**NDNA Safeguarding Policy and Procedures (Wales)**

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## Safeguarding reporting procedure (for all staff and stakeholders)

NDNA will always act on behalf of the child and adult at risk and will do everything possible to ensure the safety and welfare of any child and adult at risk 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. Any concerns arising from contact with members or stakeholders that relates to the safety of a child or adult at risk must be reported following NDNA procedures:

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| **Step 1** | * Staff or stakeholder receive information that reports or causes a safeguarding concern (see Appendix 1 for definitions of abuse for children and Appendix 2 for signs and indicators of possible abuse and neglect in an adult at risk) |
| **Step 2** | * Contact DSP immediately – this must be a verbal conversation to ensure the concern is dealt with as quickly as possible * If the DSP 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>), an outline of the concern and any confidentiality issues. Copy in the DSP in all cases (See Appendix 3 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/:w:/s/EarlyYearsAdvisros-SGConfidential/EULznRtLO2ZDkxrDJ8JlojsB5MDk0r8B4aIBqbNTcLJ-YA?e=JtFueu) |
| **Step 3** | * The DSP, deputy DSP 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 DSP to contact the member setting and speak to their DSP, where possible, to explain the concern raised and agree actions to be taken by NDNA and the member setting * Within 24 hours, member DSP to report to NDNA DSP and explain steps taken to resolve the concerns (including, if applicable, reporting to the appropriate regulatory bodies) * NDNA DSP to decide if response and actions taken are satisfactory. In this instance, no onward referral is required. NDNA DSP initiates internal safeguarding report form. If the member does not respond to NDNA DSP, or if NDNA DSP 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 DSP will refer the concern to the appropriate regulatory body |
| **Step 3, continued** | Concern from NDNA staff or stakeholder while in a member setting   * Advise NDNA staff or stakeholder to speak with the DSP and/or manager and/or owner in the setting and raise the concern   Concern 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 DSP will contact the setting regarding the concern * If a parent raises a concern about an adult at risk, advise them to refer to the Local authority safeguarding team   NDNA will follow the steps above for member settings. |
| **Step 4** | * DSP records actions taken on the NDNA safeguarding report form, outlining the concerns and actions taken by all parties. |
| **Step 5** | * If appropriate, the DSP 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 LADO (England and Wales) or 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 DSP would contact the setting DSP 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 6 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 for children and Appendix 2 for signs and indicators of possible abuse and neglect in an adult at risk) |
| **Step 2** | * Contact DSP immediately – this must be a verbal conversation to ensure the concern is dealt with as quickly as possible * If the DSP is unavailable, follow the flow chart in Part 2 until you are able to have a verbal conversation * If the allegation refers to the DSP, 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>). Copy in the DSP in all cases, unless they are the subject of the allegation. (See Appendix 3 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/:w:/s/EarlyYearsAdvisros-SGConfidential/EULznRtLO2ZDkxrDJ8JlojsB5MDk0r8B4aIBqbNTcLJ-YA?e=JtFueu) |
| **Step 3** | * The DSP contacts *either* HR *or* SMT to discuss the reported concerns * The DSP 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 and Barring Service (England and Wales) or Disclosure Scotland, the appropriate regulatory body and may contact the Police, if appropriate * If appropriate, the DSP 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 DSP 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 6 for useful contacts.

# PART 1: Safeguarding policies and procedures (Wales)

## 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 adults at risk 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 4 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 and adults at risk , 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 and adults at risk. 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 (Wales) 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 and adults at risk 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 Person (DSP) for NDNA.

## Policy intention

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

This policy applies to all children under the age of 18 years (Wales Safeguarding Procedures) and adults at risk.

Safeguarding means keeping people safe from abuse, neglect or harm and knowing what to do if you think a child or adult is at risk of abuse, neglect or harm *(Working Together to Safeguard People: Code of Safeguarding Practice)*.

Child protection is an integral part of safeguarding children 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.

To safeguard children 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 stage of development
* Safe and secure environments for children
* Tolerance and acceptance of different beliefs, cultures and communities
* Providing intervention and help for children and families in need.

**What is an adult at risk of harm?**

An adult at risk of harm, often referred to an adult at risk (previously known as a ‘vulnerable adult’) is defined in Section 26(1) of the Social Services and Well-being (Wales) Act 2014 as an adult who:

* Is experiencing or is at risk of abuse or neglect
* Has needs for care and support (whether or not the authority is meeting any of those

needs), and

* As a result of those needs is unable to protect himself or herself against the abuse or

neglect or the risk of it.

Staff and volunteers may be concerned about any adult but most adults are not considered at risk. Those who may be at risk are:

* Older people
* People with learning disabilities
* People with physical disabilities
* People with mental health problems
* People who engage in substance misuse.

It is important to note:

The use of the term ‘at risk’ means that actual abuse or neglect does not need to occur before

practitioners intervene, rather early interventions to protect an adult at risk should be considered to prevent actual abuse and neglect.

The three conditions necessary to demonstrate an adult is at risk of abuse or neglect ensures that protection is provided to those with care and support needs who also require actions to secure the individual’s safety in the future because they are unable to protect themselves.

The abuse of adults deemed to be ‘at risk’ is often linked to their circumstances rather than the characteristics of the people experiencing harm.

Risk of abuse or neglect may be the consequence of one concern or a result of cumulative factors.

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 Person (DSP). 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.

## Confidentiality

Confidentiality must not override the right of children and adults at risk 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 DSP 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. If uncertain, the DSP should contact social services in the first instance to discuss safeguarding concerns, whether a report (referral) is made or not. Social services will advise who information can/cannot be shared with.

## **Data storage**

The NDNA 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 DSP or Senior Management Team (SMT) prior to making contact.

Authorised personnel includes:

* NDNA designated safeguarding person
* NDNAdeputy designated safeguardingperson
* NDNA membership services 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 Person(DSP)

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

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

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

## The role of the DSP

The role of the DSP is to:

* Monitor and update the Safeguarding 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 and concerns about adults at risk
* Ensure detailed, accurate, secure written records of concerns and referrals
* 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, safeguarding teams and regulatory bodies where required
* Make formal reports/referrals to statutory child protection agencies, safeguarding teams 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. When liaising with settings, ensure setting DSPs are aware of their duty to report to social services and Care Inspectorate Wales (CIW)
* Ensure SMT and the Chief Executive are informed of any involvement in child protection cases or concerns regarding adults at risk.

In addition, the DSP 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 DSP does not investigate whether or not a child or adult at risk 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 DSP. NDNA will cooperate fully with the authorities involved and follow any guidance given.

NDNA believes keeping children and adults at risk safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSP or deputy DSP, concerns can be reported anonymously to the NSPCC, the police or the LA social services safeguarding children and adults 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 adult at risk, or may have harmed a child or adult at risk
* Possibly committed a criminal offence against or related to a child or adult at risk
* Behaved towards a child or adult at risk or children or adults at risk in a way that indicates he or she may pose a risk of harm to children or adults at risk, or
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children or adults at risk.

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 DSP or Deputy DSP) 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. DBS will be informed to ensure their records are updated and, where appropriate, Care Inspectorate Wales 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 DBS 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 DBS, the appropriate regulatory body and the police, where appropriate.

## Support for NDNA staff during safeguarding incidents

The DSP 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 DSP 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.

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# 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 enhanced DBS 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 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 Wales Safeguarding Procedures](https://safeguarding.wales/en/) and Regional Safeguarding Board procedures, 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 All Wales Safeguarding Procedures and the Regional Safeguarding Boards 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 DSP 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 DSP 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 safeguarding or 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 or adult at risk 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 safeguarding and child protection training prior to their entrance into a placement or employment setting and will be made aware of the Wales Safeguarding Procedures. If there are any child protection concerns relating to the placement regarding children, setting practice or staff members, or concerns about adults at risk 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 for children

See Appendix 5: 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 severity of the ill-treatment, including the degree of harm
* The extent and frequency of abuse and/or neglect
* The impact this is likely to have, or is having, on the child involved.

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

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or, more rarely, a stranger. Perpetrators of abuse can be an adult, or adults, another child or children.

Abuse and neglect may be the result of a specific incident or ongoing or repeated abuse and neglect that has a progressively negative impact on the health and wellbeing of the child or young person and can lead to negative outcomes in adulthood.

*(Wales Safeguarding Procedures; Pointers for Practice: Signs and Indicators of Possible Abuse, Neglect and Harm In a Child)*.

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

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| * 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. |

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. |

## Child-on-child abuse

Child-on-child abuse is also known as peer-on-peer abuse; children are included as potential abusers in NDNA policies. 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 smacking, hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. In Wales the defence of ‘reasonable punishment’ can no longer be used for any physical punishment. *The Children (Abolition of Defence of Reasonable Punishment Act) (Wales) Act 2020*

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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/psychological abuse

*The Wales Safeguarding procedures* define emotional/psychological abuse as the ongoing emotional maltreatment of a child. It’s sometimes called psychological abuse and can seriously damage a child’s emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time.

Examples of emotional abuse include:

* Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
* Not giving a child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate
* Age or developmentally inappropriate expectations being imposed, such as 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
* Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
* A child seeing or hearing the ill-treatment of another.

A child may also experience emotional abuse through witnessing domestic abuse or alcohol and drug misuse by adults caring for them. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 recognises that children are victims of emotional abuse if they see, hear or otherwise experience the effects of domestic abuse.

Signs and indicators may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive attention, not having a close bond with parent/carer. Other indicators 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**

*The Wales Safeguarding Procedures* define neglect as:

A failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being (for example, an impairment of the person’s health).

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may 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. Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, although research suggests that the neglect of older children is more likely to go overlooked.

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 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 is:

*Domestic abuse means abuse where the victim of it is, or has been, associated with the abuser.*

*Behaviour is ‘abusive’ if it consists of any of the following:*

* *Physical, sexual, psychological, emotional or financial abuse*
* *Financial abuse.*

*Gender-based violence is defined as:*

* *Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation*
* *Female genital mutilation*
* *Forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding).*

*Sexual violence is defined as sexual exploitation, sexual harassment, or threats of violence of a sexual nature.*

*It does not matter whether the behaviour consists of a single incident or a course of conduct.*

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. |

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. Children may also experience CCE as a part of Child Sexual Exploitation (CSE) or may be targeted for sexual exploitation because they are already being criminally exploited and vice versa. CCE may therefore be one part of an individual and complex experience of interrelated abuse and exploitation for each child *(Wales Safeguarding Procedures).*

**Child sexual exploitation (CSE)**

Working Together to Safeguard People describes Child Sexual Exploitation (CSE) as a form of child sexual abuse, which involves an element of exchange between the abused child (up to the age of 18 years) and the person perpetrating or facilitating the abuse.

The exchange can include the giving or withdrawal of something, such as the withdrawal of violence or threats to abuse another person. There may be a facilitator who receives something in addition to or instead of the child who is exploited. Children may not recognise the exploitative nature of the relationship or exchange. Children may feel that they have given consent.

Exchange is a fundamental part of abuse through CSE. The involvement of exchange is what makes CSE distinct from other forms of child sexual abuse. The thing that is exchanged can be:

* Material things and experiences - money, goods, food, alcohol, accommodation, drugs, parties, trips
* Things related to feelings - the meeting of an emotional need or a need related to self-esteem, feeling wanted, feeling that they belong, loved, in control and/or important
* Things related to the need to be safe - the need to be free from threats and physical violence or threats to someone that the child cares about.

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 into any **criminal** activity. 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.

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.

Any child could potentially be at risk of criminal exploitation by a county lines gang. Factors that make a county lines gang more likely to target, groom and exploit a child include:

* The child having experienced neglect, physical and/or sexual abuse in the past
* Social isolation or social difficulties
* Poverty
* Homelessness or insecure accommodation status
* Connections with other people involved in gangs
* Having learning difficulties
* Having health problems
* Being in care or having a history of being in care
* Being excluded from mainstream education.

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

Child trafficking and modern slavery is when children are recruited, moved, transported and then exploited, forced to work or are sold.

For a child to have been a victim of trafficking there must have been:

* *Action*: recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation
* *Purpose*: sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs.

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.

Children who are trafficked are intentionally hidden and isolated from the services and communities who can identify and protect them. While identification may be difficult, there will be signs that you can watch for.

Children who have been trafficked or are at risk of being trafficked may:

* Have to do excessive housework chores
* Rarely leave the house and have limited freedom of movement
* Not have any documents (or have falsified documents)
* Give a prepared story which is very similar to stories given by other children
* Be unable or reluctant to give details of accommodation or personal details
* Not be registered with a school or GP practice
* Have a history with missing links and unexplained moves
* Be cared for by adults who are not their parents or carers
* Not have a good quality relationship with their adult carers
* Be one among a number of unrelated children found at one address
* Be under control and reluctant to interact with others
* Have few personal belongings, wearing the same clothes every day or wearing unsuitable clothes
* Appear frightened, withdrawn, or show 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 marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.’

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.

The Marriage and Civil Partnership (Minimum Age) Act 2022 means that 16 and 17 year olds will no longer be allowed to marry or enter a civil partnership, even if they have parental consent. It is illegal and a criminal offence to exploit vulnerable children by arranging for them to marry, under any circumstances whether or not force is used.

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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)

‘Honour’ crime involves abuse and/or violence, including murder, committed by people who want to defend the reputation of their family or community. It can also take the forms of intimidation, coercive control or blackmail. Honour killing is the murder of a person accused of ‘bringing shame’ upon their family. In many instances, the crimes are committed by family members against a female relative and this may include a girl under the age of 18 years. However, it is important to remember that, while less common, males can also be victims and this may include a boy under the age of 18 years *(Wales Safeguarding Procedures).*

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 not ‘western’ clothing or make-up
* 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 is a concept of 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 [The Prevent Duty](https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty) website.

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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

While the growth of internet and mobile device use brings many advantages, the use of technology has become a significant component of many safeguarding issues such as child sexual exploitation and radicalisation.

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://moodle.ndna.org.uk/enrol/index.php?id=193).

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| Report **online safety concerns** to the DSP 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 DSP and to the Internet Watch Foundation (IWF): <https://www.iwf.org.uk/> |

## 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: Signs and indicators of possible abuse and neglect in an adult at risk

Taken from Wales Safeguarding Procedures: <https://safeguarding.wales/en/adu-i/adu-i-ap/a1p-p2/>

The appendix provides a description of the different forms of abuse and neglect that adults at risk may experience and ways in which the maltreatment may manifest itself. It is important to note that maltreatment may be linked to one specific incident or ongoing and/or repeated abuse and neglect. The maltreatment may result from one issue such as alcohol or drug misuse or an accumulation of circumstances and stressors, such as domestic violence and abuse, social isolation and deprivation.

It is important to be mindful that assessing harm does not mean merely listing the risk factors that are accumulating and assuming the longer the list the more likely the level of harm: just one risk factor may have a significant impact.

**Physical abuse**

***Description:***

* Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
* Rough handling -scalding and burning
* Physical punishments
* Inappropriate or unlawful use of restraint
* Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
* Involuntary isolation or confinement
* Misuse of medication (e.g. over-sedation)
* Forcible feeding or withholding food
* Unauthorized restraint, restricting movement (e.g. tying someone to a chair).

***Possible indicators:***

* No explanation for injuries or inconsistency with the account of what happened
* Injuries are inconsistent with the person’s lifestyle
* Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
* Frequent injuries
* Unexplained falls
* Subdued or changed behaviour in the presence of a particular person
* Signs of malnutrition
* Failure to seek medical treatment or frequent changes of GP.

**Sexual abuse**

***Description:***

* Rape, attempted rape or sexual assault
* Inappropriate touch anywhere
* Non-consensual masturbation of either or both persons
* Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
* Any sexual activity that the person lacks the capacity to consent to
* Inappropriate looking, sexual teasing or innuendo or sexual harassment
* Sexual photography or forced use of pornography or witnessing of sexual acts
* Indecent exposure.

***Possible indicators:***

* Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
* Torn, stained or bloody underclothing
* Bleeding, pain or itching in the genital area
* Unusual difficulty in walking or sitting
* Foreign bodies in genital or rectal openings
* Infections, unexplained genital discharge, or sexually transmitted diseases
* Pregnancy in a woman who is unable to consent to sexual intercourse
* The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
* Incontinence not related to any medical diagnosis
* Self-harming
* Poor concentration, withdrawal, sleep disturbance
* Excessive fear/apprehension of, or withdrawal from, relationships
* Fear of receiving help with personal care
* Reluctance to be alone with a particular person.

**Psychological and emotional abuse**

***Description:***

* Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
* Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
* Preventing someone from meeting their religious and cultural needs
* Preventing the expression of choice and opinion
* Failure to respect privacy
* Preventing stimulation, meaningful occupation or activities
* Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
* Addressing a person in a patronising or infantilising way
* Threats of harm or abandonment
* Cyber bullying.

***Possible indicators:***

* An air of silence when a particular person is present
* Withdrawal or change in the psychological state of the person
* Insomnia
* Low self-esteem
* Uncooperative and aggressive behaviour
* A change of appetite, weight loss/gain
* Signs of distress, tearfulness, anger
* Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

**Domestic violence**

***Description:***

* Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been, intimate partners or family members regardless of gender or sexuality
* 'Honour’-based violence, female genital mutilation and forced marriage
* Coercive behaviour can include:
  + Acts of assault, threats, humiliation and intimidation
  + Harming, punishing, or frightening the person
  + Isolating the person from sources of support exploitation of resources or money
  + Preventing the person from escaping abuse
  + Regulating everyday behaviour.

***Possible indicators:***

* Low self-esteem
* Feeling that the abuse is their fault when it is not
* Physical evidence of violence such as bruising, cuts, broken bones
* Verbal abuse and humiliation in front of others
* Fear of outside intervention
* Damage to home or property
* Isolation – not seeing friends and family
* Limited access to money.

**Financial abuse**

***Description:***

* Theft of money or possessions
* Fraud, scamming
* Preventing a person from accessing their own money, benefits or assets
* Employees taking a loan from a person using the service
* Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
* Arranging less care than is needed to save money to maximise inheritance
* Denying assistance to manage/monitor financial affairs
* Denying assistance to access benefits
* Misuse of personal allowance in a care home
* Misuse of benefits or direct payments in a family home
* Someone moving into a person’s home and living rent free without agreement or under duress
* False representation, using another person's bank account, cards or documents
* Exploitation of a person’s money or assets, e.g. unauthorised use of a car
* Misuse of a power of attorney, deputy, appointeeship or other legal authority
* Rogue trading e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

***Possible indicators:***

* Missing personal possessions
* Unexplained lack of money or inability to maintain lifestyle
* Unexplained withdrawal of funds from accounts
* Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
* Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
* The person allocated to manage financial affairs is evasive or uncooperative
* The family or others show unusual interest in the assets of the person
* Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA
* Recent changes in deeds or title to property
* Rent arrears and eviction notices
* A lack of clear financial accounts held by a care home or service
* Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
* Disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house
* Unnecessary property repairs.

**Neglect**

***Description:***

* Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
* Providing care in a way that the person dislikes
* Failure to administer medication as prescribed
* Refusal of access to visitors
* Not taking account of individuals’ cultural, religious or ethnic needs
* Not taking account of educational, social and recreational needs
* Ignoring or isolating the person
* Preventing the person from making their own decisions
* Preventing access to glasses, hearing aids, dentures, etc.
* Failure to ensure privacy and dignity.

***Possible indicators:***

* Poor environment – dirty or unhygienic
* Poor physical condition and/or personal hygiene
* Pressure sores or ulcers
* Malnutrition or unexplained weight loss
* Untreated injuries and medical problems
* Inconsistent or reluctant contact with medical and social care organisations
* Accumulation of untaken medication
* Uncharacteristic failure to engage in social interaction
* Inappropriate or inadequate clothing.

**Self-neglect**

***Description:***

* Lack of self-care to an extent that it threatens personal health and safety
* Neglecting to care for one’s personal hygiene, health or surroundings
* Inability to avoid self-harm
* Failure to seek help or access services to meet health and social care needs
* Inability or unwillingness to manage one’s personal affairs.

***Possible indicators:***

* Very poor personal hygiene
* Unkempt appearance
* Lack of essential food, clothing or shelter
* Malnutrition and/or dehydration
* Living in squalid or unsanitary conditions
* Neglecting household maintenance
* Hoarding
* Collecting a large number of animals in inappropriate conditions
* Non-compliance with health or care services
* Inability or unwillingness to take medication or treat illness or injury.

**Modern slavery**

***Description:***

* Human trafficking
* Forced labour
* Domestic servitude
* Sexual exploitation, such as escort work, prostitution and pornography
* Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

***Possible indicators:***

* Signs of physical or emotional abuse
* Appearing to be malnourished, unkempt or withdrawn
* Isolation from the community, seeming under the control or influence of others
* Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
* Lack of personal effects or identification documents
* Always wearing the same clothes
* Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
* Fear of law enforcers.

# APPENDIX 3: 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 DSP and/or manager. |

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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. Where possible include:   * Child or adult at risk’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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| **Reporting possible crimes against an adult at risk of abuse**  If the person has capacity and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:   * the person is subject to coercion or undue influence to the extent that they are unable to give consent; * there is an overriding public interest, for example, risk to others; * prevention of imminent danger or distress or in life-threatening situations.   If a decision is made that the wishes of an adult at risk with capacity is over-ridden, the reasons for this must be made clear and documented.  If the person does not have capacity in relation to this decision, the reasons for reporting this in the individual’s best interests must be recorded. |

Discuss the record with the setting DSP or manager and report to the NDNA DSP, following procedures.

NDNA expects all members of staff and stakeholders to co-operate with relevant agencies to ensure the safety of children: <https://thirdsectorsupport.wales/>

# APPENDIX 4: Legal framework

NDNA adheres to all current legislation.

Listed below are current legislative acts and statutory guidance relating to safeguarding and child protection in Wales:

|  |
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| Social Services and Well-being (Wales) Act 2014   Children and Families (Wales) Measure 2010  The Child Minding and Day Care (Wales) Regulations 2010  Wales Safeguarding Procedures (2019)  UNCRC  Welsh Language (Wales) Measure 2011  Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020  Working Together to Safeguard People  Children and Social Work Act 2017  Criminal Justice and Court Services Act 2000  Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015)  Freedom of Information Act 2012  Safeguarding Vulnerable Groups Act 2006  The Childcare Act 2006  The Children Act 2004  The Children Act (England and Wales) 1989  The Counter-Terrorism and Security Act 2015  The Data Protection Acts 1984, 1998 and 2018  The Domestic Abuse Act 2021  Domestic Abuse (Violence against Women, Domestic Abuse and Sexual Violence) (Wales) Act 2015  The Human Rights Act 1998  The Police Act 1997  The Sexual Offences Act 2003  Working together under the children act, Welsh Assembly Government, 2006  The Children (Abolition of Defence of Reasonable Punishment ) (Wales) Act 2020 |

Relevant non-statutory guidance:

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| More than just words framework |

# APPENDIX 5: 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 |
| ASG | Advanced safeguarding | NDNA require all trainers of safeguarding to hold ASG certificates |
| 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 |
| DBS | Disclosure and Barring Service | Government organisation responsible for carrying out eligibility checks on employees as part of safer recruitment regulations |
| DSP | Designated safeguarding 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 |
| HBA/ HBV | Honour based abuse/violence | A crime or incident committed to protect or defend the 'honour' of a family or community |
| LADO | Local authority designated officer | The person who should be notified when there has been a safeguarding allegation involving a professional or volunteer who works with children |
| MASH | Multi-agency safeguarding hub | A county wide partnership, involving a range of professionals, that work together to keep vulnerable children and young people safe |

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| --- | --- | --- |
| **Acronym** | **Full name** | **Notes** |
| RSB | Regional Safeguarding Boards | These are the six multi-agency strategic boards of relevant partner agencies set up across Wales designed to protect children and adults at risk of, abuse or neglect and to prevent those children and adults from becoming at risk of abuse or neglect. Members of the board are referred to as relevant partners Under Part 7 of the Social Services and Well-being (Wales) Act 2014, (SSWA 2014) local authorities must establish Safeguarding Children Boards comprised of representatives from local authorities, the local police body, local health board, NHS Trust, probation board, youth offending team and others. |
| TAF/TAC | Team about the family/child | Brings together practitioners from a wide range of different statutory and voluntary agencies to work with a family. The focus is on working with the family in a holistic way using a whole family approach |
| TTT | Train the trainer | NDNA e-learning course for associates prior to delivering training |

# APPENDIX 6: Useful contacts

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| **NDNA** | |
| Head office | 01484 407070 |
| DSP (Gail Murphy) | 01484 624103 |
| Deputy DSP (Fiona Bland) | 01484 624101 |
| Membership services manager (Glenn Rothwell) | 01484 407070 |
| [safeguarding@ndna.org.uk](mailto:safeguarding@ndna.org.uk) | |
| **Regulatory bodies** | |
| [Ofsted](https://www.gov.uk/government/organisations/ofsted) (England) | 0300 123 1231 |
| [Care Inspectorate](https://www.careinspectorate.com/) (Scotland) | 0345 600 9527 |
| [Care inspectorate Wales](https://careinspectorate.wales/) (CIW) | 0300 7900 126 |
| **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 |
| [DfE counter-extremism helpline](https://report-extremism.education.gov.uk/) | 0800 789 321 |
| **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 |
| [Kidscape](https://www.kidscape.org.uk/) | 020 7823 5430 |
| [National Domestic Abuse helpline](https://www.nationaldahelpline.org.uk/) | 0808 2000 247 |
| [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 |
| **Regional Safeguarding Boards** | |
| Contact details for the 6 Regional Safeguarding Boards in Wales | <https://safeguardingboard.wales/find-your-board/> |