information from various sources and some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism; usually it’s a gradual process so those who are affected may not realise what’s happening. Radicalisation is a form of harm.

The process may involve:

* + Being groomed online or in person
	+ Exploitation, including sexual exploitation
	+ Psychological manipulation
	+ Exposure to violent material and other inappropriate information
	+ The risk of physical harm or death through extremist acts.

For further information visit [Prevent](https://education.gov.scot/improvement/learning-resources/safeguarding-prevent-in-education/#:~:text=What%20is%20Prevent%3F,alongside%20Pursue%2C%20Protect%20and%20Prepare.) (Scotland).

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| If **radicalisation or extremism** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. This includes reporting concerns to the police. |

## Online safety

Online child abuse is any type of abuse that occurs in the digital environment and the internet, facilitated through technology and devices such as computers, tablets, mobile phones, gaming devices and other online-enabled (*National child protection guidance for Scotland*, 2021 p.172).

Online abuse can include online bullying; emotional abuse and blackmail; sharing of intimate images; grooming behaviour; coercion and preparatory behaviour for abuse including radicalisation; child sexual abuse and sexual exploitation. Spyware which enables monitoring and tracking of activity on devices and offline locations may be used abusively. Perpetrators may be strangers, family members, friends or professionals (*National child protection guidance for Scotland*, 2021 p.172).

There are four main areas of risk associated with online safety:

* Content - being exposed to illegal, inappropriate or harmful material such as pornography, fake news, racist or radical and extremist views
* Contact - being subjected to harmful online interaction with other users such as commercial advertising or adults posing as children or young adults
* Conduct - personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images and online bullying
* Commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

To ensure staff and stakeholders understand their responsibilities, we have online safety training available which can be found here: <https://ndna.org.uk/product/free-online-safety-in-early-years/>

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| Report **online safety concerns** to the DSL and to the Child Exploitation and Online Protection Centre (CEOP): <https://www.ceop.police.uk/Safety-Centre/> **Inappropriate content** received via email must be reported to the DSL and to the Internet Watch Foundation (IWF): <https://www.iwf.org.uk/> Report **harmful content** here: <https://reportharmfulcontent.com/> |

## Up skirting

Up skirting is a criminal offence. It involves taking a picture of someone’s genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual.

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| If **up skirting** is suspected, then any concerns must be reported in line with NDNA safeguarding procedures. |

# APPENDIX 2: Responding to and recording disclosures

The NDNA has a wide breadth of roles in early years settings and local communities and staff working on the frontline may receive a safeguarding disclosure. To support frontline staff please see the guidance below for responding to and reporting disclosures of abuse.

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| **Responding to a child’s disclosure of abuse - what to do and say*** Stay calm and listen carefully
* Try not to look shocked and reassure them that this is not their fault
* Find an appropriate opportunity to say that the information will need to be shared and do not promise to keep the information shared a secret
* Allow the child to continue at their own pace
* Only ask questions for clarification and avoid asking any questions that may suggest a particular answer
* Reassure the child that they have done the right thing, let them know what you will do next and with whom the information will be shared
* Record the disclosure in writing using the child’s own words as soon as possible, but not while the child is talking
* Includes the date and time, any names mentioned and to whom the information was given
* Sign and date the record, store it securely and refer the disclosure to the setting Child Protection Lead and/or manager.
* Create a chronology if not already in place.
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| **Recording a case of disclosure or suspicions of abuse in the community**As an NDNA staff member or stakeholder, if you observe a concern or receive a disclosure, make an objective record (create a chronology if relevant). Where possible include:* Child's name and address
* Age of the child and date of birth
* Setting name and address
* Date and time of the observation or disclosure
* Details of the concern using factual information, including the exact words, if relevant
* Accurate details of the observation, including actions of the child or adult involved
* Accurate details of an injury or wound seen, including position and size
* The names of any other person present at the time
* Name of the person completing the report
* Name of the person to whom the concern was shared, with date and time.
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Discuss the record with the setting Child Protection Lead or manager and report to the NDNA DSL, following procedures.

NDNA expects all members of staff and stakeholders to co-operate with relevant agencies to ensure the safety of children.

# APPENDIX 3: Legal framework

NDNA adheres to all current legislation.

Listed below are current legislative acts relating to safeguarding and child protection:

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| Care Standards Act 2002 (Scotland)Freedom of Information (Scotland) Act 2002 Safeguarding Vulnerable Groups Act 2006Sexual Offences (Scotland) Act 2009The Counter-Terrorism and Security Act 2015The Data Protection Acts 1984, 1998 and 2018The Domestic Abuse (Protection) (Scotland) Act 2021The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009)The Human Rights Act 1998The Protection of Vulnerable Groups (Scotland) Act 2007United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (passed 16 March 2021 and due to come into force six months after Royal Assent)Children and Young Persons (Scotland) Act 1937, section 12Prohibition of Female Genital Mutilation (Scotland) Act 2005Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020Sexual Offences (Scotland) Act 2009The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005Human Trafficking and Exploitation (Scotland) Act 2015Civic Government (Scotland) Act 1982Children (Equal Protection from Assault) (Scotland) Act 2019Criminal Justice and Licensing (Scotland) Act 2010Domestic Abuse (Scotland) Act 2011Domestic Abuse (Scotland) Act 2018Protection from Abuse (Scotland) Act 2001Abusive Behaviour and Sexual Harm (Scotland) Act 2016Criminal Procedure (Scotland) Act 1995Victims and Witnesses (Scotland) Act 2014Age of Criminal Responsibility (Scotland) Act 2019Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021Children (Scotland) Act 2020Children (Scotland) Act 1995Children’s Hearings (Scotland) Act 2011Children and Young People (Scotland) Act 2014Disclosure (Scotland) Act 2020Mental Health (Care and Treatment) (Scotland) Act 2003Anti-social Behaviour (Scotland) Act 2004Adult Support and Protection (Scotland) Act 2007Adoption and Children (Scotland) Act 2007Equality Act 2010The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011General Data Protection Regulation (GDPR)/Data Protection Act 2018Islands (Scotland) Act 2018  |

Relevant non-statutory guidance:

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| National Child Protection Guidelines Scotland, 2021Getting it Right for Every Child, 2021 |

# APPENDIX 3: Glossary of acronyms

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| **Acronym** | **Full name** | **Notes** |
| ACES | Adverse childhood experiences | Highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity |
| BCP | Basic child protection | NDNA safeguarding course for all practitioners |
| CALFB | Child abuse linked to faith or belief | Faith abuse, which includes practices relating to a belief in spirit possession. It is not confined to one faith, nationality or ethnic community |
| CCE | Child criminal exploitation | Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity |
| CLA/LAC | Child looked after/looked after child | A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care |
| CSE | Child sexual exploitation | Where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity |
| DA/DV | Domestic abuse/violence | An incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence |
| DSL/DSP | Designated safeguarding lead / person | The person appointed to make sure that settings adhere to their safeguarding policies |
| FGM | Female genital mutilation | FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this |
| GIRFEC | Getting it Right for Every Child | Scotland’s national approach to joined up working, ensuring children get the right support from the right professional at the right time. |
| HBA/ HBV | Honour based abuse/violence | A crime or incident committed to protect or defend the 'honour' of a family or community |
| TTT | Train the trainer | NDNA e-learning course for associates prior to delivering training |

# APPENDIX 5: Useful contacts

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| **NDNA**  |
| Head office | 01484 407070 |
| DSL (Gail Murphy) |  01484 624103 |
| Deputy DSL (Fiona Bland) | 01484 624101 |
| Membership services manager (Glenn Rothwell) | 01484 407070 |
| safeguarding@ndna.org.uk  |
| **Regulatory bodies** |
| [Care Inspectorate](https://www.careinspectorate.com/) (Scotland) | 0345 600 9527 |
| [Disclosure Scotland](https://www.mygov.scot/organisations/disclosure-scotland) | 0300 020 0040 |
| [Scottish Social Services Council](https://www.sssc.uk.com/) | 0345 60 30 891 |
| [Education Scotland](https://education.gov.scot/) | 0131 244 4330 |
| **Police and related contacts** |
| Emergency police | 999 |
| Non-emergency police | 101  |
| [Child exploitation and online protection](https://www.ceop.police.uk/safety-centre/) (CEOP) | Online contact only |
| **Other useful contacts** |
| [NSPCC Child Protection Helpline](https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/)  | 0808 800 5000 |
| [Childline](https://www.childline.org.uk/) | 0800 1111 |
| [respectme](https://respectme.org.uk/) | 0344 800 8600 |
| [Scottish Women's Aid](https://womensaid.scot/) | 0800 027 1234 |
| [Modern slavery helpline](https://www.modernslaveryhelpline.org/) | 08000 121 700 |
| [Crimestoppers](https://crimestoppers-uk.org/) | 0800 555 111 |
| [Internet Watch Foundation](https://www.iwf.org.uk/) (IWF) | 01223 20 30 30 |
| [Information Commissioners Office](https://ico.org.uk/global/contact-us/) (ICO)  | 0303 123 1113 |