Safeguarding and Child Protection Policy

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Does the policy require training for implementation? If yes, please specify type of training.	• Policy to be signed at induction and annually thereafter, • Child Protection Training for All Colleagues • Specific Training for Safeguarding Practitioners • Specific Training for Trustees

Describe the cascade mechanism for communicating this policy.	• Trustees to onboard • Core team meetings • Community group team meetings • All colleagues to read and sign on induction and annually thereafter
How will implementation be monitored?	• HR to maintain records when policy is signed • All colleagues will be assessed as part of required training • DSL will quality assure safeguarding practices of frontline colleagues annually
Are there linked Policies/ Procedures	• Code of Conduct • Safe Recruitment Policy • Complaints Policy • Equal Opportunities Policy • Disciplinary Policy

	• Protected Disclosure Policy • Social Media Policy • IT Use Policy
Legislation and guidance related to this policy	• Children Act 1989 • Children Act 2004 • Children and Families Act 2014 • Children and Social Work Act 2017 • Sexual Offences Act 2003 • Mental Capacity Act 2005 • Safeguarding Vulnerable Groups Act 2006 • Equality Act 2010 • Serious Crime Act 2015 • Counter-Terrorism and Security Act 2015 • Protection of Freedoms Act 2012 • Modern Slavery Act 2015 • Domestic Abuse Act 2021 • Human Rights Act 1998 • Data Protection Act 2018 • UK General Data Protection Regulation • Data (Use and Access) Act 2025 • Working Together to Safeguard Children 2026 • What to do if you're worried a child is being abused: advice for practitioners • Keeping Children Safe in Education 2026 • Information sharing advice for safeguarding practitioners • Charity Commission: Safeguarding and protecting people for charities and trustees

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What to do if you are concerned about a child's welfare

Why are you concerned?

- Direct allegation made by child
- Indicators of abuse or neglect

Immediately record your concerns

- Reassure the child
- Use Tell, Explain, Describe (TED) Questions to clarify if needed
- Use child's own words and facts in records

Inform the Designated Safeguarding Lead

Designated Safeguarding Lead Actions:

- Triage the concern within 6 hours; consider whether there is an imminent risk of harm
- Refer to the Child's Local Authority Threshold for Children in Need
- If child is at imminent risk of harm, call Children's Services for advice; consider if the police need to be called
- If child is not at imminent risk of harm, make a referral to Children's Services online or equivalent

If you are unhappy with the response:

For Staff

- Follow LSCB's Escalation Procedure
- Follow Charity's Whistleblowing

For Children and Parents

- Follow Complaints Procedure

Record decision making and action taken in child protection file

Monitor- be clear about:

- What action have you taken at the time of the report and why
- What are you monitoring
- How long will you monitor
- Where, how and to whom you will feedback and how you will record

Child Focused Approach to Safeguarding

Transforming Autism recognises it's statutory responsibility to safeguard and promote the welfare of all children. Safeguarding and promoting the welfare of children is everybody's responsibility and everyone has a role to play. All members of our community (Colleagues, volunteers, trustees, leaders, parents/carers, wider family networks, and children) have an important role in safeguarding children and all have an essential role to play in making our community safe and secure.

Transforming Autism believes that the best interests of children must be central to safeguarding decision making. All children, defined for the purposes of this policy as any person who is under the age of 18, has the right to heard, have their wishes and feelings considered and to receive equal protections from harm.

Safeguarding Practice will be inclusive and anti-discriminatory. No child should receive lesser safeguarding response because of their age, disability, neurodivergence, communication needs, sex, race, ethnicity, culture, language, religion or belief, sexual orientation, gender identity, socioeconomic circumstances or any other characteristic or circumstance.

Transforming Autism recognises that discrimination, including racism, ableism, sexism, homophobia, transphobia and faith-based prejudice, may itself cause harm, may compound other safeguarding risks and may create barriers to disclosure, seeking help and engaging with services.

Colleagues working with children at Transforming Autism will maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, colleagues will always act in the best interests of the child and if any member of our community has a safeguarding concern about any child, they should act and act immediately. Uncertainty about whether a concern meets a particular safeguarding threshold must not prevent the concern being discussed with a Safeguarding Practitioner.

This policy applies where there are any child protection concerns regarding children who access the charity's services but may also apply to other children connected to the charity, for example, siblings, or younger colleagues (under 18s) or children on student/work placements.

Transforming Autism recognises the importance of providing an ethos and environment that will help children to be safe and to feel safe. In our charity, children are respected

and supported to communicate openly in ways that are meaningful and accessible to them. Transforming Autism recognises that children may communicate their experiences through speech, behaviour, gesture, play AAC, signs, symbols, changes in regulation or other forms of communication. A child does not need to make a verbal disclosure/allegation for a safeguarding concern to exist. We will ensure children's wishes and feelings are considered when determining what safeguarding action to take and what services to provide.

Our core safeguarding principles are:

- **Prevention:** positive, supportive, safe culture, pastoral opportunities for children, safer recruitment procedures.
- **Protection:** following the agreed procedures, ensuring all colleagues are trained and supported to recognise and respond appropriately and sensitively to safeguarding concerns.
- **Child-centred practice:** Place the child's welfare, lived experience, wishes, feeling, communication needs and individual circumstances at the centre of safeguarding decision making.
- **Support:** adopt a child centred approach and provide support for all children, parents/carers and colleagues, and where appropriate, implement specific interventions for those who may be at risk of harm.
- **Collaboration:** with both parents where possible, and other agencies to ensure timely, appropriate communications and actions are undertaken when safeguarding concerns arise.
- **Equity and Anti-Discriminatory Practice:** Recognise and challenge discrimination, address barriers to support and make reasonable adjustments so disabled and neurodivergent children can participate meaningfully in safeguarding processes.

The procedures contained in this policy apply to anyone working for or on behalf of Transforming Autism. This includes trustees, administrative colleagues and frontline practitioners.

The Lived Experience and Voices of Children

All colleagues who work with children will actively consider and capture the lived experience of children where there are concerns about their safety and welfare.

Transforming Autism recognises that understanding a child's lived experience is fundamental to effective safeguarding practice. Safeguarding assessment and decision-making will therefore consider not only what adults report about a child, but also what the child communicates, what colleagues observe, the child's daily experiences and

relationships, and the impact of their circumstances on their safety, wellbeing and development.

Children will be supported to express their wishes, feelings and experiences in ways that are accessible and meaningful to them. Colleagues will not equate a child's voice solely with spoken language or a formal verbal disclosure. A child may communicate their experience through speech, behaviour, gesture, play, facial expression, body language, AAC, symbols, changes in regulation, avoidance, interaction, physical presentation or other forms of communication.

Reasonable adjustments will be made to enable autistic and disabled children to participate meaningfully in safeguarding processes. This may include the use of familiar communication systems, visual supports, AAC, reduced language complexity, additional processing time, sensory adaptations and support from an appropriate communication partner.

Colleagues will ensure that reasonable adjustments facilitate the child's own communication rather than leading, coaching or interpreting the child's experience beyond what can reasonably be supported by the information available.

Where safeguarding decisions are made, records should demonstrate how the child's lived experience, wishes and feelings have been considered. Where the child's wishes cannot be followed, the reason should be recorded and, where appropriate, explained to the child in a way they can understand.

A child's expressed wishes must be taken seriously but will not be treated as the sole determinant of safeguarding action. Colleagues must balance the child's wishes and feelings with their safety, welfare, developmental needs, available evidence and the need to protect them or others from harm.

WTSC 2026 reinforces this child-centred approach and specifically says that the wishes and feelings of the child and what is in their best interests remain central to decision-making.

Colleagues should seek to understand what life is like for the child, rather than considering individual incidents in isolation. This may include:

- Who the child lives with and who provides their day-to-day care;
- Who the child feels safe, comfortable or distressed around;
- The quality and consistency of caregiving and relationships;
- The child's communication, sensory, health and support needs;
- Their experiences at home, in education, online and within the community;
- Changes in behaviour, communication, regulation, sleep, eating, physical presentation or engagement;

- The child's experiences of discrimination, exclusion, bullying or exploitation;
- Significant events, transitions or changes within the family;
- Protective relationships, strengths and sources of safety.

Colleagues should consider patterns and cumulative experience over time. A series of individually low-level concerns may collectively provide important information about the child's lived experience and level of safety.

The Lived Experience of Babies & Pre-Verbal Children

Transforming Autism recognises that babies and pre-verbal children have a lived experience and a voice even where they cannot communicate through spoken language. Their inability to provide a verbal account must never result in their experience being absent from safeguarding assessment or decision-making.

Practitioners working with babies and pre-verbal children will actively consider what the child may be communicating through:

- their appearance and physical presentation;
- behaviour and emotional responses;
- facial expression, vocalisation, movement and body language;
- feeding and sleeping patterns;
- growth, weight and developmental progress;
- responses to touch, care and separation;
- interaction with parents, carers, siblings and other familiar adults;
- seeking or avoiding comfort;
- changes in responsiveness, engagement or regulation;
- injuries, health concerns or unexplained changes in presentation.

Observation of the relationship between the baby and their parent or carer is an important part of understanding the baby's experience. Colleagues should consider how adults respond to the baby's cues, provide comfort, meet physical and emotional needs and support development. Observations should be recorded factually and should not rely on isolated interactions alone.

Colleagues must maintain professional curiosity where the baby's lived experience can only be understood partly through adult accounts. Information provided by parents and carers should be considered alongside direct observation, health and developmental information, previous records and information from other professionals where relevant.

The absence of a verbal disclosure does not lower the safeguarding threshold for a baby or pre-verbal child. Where the child cannot describe what has happened, colleagues should place appropriate weight on observed presentation, developmental information, patterns over time and information from the wider professional network.

Assessment of a baby's lived experience should consider the full caregiving network rather than focusing automatically on the mother or primary carer. This includes fathers, partners, kinship carers, siblings, extended family members and any other person who provides significant day-to-day care or has substantial contact with the baby.

Policy Context

Transforming Autism recognises its safeguarding responsibilities under relevant legislation, statutory requirements and the Charity Commission's Guidance.

Working Together to Safeguard Children 2026 (WTSC) is the principle national safeguarding framework including this policy and Transforming Autism's approach to multi-agency safeguarding practice.

Transforming Autism also voluntarily adopts relevant principles and standards contained within Keeping Children Safe in Education (KCSIE) as an additional benchmark of strong safeguarding practice. KCSIE is statutory guidance developed for schools and colleges, as such, and where appropriate some content has been interpreted and adapted locally before implementation.

This policy was also informed by:

- The Children Act 1989 and 2004,
- Applicable local multi-agency safeguarding arrangements,
- Relevant Local Safeguarding Children Partnership thresholds and escalation procedures,
- Local Authority Designated Officer procedures,
- Charity Commission guidance,
- Relevant professional standards and guidance applicable to registered practitioners.

This policy will refer to 'Employees' and 'Colleagues'. For the purposes of this policy, this will include volunteers and contractors working with and on behalf of the charity. Fo rht benefit of doubt this policy applies to anyone working with or on behalf of the charity.

Policy Scope

This policy applies to all colleagues working for or on behalf of Transforming Autism, including employees, workers, volunteers, trustees, contractors, student and placement learners.

It applies to safeguarding concerns arising through all Transforming Autism activities, whether services are delivered:

- In person,
- In a family home,
- Within a school, early years, healthcare or other host settings,
- In community settings,
- Online or through digital communication,
- Through groups, programmes, events or outreach activity,
- Through telephone, email, messaging or other remote contacts.

This policy applies primarily to children and young people under the age of 18 who access, engage with or otherwise come into contact with the charity. It may also apply where safeguarding information becomes known about another child connected to a family, colleague or service user including siblings, children of adults accessing services or children otherwise identified through the charity's work.

Safeguarding responsibilities are not limited to incidents occurring during charity activities. Where information becomes known indicating that a child may be experiencing harm outside the charity, colleagues must still act in accordance with this policy.

Suppliers, consultants and partner organisations working with Transforming Autism are expected to comply with applicable safeguarding requirements and contractual arrangements. Where they have direct contact with children or access to safeguarding information, appropriate safeguarding expectations will be established before work begins.

Transforming Autism will apply proportionate safeguarding due diligence to suppliers, contractors and partner organisations. Where their activities involve contact with children, families or safeguarding information, safeguarding responsibilities and reporting arrangements will be clearly defined in the relevant documents.

Definition of Safeguarding

In line with ‘Working Together to Safeguard Children’ and KCSIE, safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children’s mental and physical health or development

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Promoting the upbringing of children with their birth parents, or otherwise their family network, whenever possible and where this is in the best interests of the child(ren)
- Taking action to enable all children to have the best outcomes.

Child protection is a specific part of safeguarding and promoting the welfare of all children and is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Transforming Autism recognises that children and families may require different levels of help at different times. Community-based help may include universal and locally available services that respond when needs first emerge.

Family Help refer to coordinated targeted support in accordance with local arrangements and may include support for children who require targeted early help or children who may be in need under Section 17 Children Act 1989.

The need for family help does not prevent immediate child protection action where there is reasonable cause to suspect significant harm.

Policy Compliance, Monitoring and Review

Transforming Autism will review this policy at least annually (as a minimum) and will update it as needed, so that it is kept up to date with safeguarding issues as they emerge and evolve, including lessons learnt. The policy will also be revised following any national or local updates, significant local or national safeguarding events and/or learning, and/or any changes to our own procedures. The policy may also be reviewed sooner following any significant incidents and lesson learning processes.

All colleagues will have access to this policy as part of their induction and must confirm that they have read and understood it. Colleagues will be required to review and acknowledge the policy following substantive updates and at intervals determined by the charity's safeguarding training and assurance framework.

The most recent version of this policy will be accessible to children, young people and parents/carers on our website: https://transformingautism.org/. Information about safeguarding, how to report concerns and how to make a complaint will also be made available in accessible formats for the children and families using their families.

The Designated Safeguarding Lead will ensure regular reporting on safeguarding activity and systems to the Board of Trustees. The board will not receive details of individual

child situations or identifying features of families as part of their oversight responsibilities.

Key Responsibilities

The Board of Trustees

The Board of Trustees have a strategic responsibility for our safeguarding arrangements and will comply with their duties as required in law. The Board have regard to Safeguarding and protecting people for charities and trustees and will ensure that our policies, procedures and training is effective and complies with the law at all times.

The Board of Trustees will facilitate a consistent approach to safeguarding which involves everyone. They will ensure that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development, so that all systems, processes, and policies operate with the best interests of the child at their heart.

The Board of Trustees will ensure that there are policies and procedures in place to ensure appropriate action is taken in a timely manner to safeguard and promote children's welfare. The Designated Safeguarding Lead will ensure that our child protection and safeguarding policies and procedures adopted by the Board of Trustees, are understood, and followed by all colleagues.

The Board of Trustees will ensure an appropriate senior leader, from the senior leadership team, is appointed to the role of designated safeguarding lead. The board of trustees will ensure that the DSL is supported in their role and is provided with sufficient time so they can provide appropriate support to colleagues and children regarding any safeguarding and welfare concerns.

The charity has a nominated trustee for safeguarding. The nominated trustee will support the DSL and have oversight in ensuring that the charity has an effective policy which interlinks with other related policies, that locally agreed procedures are in place and being followed, and that the policies are reviewed at least annually and when required.

The DSL will provide regular safeguarding assurance reports to the Board of Trustees. Reports will ordinarily contain anonymised and aggregated information sufficient to enable the Board to exercise effective oversight of safeguarding risks, themes, incidents, training, case management and organisational learning.

The Board will not routinely receive personally identifiable information about individual children or families. Exceptionally, limited identifying information may be shared with

the Chair, Named Trustee for Safeguarding or other trustees where this is necessary for the proper discharge of their governance, legal or regulatory responsibilities.

Named Trustee for Safeguarding

The Named Trustee for Safeguarding provide additional scrutiny and challenge on behalf of the board bus does not assume operational responsibilities of the DSL, CEO or Safeguarding Practitioners. The Named Trustee will:

- Meet with the DSL regularly,
- Review safeguarding quality assurance information,
- Provide constructive challenge to the charity's safeguarding arrangements,
- Support escalation of significant safeguarding risks to the board,
- Ensure the board received sufficient information to discharge its safeguarding responsibilities,
- Maintain appropriate knowledge and training to fulfil their role.

Chief Executive Officer (CEO)

The Chief Executive Officer is responsible for line managing the DSL and managing any significant incidents which occur within the charity. The CEO is responsible for:

- Assessing whether any incidents require a wider organisational response and co-ordinating any subsequent response,
- Assessing serious incidents against relevant reporting thresholds and reported to the trustees, charity commission and other agencies where appropriate
- Line Managing the DSL,
- Overseeing the development and implementation of this policy,
- Acting as a point of escalation internally for the DSL and all employees on safeguarding matters.

The Designated Safeguarding Lead (DSL) for Children and Families

The charity has appointed Callum Thomas as the Designated Safeguarding Lead for Children and Families. The DSL has overall responsibility for the day-to-day oversight of safeguarding and child protection systems. Whilst the activities of the DSL may be delegated to the deputies, the ultimate lead responsibility for safeguarding and child protection remains with the DSL and this responsibility will not be delegated.

The DSL will be more likely to have a complete safeguarding picture and will be the most appropriate person to advise colleagues on the response to any safeguarding concerns. It is the role of the DSL to carry out their functions as identified in Annex B of KCSIE. This includes but is not limited to:

- Acting as the central contact point for all colleagues to discuss any safeguarding concerns.
- Maintaining a confidential recording system for safeguarding and child protection concerns.
- Coordinating safeguarding action for individual children.
- Liaising with other agencies and professionals in line with WTSC.
- Ensuring that locally established procedures as put in place by the three safeguarding partners as part of the Local Safeguarding Partnerships procedures, including referrals, are followed, as necessary.
- Representing, or ensure the charity is appropriately represented at multi-agency safeguarding meetings (including child protection conferences).
- Managing and monitoring the charity's role in any multi-agency plan for a child.
- Being available 24/7 for colleagues in the charity to discuss any safeguarding concerns.
- Ensuring adequate and appropriate DSL cover arrangements in response to any closures and any out of hours activities.
- Helping promote positive outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced.
- Ensuring all colleagues access appropriate safeguarding training and relevant updates in line with the recommendations within KCSIE.
- Liaising with the Chief Executive Officer to inform them of any safeguarding issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.

The DSL will undergo appropriate and specific training to provide them with the knowledge and skills required to carry out their role. Deputy DSLs will be trained to the same standard as the DSL. The DSLs' training will be updated formally at least every two years, but their knowledge and skills will be updated through a variety of methods at regular intervals and at least annually.

The DSL and Deputies will maintain a CPD Record to evidence their ongoing development and competence. The DSL and Deputies must complete 20 hours of CPD activity in a relevant subject annually to maintain their competence.

All Colleagues and Contractors

All colleagues are expected to share the charity's vision for safeguarding and it's core principles. Where some of the below expectations are not relevant to a colleague's specific role withing the charity, there is no expectation to do so. However, the core principles of safeguarding and the charity's overall vision for safeguarding must be shared by all colleagues.

Our colleagues and contractors who provide support directly to families play a particularly important role in safeguarding as they can observe any changes in a child's behaviour or appearance, identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.

All colleagues have a responsibility to:

- Provide a safe environment in which children can thrive.
- Be aware of the indicators of abuse and neglect so that they can identify cases of children who may need help or protection.
- Know what to do if a child tells them that they are being abused, neglected, or exploited and understand the impact abuse and neglect can have upon a child.
- Be able to identify and act upon indicators that children are, or at risk of developing mental health issues.
- Recognise children and families who may benefit from additional community-based support or Family Help and understand their role in identifying and sharing emerging needs
- Understand that Family Help, statutory assessment and child protection are not mutually exclusive stages and that safeguarding concerns must be escalated according to the child's level of need and risk.
- Understand the charity's safeguarding policies and systems.
- Undertake regular and appropriate training which is regularly updated.
- Be aware of the local process of making referrals to children's social care and statutory assessment under the Children Act 1989.
- Know how to maintain an appropriate level of confidentiality.
- Reassure children who report concerns that they are being taken seriously and that they will be supported and kept safe.

Transforming Autism recognises that children may not feel ready or able to communicate that they are being abused, neglected or exploited, may not recognise their experience as harmful or may communicate concerns indirectly. This must not prevent colleagues from exercising professional curiosity and raising concerns with the DSL.

Colleagues must be particularly alert to changes in behaviour, communication, interaction, regulation, sensory responses, relationships and physical presentation or engagement that may indicate distress or harm. Where a child uses Alternative and Augmentative Communication (AAC) or another method of communication, reasonable efforts must be made to support their usual means of communication.

Colleagues at Transforming Autism will determine how best to build trusted relationships with children, young people and parents/carers which facilitate appropriate professional communication in line with existing and relevant policies.

Children and Young People

Children and young people have a right to:

- Feel safe, be listened to, and have their wishes and feelings considered.
- Confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback; in a way that works best for them.
- Contribute to the development safeguarding policies.
- Receive help from a trusted adult.

Parents and Carers

Transforming Autism will seek to work openly and respectfully with parents and carers. The charity recognises that families are usually important partners in keeping children safe. Parents and carers are encouraged to:

- Share relevant information about their child's wellbeing, needs, communication and safety
- Raise safeguarding concerns or worries with Transforming Autism
- Support children to understand how they can seek help
- Engage with agreed safeguarding or support plans where appropriate
- Inform the charity of significant changes that may affect a child's safety or welfare.

Parents and carers will normally be informed and involved when safeguarding concerns are raised. However, information may be shared or action taken without parents being informed or consent sought where doing so would place the child or another person at risk of harm, compromise and investigation or otherwise not be in the child's best interests.

Multi-Agency Safeguarding Arrangements

Working Together to Safeguard Children 2026 requires safeguarding partners in each local area in England to establish multi-agency safeguarding arrangements. The statutory safeguarding partners are the local authority, integrated care board and chief police officer.

Transforming Autism operates across multiple local authority and safeguarding partnership areas. The charity will identify and follow the relevant local safeguarding

arrangements for the child or safeguarding concern in question; including referral pathways, Family Help arrangements, threshold documents, LADO procedures and escalation/resolving professional differences procedures.

The DSL will maintain access to current safeguarding contacts and procedures for each area in which the charity actively delivers services.

Transforming Autism recognises the role of VCSE organisations within local safeguarding systems and will cooperate with safeguarding partners and other relevant agencies to safeguard and promote the welfare of children. Where Transforming Autism is named as a relevant agency within local safeguarding arrangements, the charity will fulfil the responsibilities arising from those arrangements.

Colleagues will contribute appropriately to multi-agency assessment, planning, meetings and information sharing when requested or where this is necessary to safeguard a child. Transforming Autism will not regard referral to another agency as ending its safeguarding responsibility and will continue to contribute to safeguarding and support plans where appropriate.

Where it is unclear which local authority or safeguarding partnership has responsibility, the DSL will seek advice from the relevant agencies without delaying immediate action to protect a child. Generally, safeguarding action will be coordinated with the authority responsible for the child and/or the area in which the concern arose, depending on the nature of the concern and applicable local procedures.

The Charity Commission for England and Wales

The Charity Commission has a responsibility to protect the public in relation to charities. It requires charities to report certain serious incidents to ensure they can fulfil this function. It may be appropriate to notify the commission of certain safeguarding incidents, notably where an allegation is made against the charity or it's colleagues. The DSL and Board of Trustees will have regard to the Commission's guidance 'How to report a serious incident in your charity' when deciding whether the commission needs to be notified.

The DSL will inform the CEO and Named Trustee for Safeguarding of significant incidents which may require the commission to be notified.

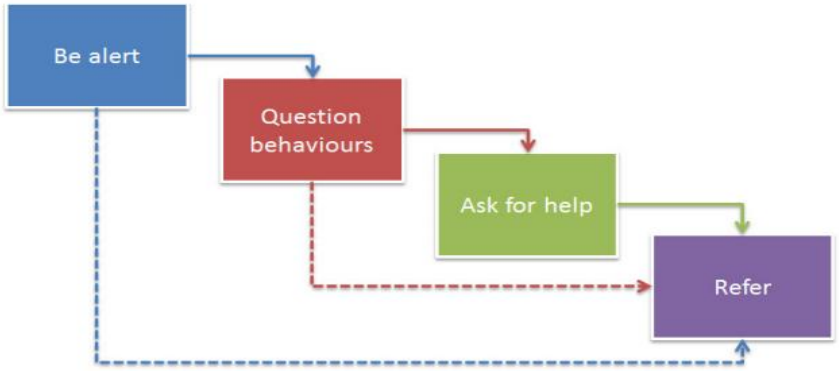
Child Protection Procedures

Recognising Indicators of Abuse and Neglect

The four statutory categories of abuse are physical abuse, emotional abuse, sexual abuse and neglect. However, safeguarding concerns may also arise through exploitation, domestic abuse, child-on-child abuse, online harm, discrimination, serious violence, radicalisation and other forms of harm. These may overlap with one or more categories of abuse. Transforming Autism recognises that when assessing whether a child may be suffering actual or potential harm there are four categories of abuse:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

By understanding the indicators or abuse and neglect, we can respond to problems as early as possible and provide the right support and services for the child and their family. All colleagues working with children or families are expected to be aware of and follow the below approach if they are concerned about a child:



Transforming Autism recognises that concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. The indicators of child abuse and neglect can vary from child to child. Children develop and mature at different rates, so what appears to be worrying behaviour for a younger child might be normal for an older child. Indicators of abuse or neglect do not automatically establish that abuse has occurred. However, all concerns must be taken seriously, recorded and considered in context. The DSL or safeguarding team will triage the information and determine the appropriate safeguarding response. Transforming Autism will not undertake an investigative role where this is properly the responsibility of Children's Social Care or the police.

Transforming Autism recognises that abuse, neglect, exploitation and other safeguarding harms are rarely discrete or standalone. A child may experience several forms of harm simultaneously, within and outside the family, online and offline. Practitioners will consider the child's whole lived experience rather than assessing concerns through a single category or incident in isolation.

Parental and family circumstances may affect a child's safety and welfare. Colleagues should remain alert to concerns including domestic abuse, substance misuse, significant deterioration in parental mental health, coercive or controlling behaviour, offending, severe family stress, neglect of a child's needs, or other circumstances that may impair safe and effective care. The presence of any one factor does not in itself establish abuse or neglect and must be considered in context.

Children may report abuse happening to themselves, their peers, or their family members. Colleagues must be aware that children may communicate in a variety of verbal and non verbal ways. Disclosure may happen through behaviour, play, changes in usual presentation or using alternative communication methods. All reports made by children to colleagues will be taken seriously and will be responded to in line with this policy.

Safeguarding incidents and/or behaviours can be associated with factors and risks outside the charity. Children may experience harm outside their families and homes, including within peer groups, schools, community settings, relationships and online environments. Extra-familial harm may include child sexual exploitation, child criminal exploitation, group-based exploitation, serious violence, sexual abuse, trafficking, county lines and harmful peer relationships.

Transforming Autism recognises that technology can be a significant component in many safeguarding and wellbeing issues; children are at risk of abuse online from people they know (including other children) and from people they do not know; in many cases, abuse will take place concurrently via online channels and in daily life. Technology may facilitate, amplify or form part of abuse, exploitation and other safeguarding harm. Online and offline harm frequently overlap and should not be assessed as separate safeguarding worlds.

Transforming Autism recognises that some children have additional or complex needs and may require access to intensive or specialist services to support them.

Responding to Child Protection Concerns

If colleagues are made aware of a child protection concern, they are expected to:

- Listen calmly and give the child time to communicate

- Use the child's preferred communication method and make reasonable communication adjustments
- Take the child seriously and avoid expressing disbelief, shock, blame or judgement
- TED prompts should be used sparingly and only where clarification is necessary; they must not become an investigative interview.
- Reassure the child that they have done the right thing by communicating the concern
- Not promise confidentiality
- Avoid investigating or asking leading, repeated or unnecessary questions
- Only use open prompts where essential to establish enough information to understand immediate safety and what action may be required
- Not ask the child to repeat their account unnecessarily
- Explain, in a way the child can understand, what will happen next
- Record the child's own words or communication as accurately as possible, including relevant observations
- Report the concern promptly to the DSL or deputy DSL
- Take immediate emergency action where required without waiting for the DSL.

If colleagues have any concerns about a child's welfare, they are expected to act on them immediately. If colleagues are unsure if something is a safeguarding issue, they will speak to the DSL (or deputy).

The DSL or Deputy DSL should normally be available to provide safeguarding advice during service delivery. If neither is available, this must not delay necessary safeguarding action. Colleagues should seek advice from an appropriate senior leader and/or local authority Children's Social Care and take emergency action where required. Any action taken must be shared with the DSL as soon as practicable.

All colleagues are made aware that early information sharing is vital for the effective identification, assessment, and allocation of appropriate service provision, whether this is when problems first emerge, or where a child is already known to other agencies. Colleagues will not assume a colleague, or another professional will act and share information that might be critical in keeping children safe. Where a safeguarding decision depends on information held by another professional or agency, the DSL should actively seek that information where lawful and proportionate rather than relying on assumptions.

Transforming Autism will respond to child protection concerns inline with the child's Local Safeguarding Children Partnership's Arrangements. Appendix 2 provides links to safeguarding procedures in the Local Authority areas we work in.

Where a child or family may benefit from additional support but there is not reasonable cause to suspect significant harm, the DSL will consider whether needs can be met through Transforming Autism, community-based services, Family Help or a request to local authority Children's Social Care. The applicable local pathway and threshold framework will be followed.

All colleagues are made aware of the process for making referrals to Children's Social Care and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

Where information suggests that a child may be a child in need within the meaning of section 17 Children Act 1989, Transforming Autism will consider whether a request for Family Help or assessment by local authority Children's Social Care is required in accordance with local arrangements.

Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, an immediate referral will be made to local authority Children's Social Care so that consideration can be given to action under section 47 Children Act 1989.

Where a child is in immediate danger, requires urgent medical attention or a suspected criminal offence requires an emergency response, the police and/or emergency services will also be contacted as appropriate.

Transforming Autism will not undertake a child protection investigation. Where there is reasonable cause to suspect significant harm, the DSL will refer promptly to Children's Social Care and cooperate with any subsequent multi-agency assessment, strategy discussion, section 47 enquiry or police investigation.

The charity may gather information necessary to understand immediate safety, make a referral and manage its own organisational responsibilities, but must avoid questioning or activity that could compromise statutory or criminal investigation

Transforming Autism will ordinarily seek to work openly with parents and carers and will involve them in decisions about help and support wherever this is safe and appropriate. The DSL will consider whether and when parents/carers should be informed of a safeguarding concern, taking account of:

- The child's welfare and best interests
- The nature and seriousness of the concern
- The child's wishes and feelings
- Whether a parent/carer may be implicated in the concern
- Whether informing them could increase risk to the child or another person

- Whether informing them could lead to loss or destruction of evidence, interference with witnesses, flight or other compromise of a police or safeguarding investigation
- Advice from children's social care or police where appropriate.

Consent will normally be sought where this is required for voluntary support or Family Help arrangements. However, consent is not required to share safeguarding information or make a referral where there is a lawful safeguarding basis to do so. A referral must not be delayed because consent has not been obtained where the child may be at risk of significant harm or where another lawful basis for sharing applies.

Where the concern involves a parent or carer, or there is uncertainty about whether informing them is safe, the DSL should seek advice from Children's Social Care or police before doing so where practicable.

If after a referral has been made or planned interventions have completed, the child and family's situation does not appear to be improving, or there are concerns regarding receiving a decision or decisions made, the DSL will re-refer where appropriate ad follow the Local Safeguarding Children Partnership's Challenge and Escalation Policy, also often known as Resolving Professional Differences Policy, to ensure their concerns have been address and, most importantly, the child's situation improves.

When colleagues raise concerns with the DSL, they should be provided with an update and outcome of their report where appropriate. If colleagues are not happy with the DSL's response, they must raise this with the DSL in the first instance. The DSL will explain the rationale for their decision. Where they remain unhappy, colleagues should speak with the CEO. Additionally, colleagues may refer to Children's Social Care themselves. Where colleagues make a referral themselves, they must notify the DSL and provide a copy of their referral as soon as possible.

DSLs and colleagues will be mindful of the need for the charity to ensure any activity or support implemented to support children and/or families is recorded. Where Transforming Autism provides internal or community-based support to a child or family, this must not be used as a substitute for statutory referral where safeguarding thresholds are met. The DSL will ensure that support plans are reviewed, that changes in risk are recognised and that relevant information is shared with the wider professional network where appropriate.

The DSL will inform the CEO and Named Trustee for Safeguarding of any serious and significant incidents which may require a wider organisational response, such as a PR Response, or which may require notification to the Charity Commission for England and Wales.

A decision that no further safeguarding action is required at that time does not mean the concern was unfounded or irrelevant. The concern, decision and rationale will remain recorded and may become significant when considered alongside later information or emerging patterns.

Recording Concerns

All safeguarding concerns, discussions, decisions and reasons for those decisions will be recorded in the child's Child Protection File. Colleagues will report concerns to the DSL using the online form found on the SharePoint Site.

Reports must be completed as soon as possible after the incident/event, using the child own words and will be electronically signed on submission. Child protection records must distinguish clearly between factual information, direct observation, information reported by another person, and professional judgement or analysis. Speculation or unsupported assumptions must not be recorded as fact.

Where a child communicates non-verbally, the record should describe as accurately as possible what was observed or communicated, including the communication method used, without imposing an interpretation as though it were the child's own words.

If colleagues note any injuries, a body map must be completed. Body maps are a recording aid and must not be used to diagnose the cause, age or mechanism of an injury unless the practitioner is professionally competent and authorised to make such an assessment. Photographs of injuries must not routinely be taken unless permitted by an approved organisational procedure and there is a clear lawful and safeguarding basis.

If there is an immediate safeguarding concern, colleagues will consult the DSL before completing the form as urgent concerns take priority. If colleagues are in any doubt about recording requirements, they will speak with the DSL.

Child protection records will include a clear and comprehensive summary of the concern, details of how the concern was followed up and resolved and details regarding any action taken, decisions reached and the outcome. Recording must never delay immediate action to protect a child. Where urgent action is required, colleagues must contact the DSL/Deputy DSL and/or emergency/statutory services first and complete the safeguarding record as soon as practicable afterwards.

Child protection records are kept confidential and stored securely. Child protection records will be kept for individual children and will be kept separately from other records held about that child. Child protection records are kept in accordance with data protection legislation and are retained centrally and securely by the DSL. Safeguarding records should contain, as applicable:

- Date and time the concern arose and was reported
- Source of the information
- The child's words or communication
- Relevant observation
- Immediate action taken
- Who was consulted or informed
- Information considered during triage
- Risk assessment and professional analysis
- Decisions reached and the rationale for them
- Referrals or information shared
- Parental/carer involvement or reasons for not informing them
- Actions, responsible persons and review dates
- Subsequent outcomes and escalation.

Any colleague can report safeguarding concerns in the following ways:

- Urgent concerns by telephone 07903 560 200 (24/7)
- Non-urgent concerns: https://forms.cloud.microsoft/e/hstFNHysMF
- Request a Safeguarding Consultation: https://forms.cloud.microsoft/e/RYyAmBXiAd

Working in Education Settings

Where colleagues are undertaking work with children in education settings, such as schools, nurseries and colleges, colleagues must continue to follow the procedures outlined in this policy in respect of safeguarding. Additionally, colleagues must follow the setting's own procedures.

Where a colleague has a concern about a child's welfare identified within such a setting, they must inform the setting's Designated Safeguarding Lead in accordance with local procedures.

DSL Response

Once a Child Protection concern has been raised, the DSL or deputy must triage the concern within 6 hours. The six-hour standard is the maximum time for formal safeguarding triage and must never delay immediate action where the information indicates urgent or emergency risk. Safeguarding triage is the structured review of information available at the time in order to identify immediate safety needs, determine the level of urgency, identify further information required and decide the appropriate safeguarding disposition. It is not a child protection investigation. Reports should contain as much relevant factual information as is reasonably available. Incomplete information must not delay safeguarding action where a child may be at risk. The DSL

may seek additional information where this is necessary and proportionate. The DSL will also review the child's Chronology and case notes to gather more information about the child's context and lived experience to reach the best decision. The DSL will consider cumulative and repeated concerns and should not assess individual incidents in isolation where a pattern may be emerging. The DSL will then allocate the concern a Risk Stratification and Disposition. The Risk Stratification identifies how urgently a response needs to happen and the disposition is the outcome of the triage. The below table outlies the different stratifications and dispositions available to the DSL.

Risk Stratification	Disposition at Triage
Non-Urgent: Respond within 5 days	No Further Action
Urgent: Respond within 48 hours	For Information Only
Very Urgent: Respond within 24 hours	Urgent Referral to CSC and/or Police
Emergency: Immediate Response	Routine Referral to CSC
	Family Help Indicated
	Internal Intervention
	Further Information Needed

The DSL will notify the referrer of the outcome where this doesn't place the child at greater risk or undermine criminal/safeguarding proceedings. Urgent referrals to Children's Social Care will always be made by telephone. Routine referrals will be made using the Local Authority's procedure, this is usually by a online form. Working Together to Safeguard Children outlines that local authorities must identify an appropriate response to a safeguarding concern and acknowledge the referral in writing to the referrer within 1 working day. Following referral, the DSL will ensure that the referral has been received and that an outcome or next step is obtained in accordance with local arrangements. If acknowledgement or an appropriate response is not received, the DSL will follow up and escalate as necessary. The Lead Therapist will be informed where knowledge of the referral or associated safeguarding plan is necessary for the safe and effective delivery of the child's service. The DSL and Lead Therapist will develop instructions to colleagues working with the family for monitoring until further advice or instruction is provided by a Social Worker.

If a referral to external agencies is not indicated and the concern can be appropriately managed internally, the DSL and Lead Therapist will develop a plan for intervention and monitoring which will be shared with the team working with the family. Therapists who have been given monitoring instructions must report to the DSL and Lead Therapist after every contact with the family.

Multi-Agency Working

Transforming Autism recognises the pivotal role we have to play in multi-agency safeguarding arrangements and is committed to it's responsibility to work with Local

Safeguarding Children Partnerships as identified in Working Together to Safeguard Children.

The Senior Leadership Team, Board of Trustees and DSL will work to establish strong and co-operative local relationships with professionals and other agencies, including the safeguarding partners in line with local and national guidance.

Transforming Autism recognises the importance if multi-agency working and is committed to working alongside partner agencies to provide a co-ordinated response to promote children's welfare and protect them from harm. This includes contributing to local safeguarding processes as required, such as participation in relevant safeguarding multi-agency plans and meetings, including Child Protection Conferences, Core Groups, Strategy Meetings, Child in Need meetings or other family help multi-agency meetings.

Confidentiality and Information Sharing

Transforming Autism recognises that effective information sharing is essential to safeguarding children. The charity will share relevant and proportionate information with appropriate persons and agencies where there is a lawful basis and where sharing is necessary to safeguard or promote a child's welfare.

Where reasonably practicable and appropriate, Transforming Autism will hold sufficient up-to-date emergency and parental/carer contact information to support safe service delivery. Information about a parent or carer will not be sought, recorded or used where doing so would create a safeguarding risk or conflict with known legal restrictions.

Transforming autism has a data protection policy and designated lead which outlines expectations around Data protection and compliance with the UK General Data Protection Regulations (UKGDPR) to ensure that our charity is complaint with all matters relating to confidentiality and information sharing requirements.

Colleagues will have due regard to the relevant data protection principles, which allow them to share and withhold personal information. The Data Protection Act 2018 and UKGDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Colleagues and the DSL will have regard to the Department for Education's guidance 'Information sharing advice for safeguarding practitioners' which provides further details regarding information sharing principles and expectations.

Safeguarding information will be shared internally on a need-to-know basis. "Need to know" means that the recipient requires the information to discharge a safeguarding, care, professional, managerial or governance responsibility; it does not mean

information should be withheld simply because a colleague was not originally involved in the case. Where a significant safeguarding decision is made not to share relevant information, the decision and rationale must be recorded.

All colleagues must be aware that whilst they have duties to keep information confidential, they also have a professional responsibility to be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children; this may include sharing information with the DSL and with other agencies as appropriate.

In regard to confidentiality and information sharing, colleagues will only involve those who need to be involved, such as the DSL (or deputy) and Children's Social Care. All colleagues are aware they cannot promise a child that they will not tell anyone about a report of any form of abuse, as this may not be in the best interests of the child.

Registered professionals must also comply with the confidentiality and information-sharing requirements of their professional regulator. Professional confidentiality does not override lawful safeguarding responsibilities.

Complaints

All members of the charity community should feel able to raise or report any concerns about children's safety or potential failures in the charity's safeguarding practices. The charity has a complaints procedure available to children, their parents/carers and colleagues who wish to report concerns. This policy is available on request.

Whilst we encourage people to report concerns and complaints directly to us, we recognise that this may not always be possible. Children, young people and adults who have experienced abuse can contact the NSPCC Helpline by calling 0808 800 5000, emailing help@nspcc.org.uk or using their online form here: https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/report/report-abuse-online/.

Colleagues can also access the NSPCC Whistleblowing Helpline if they do not feel able to raise concerns regarding child protection failures internally. Colleagues can call 0800 028 0285 (8:00 AM to 8:00 PM Monday to Friday) or email help@nspcc.org.uk.

Transforming Autism will take all concerns reported to the charity seriously and all complaints will be considered and responded to on accordance with the relevant policy.

A safeguarding concern will not be managed solely as a complaint where the information indicates that a child may be at risk of harm. The safeguarding process and complaints process may operate concurrently where appropriate.

Supporting Colleagues who Raise Concerns

Transforming Autism recognises that it can be challenging for staff who raise concerns and that feelings of anxiety may follow, particularly where the outcome of their referrals are unknown. Any colleague who raises a significant safeguarding concern, or who would benefit from reflection following a safeguarding event, will be offered an appropriate debrief or reflective discussion. Colleagues may also request a debrief following any safeguarding concern. In the meeting, the colleague will have the opportunity to discuss:

- Receive appropriate feedback on what has happened following their referral, where information can be shared without compromising confidentiality or ongoing safeguarding or criminal proceedings,
- Reflect on their decision-making, actions taken, and any challenges encountered,
- Explore the emotional impact of the concern and access wellbeing support where needed
- Identify any learning points or good practice to inform future safeguarding responses
- Clarify any safeguarding processes and explore concerns about systems and processes involved in safeguarding.

Colleagues may choose for their Line Manager or the CEO to attend; they should let the DSL know if they wish for these to attend. The DSL will invite the CEO or Named Trustee for Safeguarding in particularly complex and serious cases.

If the DSL is unable to provide detailed feedback on the steps which followed the referral, they will clearly explain why this is the case. The DSL will record the meeting on the relevant form which will be stored securely for learning purposes. A copy can be shared with the colleague upon request.

If a colleague is significantly affected by the incident, the DSL will signpost to wellbeing support.

Specific Safeguarding Issues

Transforming Autism is aware of the range of specific safeguarding issues and situations that can out children at greater risk of harm. This section outlines specific safeguarding issues that are relevant to the charity's context and work. The issues described below are not exhaustive. Safeguarding concerns may overlap and may present differently depending on the child's age, disability, communication needs, family circumstances and wider context. Colleagues should avoid assuming that a child's behaviour or communication is explained solely by autism or another diagnosis.

Making and Sharing Nude or Semi-Nude Images, Including AI-Generated or Digitally Altered Imagery

Transforming Autism recognises that consensual and non-consensual sharing of nudes and semi-nude images and/or videos (also known as youth produced/involved sexual imagery or "sexting") can be a safeguarding issue; all concerns will be reported to and dealt with by the DSL (or deputy). This includes real, digitally altered, wholly or partly AI-generated, synthetic or "deepfake/deep nude" imagery purporting to depict a child. The safeguarding significance of such material does not depend on whether the image originated from a real photograph. When made aware of concerns involving consensual and non-consensual sharing of nudes and semi-nude images and/or videos by children, colleagues are advised:

- To report any concerns to the DSL immediately.
- Never to view, copy, print, share, forward, store or save the imagery, or ask a child to share or download it – this may be illegal. If colleagues have already inadvertently viewed imagery, this will be immediately reported to the DSL.
- Not to delete the imagery or ask the child to delete it.
- To avoid saying or doing anything to blame or shame any children involved.
- To reassure the child(ren) involved and explain that the DSL will be informed so they can receive appropriate support and help. Do not promise confidentiality, as other agencies may need to be informed and be involved.
- Not to investigate or ask the child(ren) involved to disclose information regarding the imagery
- To not share information about the incident with other colleagues, children/young people, or parents/carers, including the families and child(ren) involved in the incident; this is the responsibility of the DSL.

DSLs will respond to concerns in line with the non-statutory UKCIS guidance: 'Sharing nudes and semi-nudes: advice for education settings working with children and young people' and the LSCP Guidance. When made aware of a concern involving consensual and non-consensual sharing of nudes and semi-nude images and/or videos:

- The DSL will hold an initial review meeting to explore the context and ensure appropriate and proportionate safeguarding action is taken in the best interests of any child involved. This may mean speaking with relevant colleagues and the children involved as appropriate.
- Parents/carers will be informed at an early stage and be involved in the process to best support children, unless there is good reason to believe that involving them would put a child at risk of harm.
- All decisions and action taken will be recorded in line with our child protection procedures.

- A referral will be made to CSC and/or the police immediately if:
    - The incident involves an adult (over 18).
    - There is reason to believe that a child has been coerced, blackmailed, or groomed, or there are concerns about their capacity to consent, for example, age of the child or they have special educational needs.
    - The image/videos involve sexual acts and a child under the age of thirteen, depict sexual acts which are unusual for the child's developmental stage, or are violent.
    - A child is at immediate risk of harm owing to the sharing of nudes and semi-nudes.
- The DSL may choose to involve other agencies at any time if further information/concerns are disclosed at a later date.
- If DSLs are unsure how to proceed, advice will be sought from the child's Local Children Social Care Service.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

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

Transforming Autism recognises that children can become trapped in CCE as perpetrators can threaten victims and their families with violence or entrap and coerce them into debt. Children involved in criminal exploitation often commit crimes themselves which can mean their vulnerability as victims is not always recognised (particularly older children) and they are not treated as victims, despite the harm they have experienced. The experience of girls who are criminally exploited can also be very different to that of boys. We also recognise that boys and girls being criminally exploited may be at higher risk of child sexual exploitation (CSE).

Transforming Autism recognises that CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge, for example through others sharing videos or images of them on social media. CSE can affect any child who has been coerced into engaging in sexual activities and includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited, for example they may believe they are in a genuine romantic relationship.

Exploitation may be carried out by individuals, peer groups, gangs, organised networks or other groups. Children may be groomed or coerced into identifying with the group exploiting them, which can obscure their status as victims.

Child criminal exploitation may amount to modern slavery, trafficking or forced criminality. A child who commits offences as a result of coercion or exploitation must still be recognised first and foremost as a potential victim of abuse. Exploitation may occur wholly or partly online, including through social media, gaming platforms, messaging services and image-based abuse.

Autistic children may experience additional exploitation risks because of social isolation, desire for belonging, difficulty identifying manipulation, literal interpretation of others' intentions, communication differences, or previous experiences of exclusion. These factors must never be treated as inevitable or intrinsic vulnerabilities, but should be considered where relevant to the individual child.

If colleagues are concerned that a child may be at risk of CSE or CCE, immediate action should be taken by speaking to the DSL or a deputy. Colleagues should also be alert to siblings and other children in family homes who may also be at risk of experiencing exploitation and inform the DSL where they are concerned.

So-Called Honour Based Abuse (HBA), Forced Marriage and Female Genital Mutilation

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

All forms of HBA are abuse, regardless of the motivation, and concerns will be responded to in line with this policy. Abuse must never be excused or minimised on the basis of culture, religion, faith, belief, tradition, family honour or community expectations. Colleagues will report any concerns about HBA to the DSL (or a deputy). If there is an immediate threat, the police will be contacted. All colleagues will speak to the DSL (or deputy) if they have any concerns about forced marriage. Colleagues can also contact the Forced Marriage Unit if they need advice or information: 020 7008 0151 or fmu@fcdo.gov.uk

Where a regulated professional as defined in section 5B(2)(a), (11) and (12) of the FGM Act 2003, becomes aware of a 'known case' of Female Genital Mutilation, they must inform the DSL and report their concern directly to the police by calling 101 or 999.

Radicalisation and Extremism

Transforming Autism recognises that children are vulnerable to extremist ideology and radicalisation. Transforming Autism recognises its duty to protect people vulnerable to radicalisation to prevent them from being drawn into terrorism. All colleagues have received appropriate training to enable them to be alert to changes in children's behaviour which could indicate that they may need help or protection from radicalisation. Colleagues will report any concerns to the DSL (or a deputy), who is aware of the local procedures to follow for making a Prevent referral. If there is an immediate threat, the police will be contacted via 999.

Colleagues should be mindful that radicalisation may occur online and may involve social media, gaming, messaging platforms or exposure to extremist content and communities.

Autistic special interests, unusual topics of conversation, rigid thinking or social communication differences must not in themselves be interpreted as evidence of extremism. Concerns should be assessed in context, looking for indicators of ideology, intent, influence, vulnerability or behavioural change rather than diagnosis-related traits alone.

Colleagues should particularly be alert to conversations heard in family homes or phrases that children may repeat. Colleague should also be alert to the behaviour or siblings and other children and young people in the home.

Domestic Abuse

Transforming Autism recognises:

- Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents.
- Domestic abuse can include, but is not limited to, psychological (including coercive control), physical, sexual, economic, or emotional abuse.
- Children can be victims of domestic abuse if they see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships.
- Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home.
- Domestic abuse can take place within different types of relationships, including ex-partners and family members.
- There is always a potential for domestic abuse to take place when parents/families separate, or for existing domestic abuse to persist or escalate post separation.

- Domestic abuse can have a detrimental and long-term impact on children's health, wellbeing, development, and ability to learn.
- Domestic abuse concerns will not be looked at in isolation and our response will be considered as part of a holistic approach which takes into account children's lived experiences.
- It is important not to use victim blaming language and to adopt a trauma informed approach when responding to concerns relating to domestic abuse.

Domestic abuse may also include abusive behaviour by a child or young person towards a parent or carer, sometimes described as child-to-parent or child-to-caregiver abuse. Such behaviour should be understood within the wider family and safeguarding context and should not automatically be attributed to autism, distress or "challenging behaviour". Both the child and affected family members may require safeguarding and support.

Children may themselves experience coercive or controlling behaviour within intimate relationships, including technology-facilitated monitoring, threats, sexual coercion and image-based abuse.

If colleagues are concerned that a child may be at risk of seeing, hearing, or experiencing the effects of any form of domestic abuse, or in their own intimate relationships, immediate action should be taken by speaking to the DSL or a deputy. Where domestic abuse is identified, practitioners should consider the impact on all children in the household, including siblings and unborn children where relevant.

Mental Health

All colleagues recognise that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Colleagues are aware that children's experiences, for example where children have suffered abuse and neglect, or other potentially traumatic Adverse Childhood Experiences (ACEs), can impact on their mental health, behaviour, and education. Colleagues are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Colleagues should remain alert to significant or unexplained changes in a child's emotional wellbeing, behaviour, communication, regulation, relationships, functioning or presentation. Mental health difficulties must not automatically be attributed to autism, disability or developmental stage. If colleagues have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by speaking to the DSL or a deputy.

Where there is immediate risk of suicide, serious self-harm or other life-threatening harm, emergency health or police services must be contacted as appropriate.

Fabricated and Induced Illness (FII) and Perplexing Presentations (PP)

Transforming Autism recognises that children who have long-term health conditions, such as those the charity works with, are at risk of Fabricated and Inducted Illness (FII). FII is a situation in which 'a child is, or is very likely to be, harmed due to parent(s) behaviour and action, carried out in order to convince doctors that the child's state of physical and/or mental health and neurodevelopment is impaired (or more impaired than is actually the case)' (RCPCH, 2021). Generally, FII results in physical and emotional abuse as a result of the parent's actions and the response of healthcare professionals. Parents do not always intend to deceive but in many cases their motivations are unclear.

Transforming Autism recognises that Fabricated or Induced Illness (FII) and Perplexing Presentations (PP) may arise in relation to children with or without pre-existing health, developmental or neurodevelopmental conditions. Colleagues must approach concerns objectively and must not infer FII simply because a child has complex needs, frequent healthcare contact or a parent strongly advocates for their child.

Colleagues must distinguish between Non-Accidental Injury (NAI) and FII. WTSC identifies that fabricating symptoms of or deliberately inducing an illness are a form of physical abuse. However, when distinguishing between NAI and FII, colleagues should consider whether the parent is intending to convince healthcare professionals that the child has a specific illness.

Perplexing Presentations (PP) are a relatively new term and were introduced in 2021. A PP is where there are some indicators of FII which do not yet amount to significant harm and the actual state of the child's physical, mental health and neurodevelopment is not yet clear (RCPCH, 2021).

Colleagues and the DSL should refer to the Royal College of Paediatric and Child Health's 'Perplexing Presentations(PP) / Fabricated or Induced Illness (FII) in Children RCPCH guidance' when assessing whether a child could be experiencing FII.

All concerns about FII will be responded to in line with this policy in seeking advice from the child's local Children's Social Care service at the earliest opportunity as expert advice from a paediatrician is often needed.

Capacity and Consent

Transforming Autism will obtain valid consent for services, assessments and interventions in accordance with the nature of the activity, the law and relevant professional standards.

A child's ability to make a particular decision must be considered individually and must not be presumed absent because the child is autistic, has a learning disability, communicates without speech, uses AAC, or requires support with decision-making.

Children who are able to understand the nature, purpose, benefits, risks and reasonably foreseeable consequences of a proposed intervention should be involved meaningfully in decisions about their care and support. Where appropriate, their consent should be sought. Where a child is not able to give legally valid consent, their wishes, feelings and assent should nevertheless be sought and respected as far as possible.

For children under 16, practitioners must consider whether the child has sufficient understanding and intelligence to make the relevant decision in accordance with the principles of Gillick competence. Where the child is not able to consent independently, consent should be sought from a person with parental responsibility or another person with lawful authority to make the decision.

Parental responsibility must be established on the basis of the applicable legal framework and must not be assumed solely from family relationship or informal caregiving arrangements. Relevant court orders, delegated authority or other legal arrangements should be considered where applicable.

Where there is disagreement between a child and parent/carer, uncertainty about legal authority, concerns about coercion, or any safeguarding concern affecting consent, colleagues must seek advice from the DSL.

Consent to Transforming Autism services is separate from consent to share safeguarding information. Safeguarding information may be shared without consent where there is a lawful basis and this is necessary to protect a child or another person.

Supporting Children Potentially at Greater Risk of Harm

All children have an equal right to protection. Some children may experience additional barriers to being safe, being heard or accessing help because of their circumstances, experiences or the way services respond to them. The presence of a characteristic or circumstance does not itself mean that a child is at risk of harm. Children who may be more vulnerable to abuse and exploitation include:

- Disabled and neurodivergent children
- Children with communication differences
- Children with medical conditions
- Children experiencing mental health difficulties
- Children with a social worker or receiving Family Help
- Looked-after and previously looked-after children

- Children in kinship care or special guardianship arrangements
- Young carers
- Children experiencing poverty, housing insecurity or homelessness
- Children affected by parental offending or imprisonment
- Children affected by domestic abuse
- Children involved in or at risk of exploitation or serious violence
- LGB and gender-questioning children
- Privately fostered children
- Unborn children where safeguarding concerns arise.

The charity will maintain a 'Vulnerable Children' register for children and families requiring enhanced safeguarding oversight, monitoring or coordinated support. Inclusion on the register is an internal risk-management measure and does not mean that the child is subject to a statutory Child Protection Plan or any other formal local authority status. A child having one of the characteristics outlined above does not necessarily mean they will be included on the register; colleagues must refer to the relevant procedure for further information or seek advice from the Safeguarding & Social Work Team.

The safeguarding team will review the register at agreed intervals, considering current risk, protective factors, actions, review dates, professional involvement and whether escalation or de-escalation is required.

Children with Special Educational Needs and Disabilities (SEND)

Transforming Autism works with autistic children and their families using evidence based interventions to help every child thrive and access the right support at the right time. Autistic and disabled children may experience increased safeguarding risks and additional barriers to recognition, disclosure and protection because:

- They may be less able to identify that what is happening to them is wrong,
- They may be less able to resist abuse because of physical disability,
- They may be less able to communicate what has happened to them
- They may be reliant on other people to undertake Activities of Daily Living or need Personal and Intimate Care,
- Practitioners may dismiss changes in behaviour and other indicators as being a result of their SEND.

Practitioners must always keep an open a mind and remember that ‘it could happen here’. A sudden change in any child’s behaviour is cause for concern and should be explored; whether or not they have additional needs.

Practitioners will utilise a Child Centred Approach when exploring concerns around children with SEND. Children with SEND will be supported to communicate and ensure that their voice is heard and acted upon.

All colleagues are encouraged to appropriately explore potential indicators of abuse such as behaviour, mood changes or injuries and not to assume that they are related to the child's disability. Colleagues will be mindful that children with SEND, or certain medical conditions may be disproportionally impacted by behaviours such as bullying, without outwardly showing any signs.

DSLs will consider the child's wider context and usual presentations when assessing concerns about children with SEND. Any significant change in a child's usual presentation will be treated with suspicion and further advice sought. Safeguarding Practitioners will be occupationally competent in working with autistic children and young people to enable better differentiation of indicators.

Practitioners must have a low threshold for seeking advice from the DSL. The DSL may consult the child's previous case notes and assessments to determine whether a referral to Children's Social Care.

Children who need a Social Worker

Children known to local authority Children's Social Care may be receiving support under section 17 Children Act 1989, subject to child protection processes under section 47, looked after, or receiving other statutory services. Their involvement with Children's Social Care may indicate previous or current concerns about welfare, but should not be treated as evidence that abuse is currently occurring.

Transforming Autism will record relevant professional contact details and contribute appropriately to multi-agency plans.

New safeguarding concerns should be shared with the allocated social worker where appropriate. This does not replace the need to contact the duty service, MASH, police or emergency services where the urgency or nature of the concern requires a separate or immediate response.

LGB and Gender-Questioning Children

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm, however, Transforming Autism recognises that children who are LGBT or are perceived by other children to be LGBT (whether they are or not) can be targeted by other children or others within the wider community. Transforming Autism recognises risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. Our colleagues will endeavour to reduce the additional barriers faced and provide a safe space for children to speak out or share any concerns.

Whilst this it may be uncommon for colleagues to come across this in practice; colleagues must remain alert to any signs or discussions with children and parents around these topics and inform the Designated Safeguarding Lead without delay to obtain specialist advice tailored to each child.

Children who are Privately Fostered

Private fostering occurs when a child under the age of 16 (under 18 for children with a disability) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. Such arrangements may come to the attention of our colleagues through the normal course of their interaction with children.

Where private fostering arrangements come to the attention of the charity, we must notify Children's Social Care in line with the local LSCP arrangements so that the authority can consider its statutory responsibilities in relation to the arrangement.

Private fostering is distinct from kinship care arrangements involving a close relative and from placements arranged by a local authority.

Children in Kinship Care

Children may live with relatives or other members of their family network under informal arrangements, special guardianship, child arrangements orders or other legal frameworks. Colleagues should not assume who holds parental responsibility or decision-making authority and should seek clarification where this affects service delivery or safeguarding decisions.

Safeguarding concerns in kinship arrangements will be responded to in the same way as concerns affecting any other child.

Colleagues Engagement and Expectations

Colleague Training

All colleagues will be required to acknowledge that they have read and understood this policy at induction and following substantive updates. HR will maintain an auditable record of acknowledgement.

All colleagues who have any contact with children and families will read Part 1 of Keeping Children Safe in Education and the 'What to do if you are worried a child is being abused' guidance for practitioners. Colleagues will be asked to confirm they have read and understood these documents.

All colleagues who have any contact with children and families will undertake safeguarding and child protection training relevant to their role. The DSL will set and deliver the charity's curriculum for these courses. All safeguarding training will be mapped to the competencies outlined in the Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff. The following training will be undertaken:

Audience	Training	Frequency
Charity Trustees	The NSPCC's Charity trustee safeguarding training	3 Yearly with annual update training from the DSL
Named Trustee for Safeguarding & Chair of the Board	In addition to the above; Training mapped to Level 3 of the ICD with focus on strategic leadership of safeguarding	3 Yearly
Chief Executive Officer	Training mapped to Level 3 of the ICD	3 Yearly with Annual Update Training from the DSL
The Designated Safeguarding Lead and Safeguarding Practitioners	Training mapped to at least Level 3 of the ICD with regular CPD undertaken.	Level 3: 3 Yearly CPD: Minimum 20 hours yearly
Frontline Clinical Staff	Training mapped to Level 3 of the ICD	3 Yearly with annual update training from the DSL
Family Services Coordinators	Training mapped to Level 1 of the ICD	Annually
Colleagues in administrative roles who have contact with children and families but are not carrying out direct work	Training mapped to Level 1 of the ICD	Annually
IT Staff	Bespoke training on managing digital risks and the management of sensitive files relating to children	Annually
HR Staff	Safer Recruitment, Allegations and Low-Level Concerns Training	Annually
All other staff with no access to children and young people	Safeguarding Awareness Course	At induction with annual updates from DSL

All trustees receive appropriate safeguarding and child protection (including online safety) training at induction. This training equips them with the knowledge to provide strategic challenge to be assured that our safeguarding policies and procedures are effective and support the delivery of a robust whole charity approach to safeguarding. This training is regularly updated. Trustee training will include the Charity Commission's expectations concerning safeguarding governance, serious incident reporting and oversight of safeguarding risk.

The DSL will provide an annual report to the board of trustees detailing safeguarding training undertaken by all colleagues and will maintain an up-to-date record of who has been trained.

Safer Working Practice

Our charity takes steps as outlined in this and other relevant policies to ensure processes are in place for colleagues that promote continuous vigilance, maintain an environment that deters and prevents abuse and challenges inappropriate behaviour.

Safer working practice includes maintaining appropriate professional boundaries and ensuring that contact with children and families is transparent, accountable and capable of appropriate oversight. Colleagues must:

- Use authorised communication channels
- Avoid unnecessary one-to-one contact outside agreed service arrangements
- Not exchange personal contact details unless explicitly authorised for a professional purpose
- Not develop personal or secretive relationships with children or families
- Follow organisational procedures for home visits, lone working, online sessions and community activities
- Report any situation that could reasonably be misinterpreted or that falls outside expected professional boundaries
- Follow relevant policies regarding physical contact, intimate/personal care, gifts, photography, recording and social media.

Colleagues are required to work within our clear guidelines on safer working practice as outlined in the Code of Conduct. The DSL will ensure that all colleagues (including contractors) and volunteers are aware of the charity's expectations regarding safe and professional practice via code of conduct. Registered Healthcare Professionals must also have regard and follow their Regulating Council's Professional Standards:

- Health and Care Professions Council (HCPC): https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics-2024.pdf

- Nursing and Midwifery Council (NMC): https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

All colleagues will be made aware of the professional risks associated with the use of social media and electronic communication (such as email, mobile phones, texting, social networking). Personal social media accounts must not ordinarily be used to communicate with children accessing Transforming Autism services. Colleagues will adhere to relevant policies including the code of conduct. Registered Healthcare Professionals should also refer to their Regulating Council's Social Media Guidance:

- Health and Care Professions Council (HCPC): https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-social-media.pdf
- Nursing and Midwifery Council (NMC): https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf

Supervision and Support

The induction process will include familiarisation with child protection responsibilities and procedures to be followed if colleagues have any concerns about a child's safety or welfare. The charity will provide appropriate supervision and support for all colleagues to ensure that:

- All colleagues are competent to carry out their responsibilities for safeguarding and promoting the welfare of children
- All colleagues are supported by the DSL in their safeguarding role.
- All colleagues have regular reviews of their own practice to ensure they improve over time.

Colleagues affected by issues arising from concerns for children's welfare or safety can seek support from the DSL. The DSL will also put colleagues in touch with outside agencies for professional support if they so wish. Colleagues can also approach organisations such as their Trade Union, Royal College, Professional Indemnity Insurer and other organisations.

Safeguarding supervision may be provided through individual supervision, case discussion, reflective practice, safeguarding consultation or structured case review according to role and level of responsibility. It is distinct from line management, although the functions may sometimes be delivered within the same meeting where appropriate.

Colleagues managing complex or ongoing safeguarding cases should have access to safeguarding supervision proportionate to the nature and frequency of their work.

Safer Recruitment

Transforming Autism is committed to ensure that we develop a safe culture and that all steps are taken to recruit volunteers and contractors who are safe to work with our service users and colleagues.

The leadership team will ensure that at least one of the persons who conducts an interview has completed safer recruitment training. Transforming Autism will maintain a central Safer Recruitment and Vetting Register recording the checks required and completed for relevant colleagues. The register is an internal safeguarding assurance mechanism and is informed by safer recruitment standards within KCSIE where appropriate.

Human Resources will ensure that any successful applicant undergoes sufficient background checks before starting their role as per the relevant policy. Where background checks reveal information about an applicant that may affect their suitability to work with children and young people, the CEO and DSL should be consulted. The DSL and CEO will review the information and determine whether the person is:

- Disqualified from the work applied to by law and withdraws the application,
- Determines whether there is any risk of the person undertaking the work based on the information received and whether this can be mitigated.

The DSL will provide the CEO with advice on whether there are any safeguarding or regulatory risks prosed by the revealed information. The CEO will make the final decision as to whether to refuse the application.

Before recruitment begins, roles involving contact with children will be subject to a safeguarding role assessment identifying the nature of contact, supervision arrangements, regulated-activity status, DBS eligibility, professional registration requirements and any additional safeguarding controls required.

Allegations and Concerns about Adults Working for or on Behalf of Transforming Autism

Any allegation or concern about an adult working for or on behalf of Transforming Autism must be taken seriously and reported without delay. This includes employees, workers, volunteers, trustees, contractors, students and other persons undertaking activity on behalf of the charity. Concerns should normally be reported to the DSL and CEO. Where the concern relates to the DSL, it should be reported to the CEO and Chair of Trustees. Where the concern relates to the CEO, it should be reported to the Chair of

Trustees and DSL. Where the concern relates to both the CEO and DSL, it should be reported directly to the Chair of Trustees.

Allegations made by children or parents/carers must be recorded in writing by a colleague as soon as possible and passed to the DSL. Any concern or allegation about an employee will be managed in accordance with local procedures. The DSL/CEO will identify the appropriate LADO or local allegations-management arrangements having regard to the location of the alleged incident, the location in which the adult works or volunteers, the child's local authority area and any applicable local procedure. Where jurisdiction is unclear, advice will be sought from the relevant LADO services without delaying protective action.

The CEO and DSL must assess whether the information or allegation meets the harm threshold for referral to the Local Authority Designated Officer (LADO). Where information does not appear to meet the harm threshold, the concern will be considered under the charity's low-level concerns, conduct, HR, professional-practice or other relevant procedures as appropriate. Concerns which meet the harm threshold will be referred promptly to the LADO, who will advise on and coordinate the allegations-management process in accordance with local procedures. If the CEO and DSL are unsure as to whether the threshold has been met, they will consult the LADO for advice. The Chair of Trustees will be informed as soon as reasonably practicable of any concerns about any employee.

Concerns that Meet the Harm Threshold

Transforming Autism recognises that it is possible for any employee, including volunteers, trustees and contractors to behave in a way that indicates a person would pose a risk of harm if they continue to work in their present position, or in any capacity with children. This includes when someone has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Where the harm threshold is met, or may be met, the concern will be referred promptly to the appropriate LADO. Where the threshold is uncertain, LADO advice will be sought. In the event of allegations of abuse being made against the CEO or DSL, employees are advised that allegations should be reported to the chair of trustees who will contact the LADO.

Transforming Autism will avoid undertaking investigative action or notifying the subject of the allegation in a way that could compromise safeguarding or criminal enquiries before obtaining LADO/police advice where practicable. However, this must not prevent immediate action necessary to protect a child or another person from harm. In cases that meet the harm threshold, the LADO will lead and co-ordinate the most appropriate response.

The DSL, CEO and Trustees will have regard to Part 4 of Keeping Children Safe in Education which provides further guidance.

Concerns that do not meet the Harm Threshold

Transforming Autism may also need to take action in response to 'low-level' concerns about employees. Additional information regarding low-level concerns is contained within this policy and the Protected Disclosure Policy.

Transforming Autism has an open and transparent culture in which all concerns about all adults working in or on behalf of the charity are dealt with promptly and appropriately; this enables us to identify inappropriate, problematic or concerning behaviour early, minimise the risk of abuse and ensure that adults working in or on behalf of the charity are clear about and act within appropriate professional boundaries, and in accordance with our ethos and values.

A low-level concern is any concern, however small, that an adult working for or on behalf of Transforming Autism may have acted in a way that is inconsistent with the Code of Conduct or expected professional boundaries, including conduct outside work where this may be relevant to suitability to work with children, but which does not meet the harm threshold or otherwise require immediate LADO referral.

Low-level concerns may arise in several ways and from a number of sources. For example, suspicion, complaints, or allegations made by a child, parent or other adult within or outside of the organisation, or as a result of vetting checks. It is crucial that all low-level concerns are shared responsibly, recorded and dealt with appropriately so that inappropriate or concerning behaviour can be identified early, patterns can be recognised, professional boundaries reinforced, and risk to children reduced.

The DSL and CEO will assess the information and determine the most appropriate action in response. The Chair of Trustees will be informed as soon as reasonably practical. The DSL and CEO will assess the concern and determine the proportionate response. This may include clarification, supervision, management action, HR involvement, formal investigation, disciplinary action, professional-regulator consideration or referral to the LADO if further information raises the threshold.

It may be appropriate for an employee to be suspended where an allegation has been made against them to prevent any further potential harm occurring or reduce the risk that person may pose. Suspension will not be automatic following an allegation and will not be used as a punitive measure. The charity will consider whether temporary redeployment, alteration of duties, increased supervision or other safeguards could appropriately manage risk.

Suspension may be considered where necessary to protect children or others, preserve the integrity of an investigation, or where risks cannot be adequately managed through less restrictive measures. The decision will be documented and reviewed regularly.

Safe Culture

As part of our approach to safeguarding, the charity has created and embedded a culture of openness, trust and transparency in which our values and expected behaviour as set out in our code of conduct are constantly lived, monitored and reinforced by all colleagues and where all concerns are dealt with promptly and appropriately. Colleagues are encouraged and should feel confident to self-refer, if they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards. Self-referral or early reporting of a boundary concern will not automatically result in disciplinary action; the purpose is to enable proportionate assessment, learning and safeguarding action. Deliberate concealment of conduct that may place a child at risk may itself constitute misconduct.

This includes where concerns may be felt to be deliberately invented or malicious; such allegations are extremely rare and as such all concerns should be reported and recorded. All employees should feel able to raise any concerns about poor or unsafe practice and potential failures in the charity safeguarding regime. The leadership team at Transforming Autism will take all concerns or allegations received seriously. A concern should not be labelled malicious simply because it is unsubstantiated, unfounded or mistaken. A finding of maliciousness requires evidence that the allegation was deliberately fabricated or made with an improper purpose.

All colleagues are made aware of the Charity's Protected Disclosure Policy. It is a disciplinary offence not to report concerns about the conduct of a colleague that could place a child at risk. Employees can access the NSPCC whistleblowing helpline if they do not feel able to raise concerns regarding child protection failures internally. Employees can call 0800 028 0285 (8:00 AM to 8:00 PM Monday to Friday) or email help@nspcc.org.uk.

Transforming Autism will make a referral to the Disclosure and Barring Service where the statutory referral conditions are met. This includes circumstances where an individual has been removed from regulated activity, or would have been removed had they not resigned, retired or otherwise ceased the activity, and the relevant harm or risk-of-harm criteria are satisfied.

The duty to refer to the DBS is separate from any referral to the LADO, police, Children's Social Care, Charity Commission or professional regulator.

Additionally, where a Registered Healthcare Professional has harmed, or poses a risk of harm, to a child, or if there is reason to believe the employee has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity or would have been removed had they not left, Transforming Autism will consider whether a referral is required or appropriate to the relevant professional regulator in accordance with that regulator's referral criteria and guidance. Where a registered professional's conduct raises concerns about fitness to practise, public protection, professional standards or suitability to remain in unrestricted practice, the matter will be considered for referral to the relevant regulator.

Where the adult is employed, supplied or managed by another organisation, Transforming Autism will still take immediate safeguarding action and refer to the LADO where appropriate. The charity will liaise with the individual's employer or supplying organisation but will not assume that the third party's involvement removes Transforming Autism's safeguarding responsibilities.

Concerns about conduct outside Transforming Autism may be relevant where they indicate that an adult may pose a risk of harm to children or may be unsuitable to work with children. Such concerns will be assessed in accordance with the harm threshold and applicable LADO procedures.

Appendix 1: Categories of Abuse

All colleagues should understand that abuse, neglect, exploitation and other safeguarding harms are rarely discrete or standalone. Children may experience several forms of harm simultaneously, and concerns should be considered within the child's wider lived experience and context. The presence or absence of any individual indicator does not establish whether abuse has occurred. Indicators must be considered in context, and concerns should be raised where there is uncertainty.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. It should be noted that abuse can be carried out both on and offline and be perpetrated by men, women, and children.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Signs that MAY INDICATE Sexual Abuse

- Sudden changes in behaviour and performance
- Displays of affection which are sexual and age inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour, for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults, for example, anxiety of being left with relatives, a childminder or lodger
- Unexplained gifts or money

- Depression and withdrawal
- Fear of undressing, for example for PE
- Secrecy relating to use of technology
- Sexually transmitted disease or pregnancy
- Fire setting

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

Signs that MAY INDICATE physical abuse

- Bruises and abrasions around the face
- Damage or injury around the mouth
- Bilateral injuries, such as two bruised eyes
- Bruising to soft area of the face such as the cheeks
- Fingertip bruising to the front or back of torso
- Bite marks
- Burns or scalds (unusual patterns and spread of injuries)
- Deep contact burns, such as cigarette burns
- Injuries suggesting beatings (strap marks, welts)
- Covering arms and legs even when hot
- Inappropriate/harmful medication usage
- Aggressive behaviour or severe temper outbursts.
- Injuries that cannot be accounted for. Inadequate, inconsistent, or excessively plausible explanations for an injury, or a delay in seeking treatment should signal concern.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate

expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Signs that MAY INDICATE emotional abuse

- Over reaction to mistakes
- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming
- Eating Disorders
- Extremes of passivity and/or aggression
- Compulsive stealing
- Drug, alcohol, solvent abuse
- Fear of parents being contacted
- Unwillingness or inability to play
- Secrecy relating to use of technology
- Excessive need for approval, attention, and affection

For autistic and disabled children, emotional abuse may include persistent mocking or punishment of communication differences, sensory needs, self-regulatory behaviours or disability-related needs; deliberately withholding necessary communication or sensory supports; or repeatedly requiring a child to suppress distress or disability-related needs in a harmful way.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Safeguarding concerns may arise before birth where parental or family circumstances create a risk of significant harm to an unborn child. Such concerns should be referred in accordance with local pre-birth safeguarding arrangements. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing, and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of

inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs that MAY INDICATE neglect.

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Inadequate clothing
- Frequent lateness or non-attendance
- Untreated medical problems
- Poor relationship with peers
- Compulsive stealing and scavenging
- Rocking, hair twisting and thumb sucking
- Running away
- Loss of weight or being constantly underweight
- Low self esteem

Appendix 2: Local Safeguarding Arrangements

Transforming Autism works across multiple local authority and safeguarding partnership areas. Local safeguarding contact details, thresholds and procedures change periodically and are therefore maintained separately from this policy within the charity's controlled Local Safeguarding Arrangements Directory.

The directory will contain, for each area in which Transforming Autism actively delivers services:

- Local Authority Children's Social Care / MASH contact details
- Emergency Duty Service details
- Family Help referral arrangements
- Applicable safeguarding threshold/protocol
- Local Authority Designated Officer (LADO) details
- Local Safeguarding Partnership procedures
- Escalation / Resolving Professional Differences procedure
- Relevant police force details
- Any local specialist safeguarding pathways required for service delivery.

The DSL is responsible for ensuring that this directory is maintained and reviewed periodically and whenever Transforming Autism begins work in a new local authority area.

Where local contact information cannot be confirmed, colleagues must seek advice from the DSL and/or the relevant local authority without delaying immediate safeguarding action. In an emergency, call 999.

Transforming Autism's Safeguarding Team

Name	Role	Contact Details
Callum Thomas	Designated Safeguarding Lead (DSL)	Call: 07903 560 200 Email: callum.thomas@transformingautism.org
Tracy Pepper	Chief Executive Officer	Email: tracy.pepper@transformingautism.org
Faye Long	Named Trustee for Safeguarding	Email: faye.long@transformingautism.org

Appendix 3: Support Organisations

National Organisations

- NSPCC: www.nspcc.org.uk
- Barnardo's: www.barnardos.org.uk
- Action for Children: www.actionforchildren.org.uk
- Children's Society: www.childrenssociety.org.uk
- Centre of Expertise on Child Sexual Abuse: www.csacentre.org.uk

Support for Children and Young People

- ChildLine: www.childline.org.uk
- Papyrus: www.papyrus-uk.org
- The Mix: www.themix.org.uk
- Shout: www.giveusashout.org
- Fearless: www.fearless.org
- Victim Support: www.victimsupport.org.uk

Support for Adults

- Family Lives: www.familylives.org.uk
- Crime Stoppers: www.crimestoppers-uk.org
- Victim Support: www.victimsupport.org.uk
- The Samaritans: www.samaritans.org
- NAPAC (National Association for People Abused in Childhood): www.napac.org.uk
- MOSAC: www.mosac.org.uk
- Action Fraud: www.actionfraud.police.uk
- Shout: www.giveusashout.org

- Advice now: www.advicenow.org.uk

Support for Learning Disabilities

- Respond: www.respond.org.uk
- Mencap: www.mencap.org.uk
- Council for Disabled Children: https://councilfordisabledchildren.org.uk

Contextual Safeguarding Network

- https://contextualsafeguarding.org.uk/

Children with Family Members in Prison

- National information Centre on Children of Offenders (NICCO): www.nicco.org.uk/

Substance Misuse

- Talk to Frank: www.talktofrank.com

Domestic Abuse

- Domestic abuse services: www.domesticabuseservices.org.uk
- Refuge: www.refuge.org.uk
- Women's Aid: www.womensaid.org.uk
- Men's Advice Line: www.mensadviceline.org.uk
- Mankind: www.mankindcounselling.org.uk
- National Domestic Abuse Helpline: www.nationaldahelpline.org.uk
- Respect Phoneline: https://respectphoneline.org.uk

Criminal and Sexual Exploitation

- National Crime Agency: www.nationalcrimeagency.gov.uk/who-we-are
- It's not okay: www.itsnotokay.co.uk
- NWG Network: www.nwgnetwork.org
- County Lines Toolkit for Professionals: www.childrenssociety.org.uk/information/professionals/resources/county-lines-toolkit
- Multi-agency practice principles for responding to child exploitation and extra-familial harm: https://tce.researchinpractice.org.uk/

Honour Based Abuse

- Karma Nirvana: https://karmanirvana.org.uk
- Forced Marriage Unit: www.gov.uk/guidance/forced-marriage
- FGM Factsheet: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf
- Mandatory reporting of female genital mutilation: procedural information: www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information
- The right to choose - government guidance on forced marriage: www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage

Radicalisation and hate

- Educate against Hate: www.educateagainsthate.com
- Counter Terrorism Internet Referral Unit: www.gov.uk/report-terrorism
- True Vision: www.report-it.org.uk

Child-on-Child abuse, including bullying, sexual violence and harassment

- Rape Crisis: https://rapecrisis.org.uk
- Brook: www.brook.org.uk
- Disrespect Nobody: www.disrespectnobody.co.uk
- Upskirting – know your rights: www.gov.uk/government/news/upskirting-know-your-rights
- Lucy Faithfull Foundation: www.lucyfaithfull.org.uk
- Stop it Now! www.stopitnow.org.uk
- Parents Protect: www.parentsprotect.co.uk
- Anti-Bullying Alliance: www.anti-bullyingalliance.org.uk
- Diana Award: www.antibullyingpro.com
- Kidscape: www.kidscape.org.uk
- Centre of expertise on Child Sexual Abuse: www.csacentre.org.uk

Online Safety

- NCA-CEOP: www.ceop.police.uk and www.thinkuknow.co.uk
- Internet Watch Foundation (IWF): www.iwf.org.uk
- Childnet: www.childnet.com
- UK Safer Internet Centre: www.saferinternet.org.uk
- Report Harmful Content: https://reportharmfulcontent.com
- Marie Collins Foundation: www.mariecollinsfoundation.org.uk
- Internet Matters: www.internetmatters.org
- NSPCC: www.nspcc.org.uk/onlinesafety
- Get Safe Online: www.getsafeonline.org
- Parents Protect: www.parentsprotect.co.uk
- Cyber Choices: https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/cyber-crime/cyberchoices
- National Cyber Security Centre (NCSC): www.ncsc.gov.uk

Mental Health

- Mind: www.mind.org.uk
- Moodspark: https://moodspark.org.uk
- Young Minds: www.youngminds.org.uk
- Anna Freud: www.annafreud.org/schools-and-colleges/

Change Log

Version	Date Published	Change Notes
V3	March 2025	First Published
V4	March 2026	Added section 'Supporting Colleagues who Raise Concerns' Added reporting links to Page 16
V5	September 2026	Substantial technical changes in response to KCSIE and WTSC updates.