Child Protection Policy
Statement and Guidelines

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DOCUMENT HISTORY

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CONSULTATION AND RATIFICATION SCHEDULE

Name of Consultative Body	Date of Approval
Senior Management Team	Oct 2020

CROSS REFERENCE TO OTHER POLICIES/STRATEGIES

This policy should be read in conjunction with:	Detail
Policy 1	Protection of Vulnerable Adults Policy
Policy 2	Guidelines on the Administration of Medication: Appendix 5 –Guidelines on the Covert Administration of Medicines
Policy 3	Minimizing Restrictive Practice Policy
Policy 23	Recruitment and Selection Policy
Policy 28	Accident/Incident Reporting Policy
Policy 11	Disclosure and Whistleblowing Policy

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1. INTRODUCTION

Primecare Health Ltd is committed to developing and sustaining the well-being and safety of all children and young people with Autism within services. It takes very seriously its responsibility to promote safe practice to protect children and young people from harm and neglect. This policy is written in accordance with the organisations responsibilities in relation to children and young people in terms of Protection of Children (Scotland) Act 2003, Children (Scotland) Act 1995 and Children and Young People (Scotland) Act 2014.

Getting it Right for Every Child (2005) is the Scottish Government's vision that children and young people in Scotland should become confident individuals, effective contributors, successful learners and responsible citizens. To this aim the Scottish Government states the following: *Children in Scotland require to feel safe and protected, nurtured in a supportive setting, healthy in mind and body, given opportunity to achieve access to play, respected and enabled to have their voice heard, to belong to their communities and to feel included and supported to overcome the social, educational, physical, environmental and economic barriers that create inequality.*

This policy statement and guidelines apply to all services within the organisation and all managers are responsible for ensuring that the guidance is fully and effectively implemented within service areas.

The nature of autism makes children/young people particularly vulnerable and therefore increases the need for protection, as well as the right to dignity, privacy, confidentiality and safety. These principles form the basis of our practice in our everyday work as well as in areas such as:

- intimate care
- use of physical intervention
- restrictive practice
- management of self-harm
- the way we speak to children and young people
- recording information
- sexuality
- religious persuasion
- race
- cultural and linguistic background

For the purposes of this policy and guideline, a child is defined as an individual under the age of 18 years. This is in line with the definition of a "child" within the United *Nations Convention on the Rights of the Child* and the *Protection of Children (Scotland) Act 2003.* The *Children (Scotland) Act 1995* defines a child as an individual under the age of 16 years unless certain circumstances apply including issues of harm, in which case child protection procedures may be extended to cover children with special needs (mental or physical disability) until the age of 18. In addition, The Children and Young People (Scotland) Act 2014 makes provision for young people to remain within their current care setting, if appropriate, until age 25.

It is important that all staff understand their duty of care and implement these Guidelines whenever there is a concern that a child or young person could be at risk of harm.

When considering the care and protection needs of children and young people, Primecare Health Ltd recognises the tensions that can result when working to support an individual's right to self-determination and personal choice balanced with their right to be protected from abusive and exploitative relationships.   However, the first priority of all staff should always be to ensure the safety and protection of all children and young people.

All staff must work within the organisation's policies and procedures as well as in accordance with inter-agency guidelines in terms of assessment, case management, recording and sharing of information. The organisation will work with all relevant agencies to ensure that the welfare of the child or young person is paramount and that clear lines of communication and joint working are practiced.

The organisation recognises its obligations in respect of confidentiality, and information will be shared as appropriate in line with organisational policy, procedures and relevant legislation. However, this approach will recognise that the protection of children and young people is paramount. This is in line with the guidance "It's Everyone's Job that I'm Alright" (2002).

All staff have a professional responsibility to report behaviour of families, parents, carers, other children/young people and staff where there is a concern that such behaviour is harmful or puts a child/young person at risk of harm.

All managers have a responsibility to exercise clear decision making in accordance with the organisations child protection procedures as well as ensuring host/local authority child protection processes are followed.

It will be the responsibility of the Director/Registered Manager as lead Child Protection Officers, to ensure each area within the organisation has a copy and adheres to the relevant local authority interagency guidelines for child protection.

Underpinning legislation and guidelines for reference:
Social Work Scotland Act (1968)
Protection of Children (Scotland) Act 2003
Children (Scotland) Act 1995
Public Service Reform Act 2010
Organisational Policies – Grievance; Disciplinary; Whistle-blowing; & Raising Concerns at Work.
Data Protection Act 1998
National Care Standards for School Care and Accommodation Service 2005
National Care Standards for People with Learning Disabilities 2005
Freedom of Information Act 2000
It's Everyone's Job that I'm Alright 2002
Scottish Social Services Council – Codes of Conduct 2007, Revised Codes of Practice for Social Service Workers and Employers (the Codes) 2016.
Protecting Children and Young People – Framework for Standards 2004
Getting it Right for Every Child 2005
Protecting Children – A Shared Responsibility 2003
Keeping Children Safe 2003
National Guidance for Child Protection in Scotland 2014
Children and Young People (Scotland) Act 2014
National Risk Framework 2012
Child Protection Guidance For Health Professionals 2013

2. CHILD PROTECTION POLICY STATEMENT

Primecare Health Ltd will:

- Ensure that all staff (meaning both paid staff and volunteers) understand their moral and contractual obligations to protect children and young people from harm and exploitation.
- Ensure that all staff understand their responsibility to work to the standards and procedures detailed in the organisation's policies and procedures relating to the care and protection of children and young people.
- Staff will ensure they are appropriately registered with SSSC and adhere to Codes of Practice.
- Ensure that all policies and procedures are fairly and consistently implemented.
- Robustly follow Safer Recruitment Guidance from Care Inspectorate
- Ensure that all staff understand their obligations to immediately report care or protection concerns about a child or young person (or a staff member's conduct towards a child or young person) to a manager, who will have responsibility for reporting to the Director/Registered Manager . Staff/Managers must ensure an immediate referral to Police Scotland (prior to other notifications) if a criminal act has occurred.
- Director/Registered Manager will have overall responsibility for reporting child protection concerns.
- Ensure that all managers understand their obligation to refer child protection concerns to the external protection agencies (i.e. Police and/or Social Work).
- Provide opportunities for all workers to develop their skills and knowledge in relation to the care and protection of children and young people.
- Ensure that children and young people are appropriately and sensitively supported to express their ideas, views and concerns on a wide range of issues, including protection issues.
- Ensure appropriate support is provided to any child or young person who discloses harm.
- Ensure that the parents/carers of children and young people are fully aware of their rights to express any concerns they may have about care and protection issues relating to their child.
- Endeavour to keep up-to-date with national developments relating to the care and protection of children and young people with autism.
- Provide all new staff with mandatory Child Protection Training. Staff working directly with children will receive this training within three months of commencing employment; all other staff will receive this training within six months. Training will include information on signs and indicators of abuse as well as the process to follow where there is a concern that a child or young person is being harmed or is at risk of harm.
- Ensure annual refresher Child Protection training is delivered to all staff.

3. THE VULNERABILITY OF CHILDREN AND YOUNG PEOPLE WITH AUTISM

The vulnerability in children and young people with autism can be increased because of:

a) Individuals having intimate care needs.

b) Individuals being supported by a number of carers.
c) The need to sometimes use interventions such as medication and physical intervention, which may be harmfully applied.
d) A sense of powerlessness due to dependency on others.
e) Communication differences which may make it hard to disclose, complain or to be understood.
f) Differences with social interactions and limited life experiences which can lead to a lack of awareness in relation to personal boundaries (e.g. physical, sexual and neglect) and of what is considered to be acceptable and unacceptable behaviour.
g) Children and young people who self-harm may mask underlining harm.

It is crucial that all staff are aware of the above and explore their own attitudes, behaviour and values which may impact in a negative and potentially harmful way on their relationships with children and young people.

Child Sexual Exploitation – Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Applying the definition: if someone takes advantage of an imbalance of power to get to a child/young person to engage in sexual activity, it is CSE if:

1. The child/young person receives, or believes they will receive, something they need or want (tangible or intangible gain or the avoidance of harm) in exchange for the sexual activity.

   And/or

2. The perpetrator/facilitator gains financial advantage or enhanced status or power from the abuse.

Where the victim who is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs or alcohol, for example) and intangible rewards (status, protection or perceived receipt of love or affection, for example). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to constitute CSE (as opposed to another form of sexual abuse). This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

4. HOW HARM CAN BE IDENTIFIED

All staff should understand that harm may be identified in a number of ways, usually through:

a) Staff raising concerns
b) the recognition of particular signs and indicators;
c) a direct allegation of abuse made by a child or young person;
d) a report from a third party relating to the care and protection needs of a child or young person.

5. DEALING WITH A DIRECT ALLEGATION OF ABUSE BY A CHILD OR YOUNG PERSON

When allegations are raised by a child/young person, staff should be mindful of their responsibility to follow the following guidance:

When dealing with an allegation of harm, staff should take the following steps:

a) Immediately ensure the safety of the child or young person.
b) **Listen attentively** to what the child or young person is telling you – staff should try not to interrupt, distract the child or young person and/or put words into their mouth. Staff should ensure they do not ask leading questions/conduct an interview with the child and be clear that they listening and only recording the information from the child or young person.
c) **Ensure the child/young person has appropriate communication** such as Makaton/Boardmaker/ sign along to give them opportunities to disclose.
d) **Be aware of non-verbal communication** which includes being aware of facial expressions and how concern/interest is shown. Staff should not sit in a way that threatens or stand over the child or young person.
e) **Do not promise confidentiality** - staff should not agree to keep secret any information which implies that the child or young person could be at risk of harm. It should be explained that while every effort will be made to respect a desire for confidentiality, if there is cause for concern, it will be necessary to pass this information on.
f) **Affirm the individual's feelings** – staff should show empathy in an appropriate manner and reassure that the child or young person has done the right thing in 'telling'**.**
g) **Treat the allegation very seriously** – staff should report it immediately ensuring the relevant designated manager for child protection (Director/Registered Manager) is aware and can report to external authorities.
h) **Record what has been said/observed as soon as possible** – using Incident Recording Form and send to the designated manager (Director/Registered Manager) for child protection.
i) **Where concerns are raised regarding potential harm from parents/carers** – communication and action will be determined by Social Work and/or the Police. In these circumstances Managers and staff should not disclose events to parents/carers and await further guidance from Social Work and Police.
j) **Where concerns are raised not concerning parents/carers –** staff should ensure parents/carers are made aware of events immediately.
k) **Support for Child/Young Person –** appropriate support (as per the individual's needs) should be made available to children/young people who allege harm.
l) **Ask for support** – staff should be offered support whenever they have had to respond to child protection concerns.

On receiving a report of an allegation of harm, the worker should expect to receive assurances from the Director/Registered Manager that appropriate child protection procedures will be implemented immediately. When a staff member is not satisfied with the Director/Registered Manager response to their concern, the staff member should attempt to discuss this with them. If concerns remain, the staff member has every right to make their own report to the child protection agencies and to discuss this action and concern with the organisation's Senior Management Team.

Where the Director/Regional; Manager is not available, concerns should be raised with another **manager in accordance with local protection procedures.**

6. INDEPENDENT FREELANCE WORKERS/ CONTRACTORS UNDERTAKING WORK FOR THE ORGANISATION

Where an allegation is made against an independent freelance worker/contractor, the organisation will make a referral to Social Work and the Police. The primary concern of the organisation will be the protection of the child or young person. Primecare Health Ltd has the right to suspend the contract with any freelance worker/contractor whilst an external investigation is being carried out by the appropriate external agency.

7. DEALING WITH A REPORT OF ABUSE AND/OR NEGLECT FROM A THIRD PARTY

If concerns about the care and protection needs of a child or young person are raised by a third party, it is essential to ensure the child or young person's wellbeing in the first instance. All communication regarding the concern should be dealt with sensitively.

The staff member who receives the report should explain that the concerns will be dealt with according to the organisation's child protection procedures.

If a third party decides to withdraw their concerns at this point, they should be informed that where the information has indicated that a child or young person could be at risk of harm, the information will have to be passed on to Police and Social Work.

Steps to be taken when an allegation/concern of possible abuse is reported which DOES NOT implicate staff

Allegations of abuse which <u>do not</u> implicate staff from within the organisation must be reported immediately to a manager. The manager will notify Director/Regional Manager who will follow the procedure outlined in **Appendix 1: Flow Chart 1.**

Steps to be taken when an allegation/concern of possible harm is reported which may implicate staff

Allegations of harm which may implicate staff from within the organisation, must be reported immediately to a manager who will notify Director/Regional Manager who will follow the procedure outlined in **Appendix 2: Flow Chart 2** which summarises the steps the organisation will take whenever a concern arises (including a care and protection concern) about staff's conduct towards a child or young person.

The Regional Manager will also notify the Director. The Director/Regional Manager will notify the Care Inspectorate and the SSSC where a member of staff is subject to an investigation.

8. MANAGING ALLEGATIONS MADE AGAINST CHILDREN/ YOUNG PEOPLE BY THEIR PEERS

Primecare Health Ltd recognises that harm can take place between children and young people i.e. peer to peer. Wherever a member of staff suspects this type of harm may be happening they should report their concerns to a manager who will report to Director/Regional Manager.

When harm is believed to be perpetrated by a young person or child it is important to ensure assumptions are not made that somehow it is less distressing or harmful to a child if the perpetrator is another child or young person.. The Regional Manager/Principal will refer concerns to Social Work and Police and will work closely with all partners to ensure the safety and wellbeing of all children.

9. SAFE CARE

The organisation recognises the tension between meeting the emotional wellbeing of children and young people whilst ensuring they are protected from harm and neglect. Where it is appropriate and there is clear purpose, children and young people will be emotionally supported by having, for example, physical contact from staff. This will be agreed by relevant parties with consent recorded within the Child's plan.

10. PROTOCOL FOR MANAGING BRUISING TO SERVICE USERS BODIES

Primecare Health Ltd takes seriously its duty of care to service users therefore all incidents of bruising should be reported to a manager and will be investigated.

It is important that staff are vigilant when supporting service users and record details of any accidents/incidents/ daily living occurrences that could cause them bruising utilising Appendix 3. It is however acknowledged that many service users enjoy time alone therefore it is not always possible to observe situations that could lead to bruising and or injury. This also applies to service users that manage their own personal care, in such circumstances staff may not notice bruising on a service user's body.

11. CONFIDENTIALITY AND RECORD KEEPING

Personal information about children and young people and their families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the persons concerned. **Confidentiality is not an option when children and young people are at risk of harm.**

All staff are expected to adhere to Scottish Autism and SSSC codes of practice to ensure the child and young person's welfare. Information about harm or risk of harm may be offered in confidence but the recipient cannot keep such information to him or herself.

All records relating to child protection concerns will be managed by the Registered Manager in a way which conforms to the requirements of the *Data Protection Act 1998.* Primecare Health Ltd Confidentiality Policy provides further guidance on this issue.

12. AVAILABILITY AND ACCESSIBILITY OF POLICY AND GUIDELINES

All staff will be made aware of how to access a copy of the policy through the Primecare Employee Section Website. Copies of the policy will be made available to all children and young people on request. The organisation will also take all reasonable steps to make this guidance accessible in alternative formats where this is requested by individuals.

13. ALLEGATIONS MADE AGAINST EMPLOYEES OF PRIMECARE HEALTH LTD

Any suspicion or complaint that a staff member has been involved in harming a child or young person or has put them at risk of harm, must be reported immediately Regional Manager who will report to the Director.

Director and Regional Manager will review all information submitted and take appropriate action to ensure the safety and wellbeing of children and young people. This may include the suspension of the member of staff to allow for full investigation into matters.

The member of staff will be fully informed regarding the actions taken by Primecare Health Ltd and given access to appropriate support through HR Department.

14. POLICY REVIEW STATEMENT

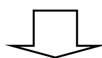
This policy will be reviewed every three years or earlier if required due to legislative updates.

APPENDIX 3

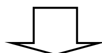
Protocol for Managing Unidentified Marks or Bruising On Service User's Bodies

It is vital that all staff working with Service User's are vigilant and record and report any situation which could result in bruising or marking on a Service User's body eg physical intervention, observation of bumps, accidents etc.

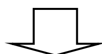
On noticing bruising / marking on a Service Users body, staff should immediately report this to a Senior AP / On Call. Staff should complete an Incident Form and accompanying body chart.



The Senior AP / On Call will respond by carrying out a preliminary investigation to identify the source of the bruising / marking



Where the bruising/marking can be traced to an incident / accident / daily living occurrence, a review of the Service User's risk assessments and / or support plans may be necessary



Where the Service User's bruising / marking cannot be traced to an incident / daily living occurrence the issue should be escalated to a protection concern and the organisation's Adult / Child Protection procedures should be followed

Note

- Regional Managers are to ensure the above protocol meets with their respective Local Authorities approval.
- Where bruising or marking on a Service User's body is being investigated under the Child / Adult Protection procedures, a GP's appointment should be made as soon as possible to ascertain if the bruising / marking is accidental / non accidental.
- Known birth marks / skin disorders should be recorded in Service Users support plans so as not to confuse with possible protection concerns.
- Where Service Users are prone to bruising it would be good practice to discuss this with their GP.
- It is acknowledged that it may not always be possible to notice bruising / marking on a Service User if they are independent with personal care tasks. This should feature as part of their safeguarding risk assessment which should be agreed and signed off by parents, guardians and care managers.

APPENDIX 1

CHILD PROTECTION POLICY

Flowchart 1
Steps to be taken by the Registered Manager when an allegation of possible harm or risk of harm and abuse is reported which **does not** implicate a worker.

Child/Young Person alleges harm/abuse. Staff have a general concern because of possible signs and indicators

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Staff/Managers who believe a criminal act has occurred must contact Police Scotland immediately.

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Staff immediately report concerns to a Manager.

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The Manager immediately reports the concerns to the Registered Manager

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Staff should record the nature of the allegations/concerns using the Incident Form

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The Registered Manager will immediately notify the host authority Child Protection Team.

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The Registered Manager will notify the commissioning authority

↓

The Registered Manager will seek advice from the host local authority Social Work Departmentt/Police on how to manage the immediate situation particularly in relation to the parents/carers and the Child/Young Person

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The Registered Manager will immediately notify the appropriate Director

↓

The Registered Manager will immediately notify the commissioning local authority Social Work Department

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The Registered Manager will immediately notify the Care Inspectorate via e-form

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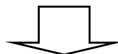
Having obtained guidance from the relevant external agencies, appropriate and sensitive support is offered to the Child/Young Person and where appropriate to his/her parents/carers



The Registered Manager will keep records of all correspondence with the Police/Social Worker within the Child Protection concerns file

Note:

- It is the responsibility of the Registered Manager to source a copy of the Inter Agency Child Protection Guidelines for each of the local authorities with whom they work.
- Where the Registered Manager/Director is unavailable, the Senior Autism Practitioner/Service Manager should follow the local guidance as detailed above

APPENDIX 2

CHILD PROTECTION POLICY

Flowchart 2

Steps to be taken by the Registered Manager when concerns of harm or abuse or risk of harm and abuse arise about the conduct of staff towards a Child/Young Person

Staff/Child/Young Person/external source raises a concern regarding the conduct of a member of staff or welfare of a Child/Young Person

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Staff/Managers who believe a criminal act has occurred must contact Police Scotland immediately.

↓

Staff immediately report concerns to a Manager.

↓

The Manager immediately reports the concerns to the Registered Manager

↓

Staff should record the nature of the allegations/concerns using the Incident Form

↓

The Registered Manager will contact the Director to notify of the concern/allegations raised against the employee. The Director may make the decision to suspend the member of staff.

↓

The member of staff will be suspended with immediate effect

↓

The Registered Manager will immediately notify the host local authority Social Work Child Protection Team. The Police will also be contacted

↓

The Registered Manager will immediately notify the commissioning local authority Social Work Department

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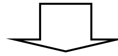
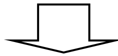
The Registered Manager will immediately notify the Care Inspectorate via e-form

↓

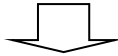
The Registered Manager will immediately notify the SSSC or other relevant registration bodies.



The Regional Manager/Senior staff will notify the Child/Young Person's parents/carers



The organisation will await feedback from the host authority/Police regarding the investigating



If the local authority/Police decide not to take further action, Primecare Health Ltd reserves the right to carry out their own investigation in accordance with the disciplinary procedures

Note:

- It is the responsibility of the Registered Manager to keep the Care Inspectorate, SSSC, Commissioning Authority and the Child/Young Person's parents/carers updated on the progress of an internal investigation.

- It is the responsibility of the Registered Manager to source a copy of the Inter Agency Child Protection Guidelines for each of the local authorities with whom they work.

- If the Police/Social Work decide not to progress with an investigation and where the organisation undertakes its own investigation, a disciplinary hearing will take place regardless of whether the member of staff decides to resign.

- The Care Inspectorate and the SSSC or other relevant registration bodies will be notified of the outcome of the disciplinary hearing by the Registered Manager.

- Where the Registered Manager/Director is unavailable/out of hours, the Senior Autism Practitioner/Services Manager, should follow the local guidance as detailed above.

- The Registered Manager is responsible for keeping records of all correspondence with the host/commissioning authorities/Police/SSSC or other relevant registration bodies and the Care Inspectorate.

APPENDIX 4

1. DEFINING HARM

"All children and young people in Scotland have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. The welfare of the child is paramount....everyone involved in working with children has a fundamental duty of care towards them"

Framework for Standards – Scottish Executive 2004

Harm can be categorised into the following ‘types’:

a) **Physical Harm** – includes hitting, slapping, pushing, kicking, and inappropriate use of physical intervention.

b) **Sexual Harm** – includes rape and sexual assault or sexual acts against the child or young person. Sexual abuse is categorised into contact and non-contact abuse. This may include using or showing children or young people pornographic materials such as videos or photographs.

c) **Psychological (emotional) Harm** – includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

d) **Neglect and acts of omission** – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

e) **Pharmacological Harm** – this includes the withholding of key medication or giving too much medication, or not following protocols for as required medication.

f) **Financial or material Harm** – includes theft, fraud, exploitation and pressure in relation to financial decisions including possessions or benefits.

g) **Discriminatory Harm** – includes racism, sexism and harassment because of a child’s disability, age, sexuality, religious belief, socio-economic status etc.

h) **Institutional Harm** – includes isolated or on-going incidents of poor or unsatisfactory care practice and/or pervasive ill treatment and gross misconduct. Institutional harm can be perpetrated through ‘taken for granted’ almost unconscious ways of doing things and through organised abusive acts which are wilfully perpetrated by those in positions of trust and power.

i) **Information** – failure to adhere to the relevant guidance as outlined in the Data Protection Act.

j) **Child Sexual Exploitation** – Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity <u>in return for something</u> received by the child and/or those perpetrating or facilitating the abuse.As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

   Applying the definition: if someone takes advantage of an imbalance of power to get to a child/young person to engage in sexual activity, it is CSE if:

   I. The child/young person receives, or believes they will receive, something they need or want (tangible or intangible gain or the avoidance of harm) in exchange for the sexual activity.

And/or

II. The perpetrator/facilitator gains financial advantage or enhanced status or power from the abuse.

Where the victim who is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs or alcohol, for example) and intangible rewards (status, protection or perceived receipt of love or affection, for example). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to constitute CSE (as opposed to another form of sexual abuse). This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

k) **Restrictive Practice –** In its broadest sense, restraint is taking place when the planned or unplanned, deliberate or unintentional actions of care staff prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement. Restraint is defined in relation to the degree of control, consent and intended purpose of the intervention.

l) **Digital Harm** – although digital harm is not an act of harm in its own right it can be used as a mode of contact by a person wishing to bully, sexually exploit, groom or harm another individual.

Any or all these types of harm may be perpetrated as a result of deliberate intent, negligence or ignorance.

All allegations will be reported to Police and Social Work to enable them to determine the best course of action.

Peer Harm

The nature of some children and young people's autism is such that it may result in behaviour that challenges others. This behaviour can be directed towards other children and young people. Managers and staff will ensure appropriate measures are in place to minimise the risk of harm to/from others. Where the safety of children and young people cannot be assured an urgent multi-disciplinary review will be called.

2. HOW TO IDENTIFY POSSIBLE INDICATORS OF HARM

The following information is not exhaustive. Staff who are in regular contact with children and young people are well placed to observe and recognise outward signs of harm or risk of harm.

Possible indicators of harm or risk of abuse may include:

a) subtle changes in body language
b) signs of increased stress and anxiety, changes to emotional wellbeing
c) increased withdrawal and loss of concentration
d) signs of physical injury such as unexplained bruises, grazes, swellings and bleeding
e) lack of self-esteem/belief
f) increased tendency to become uncooperative and aggressive
g) Changes to sleep pattern
h) In receipt of unexplainable new gifts
i) Displaying inappropriate sexualised language/behaviour
j) Sexually Transmitted Disease
k) Pregnancy
l) Increase or changes to self-harm pattern
m) Change in usage of digital technology

Harm can manifest a variety of signs and indicators. Staff must be vigilant and be aware of these signs in their day to day work.