SOUTH WEST INTERVENTION SERVICES

Date of Review	September 2025
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Approval Body	SWIS Board
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Date of Next Review	By 1st September 2026
The Safeguarding Essentials Policy has regard to the Statutory Guidance, Keeping Children Safe in Education 2025, Prevent 2015 and Working Together to Safeguard Children 2023.	

SAFEGUARDING POLICY MANUAL

This is a core South West Intervention Services ("SWIS") policy. It provides general guidance and clarifies procedures that colleagues must follow to protect children and young people from harm.

SEPTEMBER 2025

IMPORTANT INFORMATION

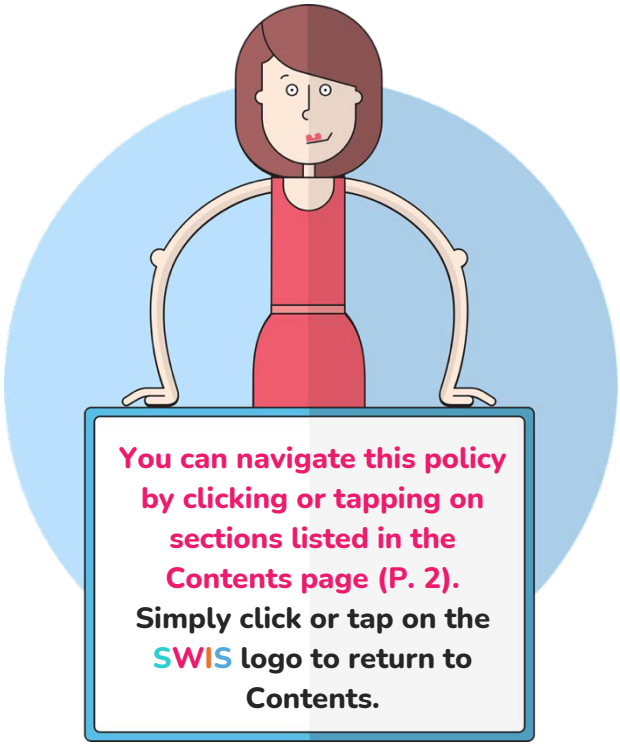
WORKING TOGETHER TO PROTECT YOUNG PEOPLE FROM HARM

This is a core policy. It covers a range of safeguarding issues that may impact upon children and young people accessing services.

It is a comprehensive policy that has been designed to ensure colleagues know what to do and why they must do it when presented with a safeguarding concern or incident. Colleagues are reminded that SWIS have a Safeguarding Essentials Policy, which provides a quick reference guide to core safeguarding duties and responsibilities.

All colleagues should know from the onset that 'nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified' (Working Together to Safeguard Children). This expectation is fundamental to our ethos and values.

In addition to this policy, colleagues are expected to familiarise themselves with individual safeguarding polices that are available for specific areas of concern. Our safeguarding policies provide contextual information and clear instruction. The aim is to ensure that colleagues understand what they need to do, and importantly why they need to do it.



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ADDITIONAL ADVICE & GUIDANCE

SECTION ONE: INTRODUCTION

South West Intervention Services Limited ("SWIS") have a duty to promote the welfare of any child or young person who accesses our services. It is the primary duty of all colleagues, and this duty is managed in partnership with other agencies. This policy aims to clarify actions colleagues (i.e., staff, employees, volunteers) must undertake concerning children and young people up to the age of 18 years (Children's Services).

Ther terms "children" and "child" refer to anyone under the age of 18. For the purposes of this policy, the terms "children" and "young people" are used interchangeably.

Safeguarding children and young people, and promoting their welfare, includes:

- **Providing help and support to meet the needs of children and young people as soon as problems emerge.**
- **Protecting them from maltreatment, whether that is within or outside the home, including online.**
- **Preventing the impairment of children's mental and physical health or development.**
- **Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.**
- **Taking action to enable all children to have the best outcomes.**

Remember: No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information, and taking prompt action. (Working Together)

KEY PRINCIPLES OF SAFE & EFFECTIVE SUPPORT

Our Safeguarding Policy aims to provide clear guidance and instruction to colleagues regarding SWIS safeguarding measures. The policy references and reflects current legislation and guidance about safeguarding issues and other concerns relating to the protection of vulnerable children.

A key part of effective safeguarding is driven by purposeful and focused partnership working, which should be delivered through person-centred collaborative practice. This means:

- **Individual colleagues and volunteers must understand that they cannot singularly – on their own – meet the complex needs of children and young people. This means that they must work together to ensure that vulnerable children and young people remain safe from harm.**
- **In order that collaborative practice is effective, it is vital that every individual working with children remains aware of the role that they play and the role of other professionals.**

- Being clear that effective safeguarding systems are person-centred (i.e., the needs and welfare of the child must be central to agreed interventions, strategies, and risk mitigation).

SECTION TWO: WHAT CHILDREN & YOUNG PEOPLE HAVE SAID THEY NEED

It is clarified from the onset that we have a duty to take the views, wishes, and feelings of children and young people who access our services into account, particularly in relation to matters affecting their support, welfare, and their lives. We have taken the emphasis of 'children have said that they need' within WTSC and used this to inform our approach to safeguarding children and young people. Colleagues are expected to ensure:

- **VIGILANCE:**
  To notice when things are troubling children and young people.
- **UNDERSTANDING & ACTION:**
  Children and young people are supported to understand what is happening. They are heard and understood and to have that acted upon.
- **STABILITY:**
  To develop an on-going stable relationship of trust.
- **RESPECT:**
  Children and young people are treated as competent rather than not competent.
- **INFORMATION & ENGAGEMENT:**
  Children and young people are informed about and involved in procedures, decisions, concerns, and plans.
- **EXPLANATION:**
  Children and young people are informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **SUPPORT:**
  Children and young people are provided with support "in their own right."
- **ADVOCACY:**
  Children and young people are provided with advocacy to help them to offer their views.
- **PROTECTION:**
  Children and young people are protected against all forms of abuse and discrimination.

SECTION THREE: OUR SAFEGUARDING AIMS

This policy aims to ensure children and young people are safe and protected from harm.

The next section of this policy seeks to inform colleagues of the indicators associated with abuse, or neglect or exploitation. This will help colleagues to understand not only what children may have already experienced, but also to inform them of the need to remain vigilant to any indications of potential abuse.

SECTION FOUR: INDICATORS OF ABUSE & NEGLECT

ABUSE

Abuse is 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

PHYSICAL ABUSE

Physical abuse is 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.

EMOTIONAL ABUSE

Emotional abuse is 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, as well as preventing the child from 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.

SEXUAL ABUSE

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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

NEGLECT

Neglect is 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. It includes self-neglect, and any relate impact of financial abuse. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse.

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

SECTION FIVE: SAFEGUARDING LEADS

KNOWING WHAT TO LOOK FOR IS VITAL TO THE EARLY IDENTIFICATION OF ABUSE, NEGLECT & EXPLOITATION.

Colleagues should be aware of indicators of abuse, neglect and exploitation, so that they are able to identify cases of children or young people who may need help or protection. If colleagues are unsure, they should always speak to the Designated Safeguarding Lead (DSL).

The overall safeguarding lead is Alison Moore (Managing Director). She is the Nominated Safeguarding Lead (NSL). Donna Greep and Emily Coulson are the Designated Safeguarding Leads (DSL).

NAME	ROLE	TELEPHONE	EMAIL
Alison Moore	NSL	07498 563361	alison.moore@southwestinterventionservices.com
Donna Greep	DSL	07958 331507	donna.greep@southwestinterventionservices.com
Emily Coulson	DSL	07398 843485	emily.coulson@southwestinterventionservices.com

Donna and Emily must inform Alison of any serious concerns. By working together, both with colleagues and external agencies, we seek to ensure that children and young people are consistently:

- Protected from any form of maltreatment arising from harm.
- Prevented from suffering impairment of health or development.
- Provided with safe and effective care and support.
- Given every opportunity to secure optimum life chances.

This (above) applies to every area of service provision offered by SWIS and extends to all colleagues regardless of their role and responsibilities. We expect that colleagues will speak up if they see or hear anything that could be a potential concern.

THE DSL MUST BE INFORMED OF ALL SAFEGUARDING CONCERNS, ISSUES, OR INCIDENTS REGARDING YOUNG PEOPLE.

The DSL has a duty to notify Alison (NSL) of any serious concerns. Alison will then notify the Board of Directors to ensure that duties towards maintaining effective corporate governance are maintained, along with crisis management procedures. The purpose will be to ensure that all reasonable measures are set in place to keep children and young people safe from harm.

WHAT DOES THE DSL DO?

The purpose of the DSL is to lead in ensuring that appropriate arrangements for keeping children and young people safe from harm or the potential for harm are in place. The DSL has a responsibility to promote the safety and welfare of children and young people.

WHAT ARE THE DSL'S MAIN DUTIES & RESPONSIBILITIES?

The DSL must:

- Take a lead role in developing and reviewing safeguarding and child protection policies and procedures in partnership with the Nominated Safeguarding Lead (NSL).
- Take a lead role in implementing our safeguarding and child protection policies and procedures. This means ensuring all safeguarding and child protection issues concerning children and young people are responded to in a robust, timely and child-centred way.
- Make sure that everyone working with children and young people understands the safeguarding procedures and knows what to do if they have concerns about a child or young person's welfare.
- Ensure children and young people who access our support know who they can talk to if they have a welfare concern and understand what action the organisation will take in response.
- Receive and record information from anyone who has concerns about a child or young person.
- Store and retain records (according to legal requirements), and SWIS safeguarding and child protection policy and procedures.
- Work closely with the Nominated Safeguarding Lead (NSL) to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding and child protection practice.
- Take the lead on responding to information that may constitute a child protection concern, including a concern that an adult involved with SWIS may present a risk to children or young people. This includes:

i. Assessing and clarifying the information.
ii. Making referrals to statutory organisations as appropriate.
iii. Consulting with and informing the relevant members of the organisation's management, including the Nominated Safeguarding Lead.
iv. Following SWIS safeguarding policy and procedures.

- Liaise with, pass on information to and receive information from statutory child protection agencies such as:

  i. The local authority child protection services, and
  ii. The Police.

  This includes making formal referrals to agencies when necessary.

- Report regularly to the Senior Management Team (SMT) on issues relating to safeguarding and child protection, to ensure that child protection is seen as an ongoing priority issue and that safeguarding requirements are being followed at all levels of the organisation.
- Be familiar with and work within inter-agency child protection procedures developed by the local child protection agencies (i.e., the Local Safeguarding Partnership Board and the Local Authority Designated Officer (LADO) for example).
- Be familiar with issues relating to child protection and abuse, keeping up to date with new developments in this area.
- Attend regular training in issues relevant to child protection and share knowledge from that training with everyone who works or volunteers with or for children and young people, and throughout the organisation.

The DSL must always seek to ensure that we work together to protect young people.



SECTION SIX: LOCAL AUTHORITY CHILD PROTECTION SERVICES

Initiated child protection processes indicate that there are significant concerns about the safety or wellbeing of a child or young person. The DSL must be notified if colleagues have concerns about the welfare of any child or young person.

The DSL will co-ordinate a response. In all such cases it is imperative that the following agencies are notified:

MASH – MULTI-AGENCY SAFEGUARDING HUB.

The Multi Agency Safeguarding Hub (MASH) brings key professional together to facilitate early, better quality information sharing, analysis, and decision-making, to safeguard children, young people, and vulnerable adults more effectively. Within the MASH, information from different agencies will be collated and used to decide what action to take. As a result, the agencies will be able to act quickly in a coordinated and consistent way, ensuring that children and vulnerable adults are kept safe. Please note: Not all local authorities use the term Multi-Agency Safeguarding Hub (MASH) and have provisions that meet "MASH" duties under a different name.

The MASH acts as the first point of contact, receiving new safeguarding concerns/enquiries relating concerns about abuse, neglect, or concerns about potential/actual harm impacting upon children.

EMERGENCY DUTY TEAM (EDT)

The Emergency Duty Team (EDT) deals with social care emergencies outside office hours involving vulnerable children or adults.

THE POLICE

Call 999 if a child or young person is at immediate risk of harm. If colleagues know or suspect that a child or young person is in immediate risk of significant harm, the Police must be called. All colleagues notifying the Police must inform the DSL immediately. Accurate records must be taken and retained.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

Every local authority should have a Local Authority Designated Officer (LADO) or team of officers (either as part of multi-agency arrangements or otherwise). Their role is to be involved in the management and oversight of allegations against people who work with children and young people.

Arrangements should be put in place to ensure that any allegations about those who work with children and young people are passed to the LADO without delay.

SECTION SEVEN: LOCAL SAFEGUARDING PARTNERSHIP BOARDS

Every Local Authority in the country must have Multi-Agency Safeguarding Arrangements (MASA) in partnership with the Police and Health.

The priorities of the Devon Safeguarding Children Partnership (Devon SCP):

- **Improving outcomes of pre-birth services and for infants.**
- **Improving partnership working in compliance with Working Together, focusing on areas of shared responsibility and multi-agency responses to families.**
- **Improving response to adolescent need through developing multi-agency contextual safeguarding approaches.**
- **Improving the partnership response to domestic abuse to prevent harm to children.**

REPORTING CONCERNS

If you are concerned about a child's welfare or worried they are being abused, you can make a referral to the Devon Multi Agency Safeguarding Hub (MASH) by:

- **Phoning 0345 155 1071 or**
- **E-mailing: mashsecure@devon.gov.uk.**

Further information can be found here: Devon Children and Families Partnership - Worried that a child is at risk?.

The MASH Referral Form can also be used to share information with your local office. More information on how to make a referral can be found here.

If you are unsure the Devon Children and Families Partnership Procedures will be able to help guide you or the Threshold Tool, which tells you which types of services a family may need to get support Alternatively, you can call ChildLine on 0800 1111 or by visiting www.childline.org.uk

If you have concerns about how child protection issues are being handled in your own or another organisation then you can contact the Whistleblowing Advice Line which offers free advice and support on 0800 028 0285 or E-mail help@nspcc.org.uk.

RELEVANT DOCUMENTS

What to do if you're worried a child is being abused: Advice for practitioners

SECTION EIGHT: ABUSE OF TRUST

The Sexual Offences Act 2003 (Sections 16 & 17) respectively are defined as 'Abuse of position of trust: sexual activity with a child' and 'Abuse of position of trust causing or inciting a child to engage in sexual activity.' Abuse of Trust:

- Can occur in a number of settings, for example, in an education establishment, a residential establishment, a foster home, a social club or other activity.
- Relates to all relationships where one person is in a position of responsibility (and power) in relation to another person, who is either under 18 years or is a vulnerable adult, whether the relationship is of a heterosexual or homosexual nature.
- Relates to paid employees, ex-employees, unpaid colleagues (for example trainees and students), volunteers, foster carers, consultants, and contractors.
- Occurs where the person in a position of trust betrays the trust and enters into a relationship, particularly a sexual relationship, but also other abusive relationships, with a child/young person or vulnerable adult (referred to as service user), for whom they have responsibility.

Abuse of Trust is distinct and different from sexual abuse or other abuse. Sexual and other forms of abuse take place where the victim does not or cannot consent to his or her treatment. There need not be any abuse of a relationship of trust. Any sexual activity which is not freely consenting is criminal.

In contrast, the sexual activity covered by 'Abuse of Trust' may seem consensual, but it is rendered unacceptable because of relative positions of power. This refers to the potential for people in a 'relationship of trust' to misuse or abuse that relationship.

Colleagues are in a relationship of trust because they have the potential to hold power or influence over young people. This must never be abused.

PROCEDURES

Basic Principles:

- The need to safeguard and promote the welfare of young people and protect them from sexual activity (from those supporting them within a relationship of trust) is paramount.
- All adults have a duty to raise concerns about the behaviour of colleagues, managers, volunteers or others which may be harmful to a young person, without prejudice to their own position.
- This applies to all adults, regardless of gender, race, religion, sexual orientation, or disability.

All colleagues must be aware that:

- Sexualised activity or behaviour involving a child or young person will not be tolerated. Any colleague proven to be engaged in such activities will be subject to the full rigor of the law.

- Any other inappropriate activities or conduct, such as irregularities with financial support or psychological/emotional abuse, will not be tolerated.

Colleagues must ensure that:

- Psychological, emotional, and mental health needs are included within relevant individual safety planning and risk assessments. Safety planning must be reviewed regularly and made available to all colleagues working with the relevant child or young person.
- Any concerns about the behaviour or activities of a colleague, visitor or contractor towards a child or young person must be escalated (without delay) to the DSL.

SECTION NINE: ALLEGATIONS & DISCLOSURES

There is some debate around what exactly a disclosure is, and the difference between a disclosure and an allegation. To clarify:

- A DISCLOSURE is when an individual, often a child, communicates their experience of abuse or neglect to another person, which can be a direct statement, an indirect hint, or revealed through non-verbal actions like drawings or significant changes in behaviour. All disclosures should be treated seriously and responded to with support and appropriate action, including notifications to the relevant authorities.
- An ALLEGATION is a claim that a person of trust has acted in a way that may be harmful to a child. There are two levels to allegations and concerns based on whether they meet the harm threshold:
  - Concerns/allegations that may meet the harm threshold. These must be notified to the LADO.
  - Concerns/allegations that do not meet the harm threshold – referred to for the purposes of this guidance as 'low-level concerns'. Those that do not meet the harm threshold are often referred to as low-level concerns.

For the avoidance of doubt, in both cases colleagues must ensure that all allegations and disclosures must be reported to the DSL. Once reported, and the relevant authorities and colleagues have been notified, tact-finding exercises will determine the next course of action. If an investigation is launched, the next section clarifies the potential outcomes.

DEFINITIONS

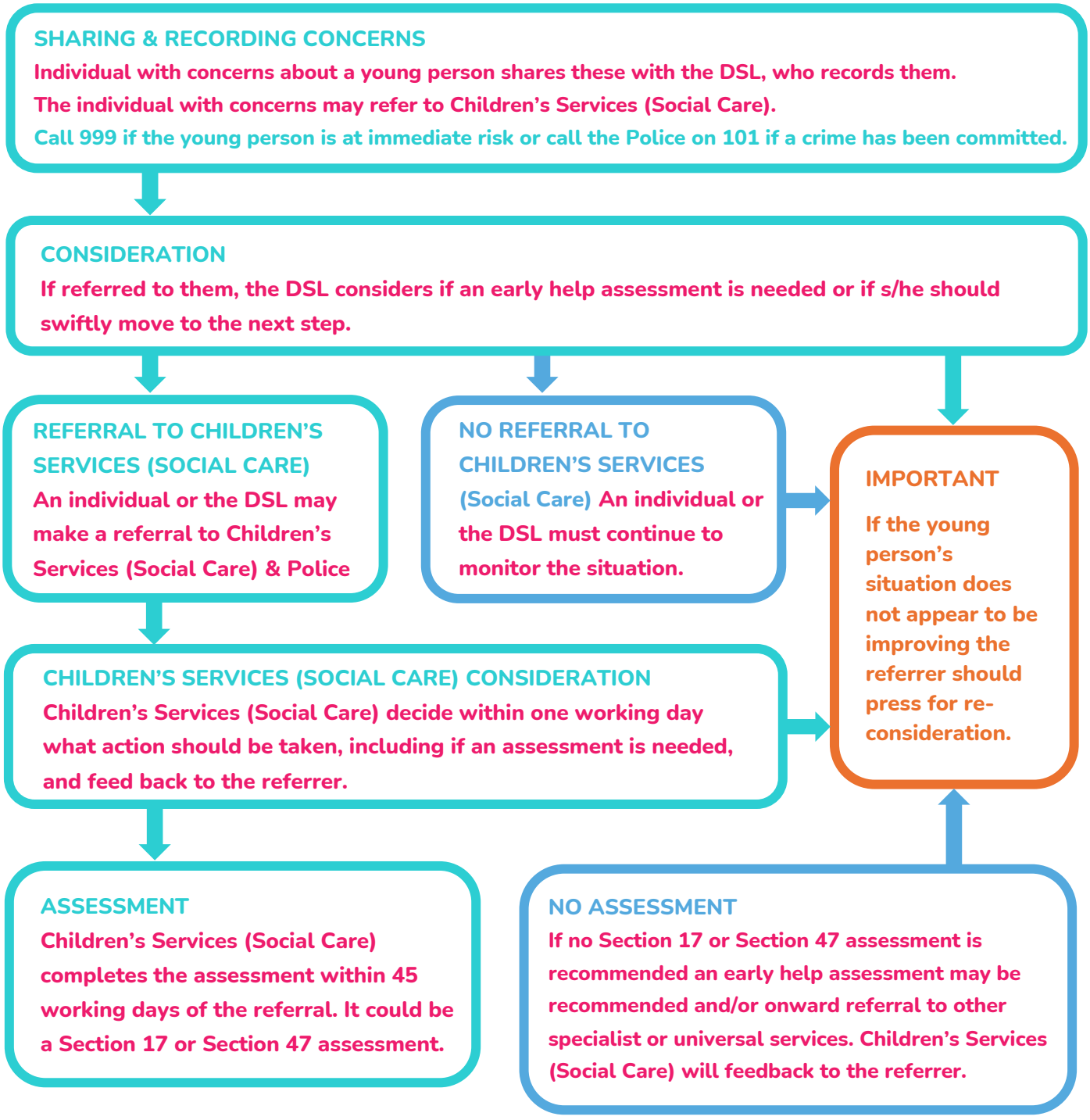
The following definitions should be used when determining the outcome of allegation investigations:

- **SUBSTANTIATED:** There is sufficient evidence to prove the allegation.
- **MALICIOUS:** There is sufficient evidence to disprove the allegation or deliberate deception.
- **FALSE:** There is sufficient evidence to disprove the allegation.
- **UNSUBSTANTIATED:** There is insufficient evidence to either prove or disprove the allegation.
- **UNFOUNDED:** There is no evidence or proper basis to support the allegation.

Details of allegations that are found to have been malicious should be removed from personnel records. For all other allegations, a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action and decisions reached, must be retained.

RESPONDING TO CONCERNS ABOUT POTENTIAL HARM OR ABUSE

The below diagram illustrates what action should be taken and who should take it where there are concerns about a young person. If, at any point, there is a risk of immediate serious harm to a child or young person a referral should be made to Children's Services (Social Care). Anybody can make a referral.



THE POLICE MUST BE CALLED IF ILLEGAL ACTIVITY IS SUSPECTED, OR IT IS AN EMERGENCY.

RAISING CONCERNS & SPEAKING UP

There may arise situation(s) where colleagues have concerns about:

- **Any young person's welfare and/or wellbeing.**
- **Any colleague or the practice of any colleague.**
- **Any other persons' working with the young person.**
- **Any other person who has contact with the young person (e.g., a sport coach, scout leader, etc.).**
- **Any other concerns.**

If so, you must SPEAK UP. Colleagues are reminded that failure to speak up [about concerns identified or witnessed] will necessitate disciplinary action. Please refer to our Whistleblowing Policy for more information.

INITIAL CONSIDERATIONS

The procedures for dealing with allegations need to be applied with common sense and judgement. Some allegations may be so serious they require immediate intervention by Children's Services Social Care and the Police as appropriate to the circumstances.

CONFIDENTIALITY

It is extremely important that when an allegation is made, all colleagues involved make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. This is particularly important because an allegation can have a range of outcomes and:

- **Gossip and/or assumption about the allegation(s) can (and will) compromise the process; and**
- **We all have a duty to safeguard the welfare of colleagues.**

Colleagues must note that any such inappropriate comment or discussion will be taken extremely seriously in the event of an allegation.

RESIGNATIONS & "SETTLEMENT AGREEMENTS"

If the accused person resigns, or ceases to provide their services, this will not prevent an allegation being followed up. A referral to the DBS will be made by the DSL.

If the accused person resigns or their services cease to be used, and the threshold criteria for making a DBS referral is met, it will not be appropriate to reach a settlement or compromise agreement. This is because not complying with a legal duty to make a referral is a criminal offence.

DUTY OF CARE

SWIS have a duty of care to our colleagues. We have a responsibility to manage and minimise the stress inherent in the allegations process. Support for the individual is vital to fulfilling this duty. Individuals should be informed of concerns or allegations as soon as possible and provided with an explanation of the likely course of action unless there is an objection by the children's social care services or the Police.

The individual should be advised to contact their trade union representative, if they have one, or a colleague for support. They should also be given access to welfare counselling or medical advice where this is provided by the employer.

The case manager should appoint a named representative to keep the person who is the subject of the allegation informed of the progress of the case. They must consider what other support is appropriate for the individual.

WHAT TO DO IF A YOUNG PERSON MAKES AN ALLEGATION OR A DISCLOSURE

The following explains what to do if young person makes a disclosure indicating a risk of harm:

- Listen and take seriously what the child or young person says and never express disbelief.
- Do not make any suggestions about what has taken place, or how it came about, or question the young person except to clarify what they are saying.
- Allow the child or young person time to express themselves, but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place.
- Do not ask the child or young person to repeat what has been said to anyone else before referring to the DSL and MASH.
- Be calm and reassuring and do not make assumptions.
- Avoid making judgements about what is being said but reassure the child or young person that they are not responsible for what may have happened.
- Do not promise to keep information secret. Make it clear that you will have to refer the matter on and to whom.
- Tell the child or young person that there are people who can help.
- Write down what has been said, using the child or young person's exact words and what was said in response. Be factual, sign and date the report and send to relevant professionals.

All allegations and disclosures must be escalated to the DSL without delay. Where there are immediate concerns, MASH will be contacted and informed of the disclosure. Additionally, LADO will be notified if the information provided related to a colleague. If it is believed a criminal act has taken place, the Police must be called.

DURING AN INVESTIGATION

Whenever there are concerns of a child protection nature, SWIS have a clear duty to inform the Local Authority Designated Officer (LADO). If a criminality is suspected or disclosed, we have duty to inform the Police.

Please note that the following does not apply to Low-Level Concerns, unless there have been several Low-Level Concerns raised about a colleague indicating a pattern of inappropriate behaviour. For further information, please refer to our Low-Level Concerns Policy.

The LADO will convene a Section 47 'Strategy Meeting' of all the relevant professionals. They will discuss the allegation and decide the next steps to take. This may involve an "interview under caution" by the Police, and a joint interview of the young person by the Police and local authority.

Once the investigation has been concluded, further strategy meetings will be held until an outcome has been agreed. Colleagues will then be informed of the outcome and advised on the recommendations of the investigation, leading to clarification of any actions that have been agreed in writing.

LEARNING LESSONS

At the conclusion of a case in which an allegation is substantiated, the DSL should review the circumstances of the case with the case manager and SMT to determine whether there are any improvements to be made to existing procedures or practice. This will help to prevent similar events in the future.

ALLEGATIONS OR DISCLOSURES INDICATING A CHILD HAS HARMED ANOTHER CHILD

Allegations or disclosures indicating a young person has harmed another young person is commonly referred to as "Child on Child Abuse." Colleagues must be in no doubt that a minority of young person have the potential to abuse other young person. Colleagues should know the different forms "child-on-child" abuse can take, including bullying, sexting, and relationship abuse for example.

Colleagues should know that:

- **Abuse to and by children or young people accessing SWIS services is wrong and will be taken seriously.**
- **The needs of all children involved should be fully considered.**
- **Abuse to and by young people can occur in all settings.**

Child-on-child abuse is abuse. It is not a game. It is not a joke or banter, and it is not funny. It is not a normal part of growing up. For further information, please refer to our Child-on-Child Abuse policy.

Action following a concern that a child or young person is harming (or has harmed) another child or young person:

1) Where abuse by another child or young person is suspected, alleged and or witnessed, colleagues must immediately inform the DSL, as well as their line manager or senior on call (if not the DSL). They will immediately advise the child or young person's responsible parent or carer and/or social worker(s) and contact MASH (or the EDT if after hours), and the local Police (if criminality is suspected).
2) The above agencies will advise on:

    (i) How the immediate circumstances are to be managed.
    (ii) Reach agreement about ensuring that each young person's safety is secured.
    (iii) When and who should action any investigation.
    (iv) Arrangements for the convening of a strategy meeting.

    Discussions must take place, decisions made and agreed regarding any immediate arrangements for protecting each person involved.
3) If an allegation is made the alleged abuser must not be approached before taking advice from actions as in (1) & (2).
4) During (1) identify who is to provide support for each young person involved.
5) Consider the safety of other young people and what, if any, immediate action may be necessary to protect them.

SECTION TEN: BEHAVIOUR MANAGEMENT

All children and young people have a right to be treated with respect and dignity, including in those circumstances where they display difficult or challenging behaviour. This is a mandatory expectation of all colleagues, regardless of their role or function within the organisation.

YOUNG PERSON PLAN

In all instances where SWIS colleagues are likely to encounter challenging behaviour, violence or aggression to an extent that limitations of a child or young person's lifestyle or human rights might be necessary, this must be documented in the young person's plan. SWIS will seek to discuss the facts with all concerned and record resulting decision making and the proposed actions in detail. We will seek to understand the reasons for the possible actions and to initiate actions which will tackle any difficulties positively and proactively.

It is imperative that all colleagues working with the child or young person concerned are familiar will all aspects of their respective plan.

RISK ASSESSMENT

When considering the young person's plan, we will carry out and fully record a risk assessment of the possible dangers, and the balance of benefits and disadvantages of the proposed courses of action.

PHYSICAL RESTRAINT

Our behaviour management policy clarifies that the use of physical restraint is must only be used as a last resort. However, we recognise that there may be exceptional circumstances where physical restraint could be used, but only where it is considered safe to do so and colleagues have genuine reason to believe:

- **A child or young person is behaving in a way that will result in significant harm to themselves or others.**
- **The behaviour of the child or young person will result in significant damage to property.**

PASSIVE INTERVENTION & PREVENTION STRATEGIES (PIPS)

SWIS have adopted the Passive Intervention & Prevention Strategies (PIPS). When training has been successfully completed, PIPS provides colleagues with the means to:

> **'Support staff in developing a consistent, effective and acceptable team approach to managing behaviour, while, crucially, maintaining positive relationships and minimising risk for all.' (PIPS, Devon Education Services)**

TRAINING

All new colleagues receive training at induction on how to respond appropriately and professionally to behaviour that might challenge and threaten them. Colleagues are trained to recognise the early warning signs of potential aggression and in responding to calls for help. SWIS provides ongoing training so that staff can develop skills to manage and reduce unacceptable behaviour.

This training includes:

- **De-escalation techniques**
- **The use of "minimum force"**
- **Approved and acceptable breakaway techniques**
- **Inappropriate or unacceptable techniques.**

For more information, please refer to our Behaviour Management Policy.

SECTION TWELVE: BULLYING (INCLUDING CYBERBULLYING)

There is no legal definition of bullying. It is usually defined as repeated behaviour which is intended to hurt someone either emotionally or physically, however it can also relate to a single incident. Bullying is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability.

Emotional abuse may involve serious bullying (including cyber bullying), causing children or young people to feel frightened or in danger, or it can be linked to the exploitation or corruption of vulnerable people. Bullying can take many forms including:

- **CYBER – Abuse on-line or via text message; interfering with electronic files; setting up inappropriate websites; inappropriate sharing of images, etc.; interfering with e-mail accounts.**
- **FAITH-BASED – Negative stereotyping; name-calling/ridiculing based upon religious persuasion and/or identity.**
- **GIFTED & TALENTED – Name-calling, innuendo or negative peer pressure based on high levels of ability or effort; ostracism resulting from perceptions of high levels of ability.**
- **HOMOPHOBIC OR TRANSGENDER – Name-calling, innuendo or negative stereotyping based on sexual orientation or perceived sexual orientation; use of homophobic language.**
- **PHYSICAL – Kicking or hitting; prodding, pushing or spitting; offensive gestures or intimidating behaviour; damaging or removing property; invasion of personal space; extortion; coercion; other forms of persistent physical assault.**
- **RACIST – Physical, verbal, written, on-line or text abuse; ridicule based on differences of race, colour, ethnicity, nationality, culture or language; refusal to co-operate with others based upon any of the above differences; stereotyping because colour, race, ethnicity, etc.; promoting offensive materials such as racist leaflets, magazines or computer software.**
- **SEXIST – Use of sexist language; negative stereotyping based on gender.**
- **SEXUAL – Unwanted and/or inappropriate physical contact; sexual innuendo; suggestive propositioning; distribution/display of pornographic material aimed at an individual; graffiti with sexual content aimed at an individual. Putting pressure upon someone to act in a sexual way.**
- **SPECIAL EDUCATIONAL NEEDS OR DISABILITY – Name-calling, innuendo or negative stereotyping based on disability or learning difficulties; excluding from activity because of disability or learning difficulty.**
- **VERBAL – Threats or taunts; shunning/ostracism; name-calling/verbal abuse; innuendo; spreading of rumours; glaring; making inappropriate comments in relation to appearance.**

PROCEDURES

BULLYING SIGNS & SYMPTOMS

Many children and young people do not speak out when being bullied, but may indicate by signs or behaviour that they are being bullied. SWIS expect that colleagues will be aware of these possible signs and should notify their manager and the DSL (if the DSL is not their manager) and investigate if a child or young person:

- **Changes their usual routine or general presentation.**
- **Is unwilling to go to SWIS.**
- **Begins to truant.**
- **Becomes withdrawn anxious or lacking in confidence.**
- **Starts stammering.**
- **Attempts or threatens suicide or runs away.**
- **Starts self-harming and presents with suicidal ideation.**
- **Cries themselves to sleep at night or has nightmares.**
- **Uses excuses to miss SWIS (i.e., headache, stomach ache, etc).**
- **Begins to suffer academically. For example, the quality of their work deteriorates.**
- **Comes home with clothes torn or books damaged.**
- **Has possessions which are damaged or "go missing."**
- **Asks for money or starts stealing money (to pay bully).**
- **Has unexplained cuts or bruises or shows signs of being in a fight.**
- **Becomes aggressive, disruptive, or unreasonable.**
- **Is bullying other children or siblings.**
- **Changes their eating habits (i.e., stops eating or over eats, etc.).**
- **Goes to bed earlier than usual.**
- **Is unable to sleep.**
- **Wets the bed.**
- **Is too frightened to say what's wrong.**
- **Gives unlikely or implausible reasons for any of the above.**
- **Is afraid to use the internet or access social media.**
- **Is nervous and jumpy when a text message or email is received.**

These signs and behaviours could indicate other problems, but bullying should be considered a possibility and should always be investigated.

CONSEQUENCES

The varying nature and degrees of bullying require a range of responses and consequences that are appropriate to the circumstances.

Generally speaking, bullying concerns should be managed by colleagues working with the children or young people concerned. However, colleagues are reminded that bullying that is likely to cause, or has caused, significant harm will be treated as a safeguarding incident. In such an eventuality, the DSL must be informed without unreasonable delay. The focus must be upon protecting the child or young person from harm.

Anyone who bullies someone will be seen and spoken to about this by a member of the management team.

In appropriate cases, (and particularly, though not exclusively, where the perpetrators do not attend SWIS and the bullying occurs elsewhere), the police will be involved. The purpose will be for the Police to advise the victim on what steps can be taken. Where the perpetrator is part of the provision the Police would stress the seriousness of the matter and the possible consequences if it were to continue.

Following a first and minor incident, an informal warning from a member of the management team may be sufficient. This would be recorded. Where a child or young person is found to persist in acts of bullying, despite warning, it may be necessary for the child or young person to be removed from sessions for a fixed period. As a last resort, or in extremely serious cases, permanent end to sessions would be considered.

CORE DUTIES & RESPONSIBILITIES

Immediate action must be taken to protect young people subject to bullying or involved in bullying. In some cases, a meeting will be convened to discuss a plan of action. SWIS colleagues should ensure that an action plan to protect the child or young person from further bullying is in place. This will be produced in consultation with the child or young person and any other relevant people.

In addition, the person with legal responsibility for the child or young person who is alleged to have carried out any bullying must be included in the discussions, as appropriate.

Managers must ensure that:

- **Any vulnerabilities and risks associated with bullying are recorded in the young person's plan.**
- **All incidents or alleged incidents of bullying are recorded in detail, including actions taken by colleagues.**
- **All colleagues working with the children or young people are informed of concerns around bullying.**
- **SWIS maintains a "zero tolerance ethos" regarding bullying, whether relating to children, young people, colleagues or adults and children visiting our services.**

All colleagues are expected to:

- Support children and young people to act against bullying and empower them to raise concerns.
- Be familiar with the conditions of each child or young person's plan, which must identify any vulnerabilities and risks associated with bullying.
- Follow our Countering Bullying Policy if they are alerted to instances of bullying.
- Complete an accurate record of all bullying incidents, including actions taken by colleagues. If there is a bullying incident, colleagues should clarify the context of entry as being either an (a) Allegation, (b) Incident, or (c) a Precautionary record. The latter (c) refers to entries may escalate towards bullying and therefore require colleagues to monitor/review accordingly. This is because all too often bullying is incorrectly referenced as a cause or impact of an isolated incident, particularly where there is a power imbalance between two children or young people.
- Understand that a bullying incident should be addressed as a safeguarding concern when there is 'reasonable cause to suspect that a person is suffering, or is likely to suffer, significant harm.' In such cases, a strategy meeting will be necessitated.
- Notify the DSL of any concerns about bullying.

Click on the links below to access more information:

NATIONAL BULLYING HELPLINE

https://www.nationalbullyinghelpline.co.uk/cyberbullying.html

Helpline: 0300 323 0169 Telephone: 0845 225 5787 (Monday to Friday 9 a.m. to 5 p.m.)

FAMILY LIVES

https://www.familylives.org.uk

Helpline: 0808 800 2222 (Monday to Friday 9 a.m. to 9 p.m.)

SECTION TWELVE: CHILD CRIMINAL EXPLOITATION (CCE)

Child Criminal Exploitation (CCE) is a broad descriptor covering a range of activities that amount to physical, sexual, and emotional abuse to children and young people.

The consistent factor is one where an adult uses a child or young person to undertake criminal activities through manipulation and coercion. CCE is child abuse.

The Home Office defines child criminal exploitation as:

> **'Child Criminal Exploitation... occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual.**
>
> **Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children... includes for instance children forced to work on cannabis farms or to commit theft'. 'Criminal exploitation of children and vulnerable adults' (Home Office, 2018)**

Typically, CCE is associated with Child Trafficking, County Lines and Modern Slavery. Although it can involve Child Sexual Exploitation (CSE) and Physical Abuse amongst other areas of concern.

This section focuses upon Child Trafficking, Modern Slavery and County Lines.

CHILD TRAFFICKING

Child Trafficking is defined as the 'recruitment, transportation, transfer, harbouring or receipt' of a child for the purpose of exploitation. (Article 3 Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime)

Child trafficking is abuse. Children and young people are recruited, moved, or transported and then exploited, forced to work, or sold.

Children and young people are trafficked for:

- **Child Sexual Exploitation (CSE).**
- **Benefit fraud.**
- **Forced marriage.**
- **Domestic servitude such as cleaning, childcare, cooking.**
- **Forced labour in factories or agriculture.**
- **Criminal activity (such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft for example).**

What happens?

- **Children and young people are tricked, forced, or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of a child, their family or their community.**
- **Traffickers may threaten families.**
- **Traffickers may promise a child a better future in another place.**
- **Sometimes families will be asked for payment towards the "service" a trafficker is providing – for example sorting out the child's documentation prior to travel or organising transportation.**

- Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for child to pay off a debt they (or their family) 'owe' to the traffickers.

MODERN SLAVERY

Modern slavery is when someone has gained control over, or ownership of, another person and is using this power to exploit them. It involved the recruitment, movement, harbouring or receiving of men, women or children using force, coercion, abuse of vulnerability, deception or other means in order to exploit them.

Someone is a victim of modern slavery if they have experienced any of the following:

- Are forced to work because of physical or verbal threats.
- Are owned or controlled by an 'employer', usually through mental, emotional, sexual or physical abuse, or the threat of such abuse.
- Are dehumanised, treated as a commodity, or bought and sold as 'property.'
- Are being held captive, have restrictions placed on their freedom or being moved against their will.

COUNTY LINES

The following has been adapted from Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance (September 2018).

WHAT IS COUNTY LINES EXPLOITATION?

County lines is the Police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or "deal lines".

It involves child criminal exploitation (CCE), because gangs use children and young people to move drugs and money to and from "market locations." These children and young people are referred to as "Bics" by the drug dealers, which is used as a reference to their perceived disposability.

Gangs establish a base in the "market location" that is typically the home of a vulnerable young person or adult by coercion or even violence in a practice referred to as 'cuckooing'.

County lines is a major issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons.

HOW DOES COUNTY LINES EXPLOITATION AFFECT CHILDREN?

Like other forms of abuse and exploitation, county lines exploitation:

- **Can affect any child (male or female) under the age of 18 years.**
- **Is exploitation, even if the activity appears consensual.**
- **Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.**
- **Can be perpetrated by individuals or groups, males or females, as well as other children or young people.**
- **Is typified by some form of power imbalance in favour of those perpetrating the exploitation.**

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g., carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want. The exchange can include both tangible (such as money, drugs or clothes) and social/emotional rewards (such as status, protection or perceived friendship or affection).

It is important for colleagues to remember the unequal power dynamic within which this exchange occurs. The receipt of something by a child, young person or vulnerable adult does not make them any less of a victim. Notably, the prevention of something negative can also fulfil the requirement for exchange, i.e., a child or young person may be forced to engage in county lines activity to stop someone carrying out a threat to someone who is close to them.

TARGETING OF VULNERABLE CHILDREN

Gangs specifically target vulnerable children and those who do not have support networks. Children with special educational needs, mental health problems or disabilities are known to be purposely targeted. Gangs also look for emotional vulnerability, such as children experiencing problems at home, absent/busy parents or bereavement. The gangs seek to fill that emotional gap for the child and become 'their family'.

Male children are more commonly exploited, but female children are also used and exploited by gangs. It is thought that 15-16 years is the most common age for children to be exploited by these gangs but there are reports of children below the age of 11 years being used.

Gangs are increasingly looking to recruit 'cleanskins' (i.e., those with no previous criminal record who are unlikely to be stopped by the Police, including those from white, middle-class backgrounds and from further afield).

CHILDREN LOOKED AFTER (CLA)

Gangs target looked after children, particularly those in residential children's homes and children in pupil referral units. Children who have been placed out of their home area are particularly vulnerable.

CHILD SEXUAL EXPLOITATION (CSE)

Although child sexual exploitation (CSE) is not the driving factor in county lines gangs exploiting children, a clear link exists between County Lines and CSE. Girls are typically most at risk, but there is evidence of sexual abuse of boys within County Lines as well.

GROOMING & COERCION

Gangs often use threats, coercion, and violence to force children to do what they want. They punish gang members for making mistakes or failing to meet drugs sales targets.

The punishments are extremely violent such as stabbings, anal injuries caused by jagged objects and acid attacks. Gangs may also trick children into getting into their debt, for example, by giving them a mobile phone only to later demand repayment for the cost of the phone. The child will then be in 'debt bondage' to the gang, owing it labour or services as security for the repayment for the debt or other obligation.

Peer grooming is common and takes place in schools and via social media. Music videos on YouTube are used to glamorise gangs and to draw in children from wider social and geographical areas. These methods can lead to children firmly believing they have made an active choice to join the gangs and to deny that they have been exploited and, at the same time, leave them so terrified that they will do anything they are told.

CHILDREN & YOUNG PEOPLE ARE VICTIMS (NOT SUSPECTS)

There is currently poor awareness and understanding of CCE and it is often the case that victims are mistakenly viewed as having made a 'choice' to engage in criminal behaviour.

This is often made more difficult by the child or young person's refusal to recognise themselves as a victim. Comparisons have been drawn between CCE and Child Sexual Exploitation (CSE) and there are calls for CCE to be treated similarly to CSE. Children who are being exploited by gangs for their criminal purposes are victims and they should be safeguarded, not criminalised.

This principle has been enshrined in UK law following the ratification of The Council of Europe Convention against Trafficking in Human Beings which states, 'each party shall, in accordance with the basic principles of its legal system, provide for the possibility of not imposing penalties on victims for their involvement in unlawful activities, to the extent that they have been compelled to do so'.

IDENTIFYING CCE

It may not be easy to identify that a child is the victim of gang exploitation. However, there are several consistent factors associated with children and young people who have been abused through CCE. They:

- Have been arrested for possession and intent to supply of significant quantities of drugs, particularly heroin and crack cocaine.
- Were arrested away from their own home area.
- Were arrested on public transport, particularly a train.
- Were arrested in a cuckooed address.
- Are in care, particularly residential care or have been in care.
- Were found carrying a weapon when arrested.
- Have an unexplained injury, possibly caused by a knife.
- Were arrested with or are accompanied by older males or females.

Other indicators of gang involvement include:

- Persistently going missing from education or home.
- Regularly being found away from the home area.
- Unexplained acquisition of money, clothes, or mobile phones.
- Excessive receipt of texts and/or phone calls.
- Relationships with controlling and/or older individuals or groups.
- Leaving home and/or care without explanation.
- Suspicion of physical assault and/or unexplained injuries.
- Significant decline in school results and/or performance.
- Self-harm or significant changes in emotional well-being.

PROCEDURES

CHILD TRAFFICKING & MODERN SLAVERY

All colleagues must be aware of the following facts:

- (Trafficked) Children are tricked, forced, or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of a child, family, or community.

- They may threaten families.
- Traffickers may promise children education or persuade parents their child can have a better future in another place.
- Sometimes families will be asked for payment towards the 'service' a trafficker is providing – for example sorting out the child's documentation prior to travel or organising transport.

- Traffickers profit from the money a young person earns via exploitation, forced labour or crime.
- Although these are methods used by traffickers, coercion, violence, or threats do not need to be proven in cases of child trafficking - a child cannot legally consent, so child trafficking only requires evidence of movement and exploitation.

If a child or young person continues to be at risk of harm through trafficking or there remain concerns about a young person's risk of being subject to modern slavery, colleagues must:

- Refer any concerns or disclosures regarding trafficking to the DSL without delay.
- Ensure that information relating to specific trafficking risks to individual children or young people are recorded in their plan.
- Be mindful of any unusual activity around the setting, such as people loitering or watching with no apparent purpose.
- Record accurate and detailed information, including actions taken.
- Inform the child or young person's relevant parent/carer and/or social worker of what has happened.
- If the child or young person is considered to be in immediate danger or there is reason to believe they are being subject to criminal exploitation, the Police and MASH must be informed.

COUNTY LINES

If colleagues have concerns that a child or young person may be at risk of county lines exploitation, they must notify then DSL. They will inform MASH/EDT and the Police. If they are not available, colleagues should inform the NSL or a member of the Senior management Team if the NSL is not available. Factual information must be shared with local authority social care services as required. SWIS expect that colleagues will remain alert to the following signs and indicators:

- Returning home late, staying out all night or going missing.
- Being found in areas away from the accommodation.
- Increasing drug use or being found to have large amounts of drugs on them.
- Being secretive about who they are talking to and where they are going.
- Unexplained absences from college, training, or work.
- Unexplained money, phone(s), clothes, or jewellery.
- Increasingly disruptive or aggressive behaviour.
- Using sexual, drug-related, or violent language you wouldn't expect them to know.
- Coming home with injuries or looking particularly dishevelled.
- Having hotel cards or keys to unknown places.

In all cases where concerns are identified, colleagues must:

- Ensure the DSL is notified if they become concerned about a child or young person because they feel they are being subjected to county lines exploitation activities.

- Liaise with the DSL to consider a referral to the National Referral Mechanism if the child or young person is thought to have been used for transporting drugs.
- Inform the DSL if a child or young person makes a disclosure indicating that they are a victim of county lines or that they have been approached by someone (or a group of people) who intend to exploit them through county lines activity.
- Undertake training to be alerted to the signs and indicators associated with young people who are at risk of county lines.
- Be proactive, non-judgmental, and consistently vigilant to the potential for county lines to impact upon the lives of children and young people accessing our services.

If a child or young person says something indicating they are involved with or worried about county lines, colleagues must:

- Listen and take seriously what a child or young person says and never express disbelief.
- Do not make any suggestions about what has taken place, or how it came about, or question the child or young person except to clarify what they are saying.
- Allow the child or young person time to express themselves', but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place.
- Do not ask a child or young person to repeat what has been said to anyone else before referring.
- Be calm and reassuring and do not make assumptions.
- Avoid making judgements about what is being said though reassure the child or young person that they are not responsible for what may have happened.
- Do not promise to keep information secret. Be clear that you will have to refer the matter on and to whom.
- Tell the child or young person that there are people who can help.
- Write down what has been said, using the child or young person's exact words and what you said in response. Be factual and state opinion (where an opinion is provided), sign, date report and send to DSL. The report may will be shared with appropriate professionals and agencies as required.

IMPORTANT

IF A YOUNG PERSON IS BELIEVED TO BE A VICTIM OF CRIMINAL BEHAVIOUR, THE POLICE MUST BE CONTACTED WITHOUT DELAY.

SECTION THIRTEEN: CHILD SEXUAL EXPLOITATION (CSE)

CSE can impact upon any child or young person. Children aged between 12 and 15 years are thought to be most at risk, but younger and older children have been identified as victims of CSE.

Children and young people in Care or Leaving Care are thought to be particularly vulnerable to exploitation. In all cases, children and young people rarely disclose CSE, so colleagues must be aware of the following risk indicators:

- Acquisition of money, clothes, mobile phones (etc.) without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Unexplained absences from school, college, or work.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted infections.
- Evidence of/suspicions of physical or sexual assault.
- Relationships with controlling or significantly older individuals or groups.
- Multiple callers (unknown adults or peers).
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours.
- Self-harm or significant changes in emotional well-being.

FURTHER INFORMATION

For more information on CSE, colleagues must refer to our Countering CSE Policy. The policy includes further guidance and information on the type of offenders and the methods used by offenders to sexually exploit children and young people.

Additionally, the link between CSE and children going missing cannot be ignored. Children and young people going missing are extremely vulnerable to exploitation.

PROCEDURES

Colleagues should not assume that girls are the only victims of CSE. Boys have been identified as victims too. This is important, as males are thought less likely to make disclosures about CSE and colleagues should be alert to this.

PREVENTING CSE

Please note that colleagues should review each child or young person's plan monthly as a minimum requirement, with an applicable risk assessment. If a child or young person's risk of CCE is thought to have increased in-between the review schedule they must have their plan and risk assessment

reviewed as soon as possible. Children and young people should be involved in the safety planning process, where appropriate.

Colleagues concerned must ensure that:

- Each risk assessment should be informed (at least in part) by the CSE risk level indicators clarified below. There are four ragg-rated categories of risk related to CSE: RED (High), AMBER (Medium), GREEN (Low) and GREY (No Risk).
- If concerns are identified, the DSL must ensure that all relevant information (including updates) is include in the child or young person's plan and risk assessment.
- They have access to, and demonstrate sufficient understanding of, each child or young person's safety planning, specifically regarding those children or young people with whom they work.
- Any concerns about children or young people presenting in a way that is consistent with 'Indicators of Possible CSE' (Please refer to our Countering CSE Policy) means that due consideration towards making a referral to MASH is considered, as well as informing the Police. In all cases the DSL must be informed.

The following table defines the categories of risk that should be applied to the assessed support needs of the young person:

CSE RISK LEVELS

RED **Significant Risk**	**There is evidence that a young person is currently exposed to Child Sexual Exploitation and the risk to the young person's safety is significant.**
AMBER **Medium Risk**	**There is evidence to suggest that a young person may be targeted for opportunistic abuse through exchange of sex for drugs or alcohol perceived affection, sense of belonging, accommodation, money, and goods etc.**
GREEN **Low Risk**	**There is no evidence to suggest that the young person is exposed to CSE, however there are concerns that they may be at potential risk of CSE in the future due to the presence of identified vulnerability factors or warning signs.**
GREY **No Identified Risk**	**No Evidence of CSE**

Colleagues must:

- Understand the risks of both online and offline CSE. This will be supported through training, coaching and the information included in this policy and our Countering CSE policy.
- Know where and how to access support.

- Work in partnership with relevant agencies to protect children and young people.
- Provide children and young people with effective, person-centred support (e.g., around emotions and self-esteem).
- Provide children and young people with advice and guidance about avoiding dangerous and/or exploitative relationships.
- Provide support that is tailored to the specific circumstances and needs of the individual child or young person.

CSE DISCLOSURES & MAKING REFERRALS

It is imperative that:

- If a colleague (or colleagues) become concerned about a young person due to suspicions of CSE they must inform the DSL. If the child or young person is thought to be at immediate risk of harm, the Police and MASH must be contacted without delay.
- Colleagues inform the DSL if a child or young person makes a disclosure or an allegation indicating that they are a victim of CSE or that they have been approached by someone (or a group of people) who intend to cause harm in a way that is consistent with CSE.
- Colleagues undertake training as necessary to be alerted to the signs and indicators associated with children or young people who are at risk of CSE or abused in this way.
- Colleagues remain proactive, non-judgmental, and consistently vigilant to the potential for CSE to impact upon the lives of children and young people.

DISCLOSURES

If a child or young person says something that indicates CSE has taken place:

- Listen and take seriously what they say and never express disbelief.
- Do not make any suggestions about what has taken place, or how it came about, or question the child or young person except to clarify what they are saying.
- Allow them time to express themselves', but do not press for detail beyond what is minimally necessary to be clear that abuse has taken place.
- Do not ask them to repeat what has been said to anyone else before referring.
- Be calm and reassuring and do not make assumptions.
- Avoid making judgements about what is being said and reassure the child or young person that they are not responsible for what may have happened.

- Do not promise to keep information secret. Make it clear that you will have to refer the matter on and to whom.
- Tell the child or young person that there are people who can help.

- Write down what has been said, using the child or young person's exact words and what was said in response. Be factual and state opinion, sign, date the report and send to the DSL.

PLEASE NOTE: ALL DISCLOSURES MUST BE ESCALATED TO THE DSL WITHOUT DELAY.

Where there are immediate concerns, Multi-Agency Safeguarding Hub (MASH) must be contacted and informed of the disclosure. If it is believed a criminal act has taken place, the Police must be called without delay.

SECTION FOURTEEN: CLOTHING & APPEARANCE OF COLLEAGUES

A person's dress and appearance are matters of personal choice and self-expression. However, in a professional domain, adults should dress in ways that are appropriate to their role and this may need to be different to how they dress when not at work.

PROCEDURES

Colleagues are not required to wear a uniform. However, the way colleagues dress when at work is really important – it reflects how you and we are perceived. Provided that you're smart, wearing clean clothes and dressing appropriately for the role that you do then we want you to dress in a way you feel confident and comfortable. We know everyone has their own interpretation of 'smart' dress so please ask your manager if you need clarification.

Footwear must be clean, appropriate for the working conditions and safe. Any jewellery worn should be discrete. However, colleagues must wear clothes are/do:

- Appropriate to their role.
- Not likely to be viewed as offensive, revealing or sexually provocative.
- Not distract, cause embarrassment, or give rise to misunderstanding.
- Absent of any political or otherwise contentious slogans.
- Not considered to be discriminatory and is culturally sensitive.

As a general rule, colleagues should not wear clothes that can be seen "up, down or through."

SECTION FIFTEEN: CONFIDENTIALITY

SWIS is an education and social care organisation. As a Data Controller, SWIS holds highly sensitive personal data about children, young people, and their families, as well as colleagues and contractors. This is essential to our business as a responsible provider of intervention services, but moreover it is a critical part of keeping children safe from potential or actual harm.

Colleagues are expected to make responsible and informed decisions about when and with whom to share information. If there is ever any doubt, colleagues should seek advice from DSL, who will liaise with the Data Protection Officer (DPO) as required. SWIS' DPO is Alison Moore.

Working Together to Safeguard Children is clear that:

- **Effective sharing of information between practitioners and local agencies is essential for early identification of need, assessment, and service provision. Not sharing important information can have the severest of consequences.**
- **Colleagues must be proactive in sharing information as soon as possible in responding to concerns about the safety and welfare of children and young people.**
- **Information sharing is also essential for the identification of patterns of behaviour when a child or young person has gone missing.**
- **The Data Protection Act 2018 and the General Data Protection Regulation (GDPR) do not prevent the sharing of information for the purposes of keeping children and young people safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children and young people:**

  i. **SWIS have a Data Protection Policy in place that sets out clearly the processes and the principles for sharing information. This clarifies how and when information should be shared about children and young people with others involved in their life.**
  ii. **We are clear that colleagues must never assume that someone else has or will pass on critical information about keeping a child or young person safe. If they feel a child or young person has suffered/could suffer harm, the DSL must be informed.**
  iii. **The manager must ensure that when a child or young person is provided with SWIS services and/or provisions, all relevant information is shared towards keeping that child or young person safe from harm.**
  iv. **It is emphasized that it is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child or young people provided that there is a lawful basis to process any personal information required.**

SECTION SIXTEEN: DRUGS (SUBSTANCE) MISUSE

Many young people who use drugs do not become drug abusers or drug addicts in adulthood. However, drug use in adolescence can put a young person's mental, emotional, and physical health at

risk of potential harm. In particular, vulnerable young people are at significant risk of ongoing drug abuse and addiction problems that will impact upon their life chances.

Signs of drug misuse can be confused with other problems, particularly as children get older. Any concerns should be discussed with the young person in a safe environment without confrontation or blame.

If a child or young person is involved with drugs, colleagues must understand that the behaviour is unacceptable, not the young person.

THE DEFINITION OF A DRUG

'A drug is any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, alcohol, solvents, over the counter and prescribed medicines, as well as illegal substances.'

- DRUG USE:
  Drug-taking that does not cause any perceived immediate harm – even though it is not acceptable and may indicate heightened risk or the potential for harm - escalating to
- DRUG (SUBSTANCE) MISUSE:
  Drug use that harms health and social functioning – either dependant use (physical or psychological) or use as part of a wider spectrum of problematic or harmful behaviour (Definitions used by Standing Conference on Drug Abuse (SCODA) in "Drug related early intervention developing services for young people and families' 1987)

It is essential to remember that safeguarding the welfare of the young person is paramount.

THE LAW

Misuse of Drugs Act 1971 divides drugs into three classes solely for the purposes of sentencing. They are classified according to their toxic effect, extent of use and danger to society:

- CLASS A Drugs include heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, and "magic mushrooms."
- CLASS B Drugs include amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids.
- CLASS C Drugs include benzodiazepines (tranquilisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).

SIGNS OF SUBSTANCE MISUSE

Colleagues should be aware that the use of drugs can have a dramatic effect upon a child or young person's appearance, peer group and physical health. It is important to be alert to the following

signs of potential substance misuse, keeping in mind that these are indicators and not conclusive evidence that a child or young person is using drugs. However, if colleagues do notice any significant changes consistent with the below list, concerns should be raised with the DSL and shared with colleagues. All such observations must be recorded. Signs of substance misuse include:

- **Evidence of drugs and/or drug paraphernalia (i.e., "baggies" & torn cigarette paper packaging).**
- **Behavioural problems and poor grades in education or training, as well as employment.**
- **Emotional distancing, isolation, depression, or fatigue.**
- **Overly influenced by peers.**
- **Hostility, irritability, or change in level of cooperation around the accommodation.**
- **Lying or increased evasiveness about after-school or weekend whereabouts.**
- **Decrease in interest in personal appearance.**
- **Physical changes, such as bloodshot eyes, runny nose, sore throats, and rapid weight loss.**
- **Changes in mood, eating, or sleeping patterns.**
- **Dizziness and memory problems.**
- **Unusual odour on breath (e.g., marijuana).**
- **Widely dilated pupils even in bright light.**
- **Pinpoint pupils even in dim light.**

PROCEDURES

Colleagues are expected to actively discourage children and young people from misusing drugs (Illicit substances). They should ensure that they are provided with relevant information, guidance, and support, as well as advice on matters concerning drug and substance misuse that is appropriate to their age, needs and understanding.

Colleagues must:

- **Ensure specific risks associated with drug misuse regarding individual children and young people must be documented within their respective plan.**
- **Attend and take part in relevant training and team meetings.**
- **Be familiar with our Countering Substance Misuse Policy.**
- **Record significant events regarding drug use or suspicions/allegations of drug use, including actions taken by colleagues.**

DRUG INCIDENT MANAGEMENT (AGGRAVATING CIRCUMSTANCES)

If a child or young person is found in possession of a substance (as defined by The Misuse of Drugs Act 1971) and there are aggravating circumstances, colleagues must contact the police (Dialling 999 if it is an emergency).

Aggravating circumstances are defined by the Police as:

- **Denial of the offence.**
- **Concealing a large quantity of drugs upon their person.**
- **Being involved in a drug incident within the accommodation.**
- **The amount is larger than for personal use (N.B., Guidance will be given in this area).**
- **Suspicion of supplying drugs.**
- **Possession of a drug with intent to supply another.**

The most appropriate colleague on duty should ask the child or young person the questions below:

- **What the substance is? (Identify)**
- **Who is it for? (Possession or supply)**
- **Have they got any more?**

PLEASE NOTE THAT IT IS SWIS POLICY TO AVOID THE UNNECESSARY CRIMINALISATION OF CHILDREN & YOUNG PEOPLE.

HANDLING INCIDENTS

Where a suspect substance is found within the confines of SWIS and no one can be associated with that substance, a member of the Management Team must be contacted and take responsibility for the disposal of the substance in the appropriate way.

Staff should be aware of the possible contravention of the Environmental Protection Act 1990 and local Environmental Health guidelines if considering the disposal of suspected substances.

It is recommended that all drug disposals are undertaken by the police. Prescription drugs can be returned to pharmacists, but suspected illegal drugs should be disposed of by the Police.

In the case of suspected illegal drugs, it is recommended that these are stored in a suitably secure place for collection by the Police as soon as reasonably practical. This is in order that the drug can be identified and disposed of correctly. It is important that colleagues avoid all contact with the suspected illegal drug.

All suspected illegal drug seizures should be witnessed and corroborated by a second colleague. This protects the integrity of colleagues against any possible allegations.

If the substance seized is retained for the Police, it must be held securely in a separate lockable container with limited access by no more than two senior colleagues. Once notified, the Police will arrange collection of the drugs.

Any drug paraphernalia which is found at SWIS should be placed in a sturdy, secure container (e.g., a purpose made sharps container, or tin with a lid), using gloves and passed to a member of the senior management team. Drink cans or plastic bottles should not be used.

IMPORTANT:

- **Colleagues must never touch or handle used needles and syringes without protective gloves, and they must not be disposed of in domestic waste. The container must be kept away from the reach of others and disposal arranged via the Police.**
- **No one colleague should keep information regarding drug use to themselves. In all cases it must be shared with the DSL. Record full details of the incident, including the police incident reference number.**

In all cases, relevant parents/carers should normally be informed unless there are safeguarding concerns. If there are safeguarding concerns, the DSL should manage how relevant people are informed, including professionals and relevant agencies. In all cases, the safety of the child or young person must remain paramount.

If a colleague suspects a child or young person of being under the influence of drugs (or alcohol) the session will not go ahead. A colleague will ensure parents/carers are informed of the decision. Should this take place during the session, the session will be terminated with immediate effect and colleagues must inform a manager and the DSL as soon as possible.

MEDICAL EMERGENCY:

- **Call for medical help/ambulance (999). If a child or young person is unconscious, they should be put into the recovery position.**
- **Ensure that clothing around the child or young person's neck is loosened.**
- **Do not leave the child or young person unattended.**
- **Do not panic and remain calm.**
- **If conscious, do not induce vomiting.**
- **Do not give chase or over-excite them if intoxicated from inhaling volatile substance.**
- **Do not give the casualty anything to drink.**
- **Contact the parent/carer and inform them of what has happened.**
- **Any evidence should be kept (N.B., Including vomit).**
- **If the child or young person is conscious, ask them what has happened, and try to identify the drug or substance they have taken.**
- **When medical help arrives pass on the information, and anything collected (as referenced above).**

It can be difficult to talk to a person who is intoxicated or 'high'. Be prepared for a range of behaviour from depressed and very quiet to excitable, and incoherent or volatile.

- **Sit the casualty down in a quiet, well-ventilated space.**
- **Do not shout at, threaten, or cross-examine the child or young person.**
- **Talk quietly and be reassuring.**
- **Summon help and be vigilant for deterioration in the child or young person's presentation.**

NEEDLE STICK (SHARPS) INJURIES

In any case of needle stick injury, the person (i.e., child, young person, colleague, etc.) must be taken to Accident & Emergency (A&E) for immediate medical attention. Time delay can be the significant factor in long-term damage from blood borne infection. Care should be taken to safely (using suitable gloves) bag the needle/syringe and this should be taken with the patient and given to the medic.

PERSONAL SEARCHES

DfE guidance is that it is not appropriate for a colleague to carry out a personal search.

Every effort should be made to persuade the child or young person to hand over voluntarily any drugs, in the presence of a second colleague witness.

Where the child or young person refuses to handover the drug and it is believed to be illegal, they should be warned that the Police will be called if they do not hand over the substance(s). If the child or young person persists in refusing to handover the drug the Police should be called.

The Police can conduct a personal search if they believe a crime has taken place, or to prevent harm to themselves or others following an arrest. In all cases, if a child or young person is detained by the Police, they must be supported by an appropriate adult.

IMPORTANT:

Colleagues should familiarise themselves with the conditions and information applied to Child Criminal Exploitation (CCE), with particular regard to County Lines abuse. Should they suspect that the substance misuse is linked to County Lines, they must refer to Section 12.

SECTION SEVENTEEN: FIRST AID & MEDICATION

Comprehensive guidance and mandatory staff procedures for First Aid and Medication are clarified within our First Aid Policy & our Medication Policy.

The following applies to every setting:

- **FIRST AID**
  First aid, in common with many other areas of health and safety, is managed on a risk assessment basis. First aid covers the initial and immediate response to an injury, which may involve nothing more than providing a plaster through to trying to stabilise a casualty while waiting for the emergency services.
- **FIRST AIDER:**
  A first aider is someone who has undergone a training course in administering first aid at work and holds a current first aid at work certificate.

PROCEDURES

FIRST AID

The manager is the first aid co-ordinator, unless delegated to an appropriate colleague. They are responsible for:

- Ensuring that colleagues know how to:
  a) Obtain first aid assistance for young people, adults and visitors.
  b) Call a first aider.
  c) Locate the first aid cabinet.
- Knowing where any specific hazards are identified, and that colleagues are made aware of procedures and equipment for dealing with them.
- Ensuring that there are arrangements in place for identifying colleagues requiring training, in liaison with the Human Resources team/HR legal advice.
- Ensuring that first aid notices are displayed appropriately.
- Ensuring that first aid equipment and the replenishment of first aid supplies is maintained in a regular and timely way.

All colleagues will receive Emergency First Aid at Work Training (EFAW). New colleagues will be trained as soon as practicable. However, they will not be permitted to administer first aid until the training has been successfully completed.

MEDICATION

Where possible, it is SWIS policy to comply with requests from parents or carers to help in administering medicines to children and young people. Specifically, consent should be sought to

support children and young people to administer essential medicines during the day, such as those for epilepsy, diabetes, asthma, anaphylaxis, for example.

In all cases, medicines should be stored in a locked cabinet at the Hive. This includes EpiPen's and other aides or devices for administering medicines.

Parents and carers are responsible for providing SWIS with comprehensive information regarding their child or young person's condition and medication. This information will be collected on initial home visit and form part of the consent form which is made available for all colleagues on secure shared drive. Please note that any food allergies will also be highlighted in RED on referral form and 'All about me' form.

Please note parents should keep their child or young person at home if acutely unwell or infectious. SWIS requires 48-hour notice if a child or young person has experienced diarrhea or vomiting. Therefore, the child or young person needs to be clear from sickness for 48 hours before they can return to SWIS. If parents are unsure, please discuss with the management team who will offer guidance.

HANDLING & STORAGE

During SWIS emergency support, medication will be kept in a secure place, out of the reach of children and young people and will be in a locked medication box in the staff room.

Medications stored by SWIS will be subject to regular audits and checks. Surplus medication will be disposed of according to the relevant instructions and requirements.

ADMINISTRATION OF MEDICATION

During SWIS education sessions the administration of medication should be administered by parents/carers. Prescribed medication will not be accepted at SWIS without parental completion of consent form. Additionally, antibiotics should be administered at home, where possible/plausible.

Children and young people can administer their own medication with verbal support from colleagues. This must be witnessed and recorded by a SWIS colleague. Please note colleagues may have to administer emergency rescue medication (e.g., EpiPen). Training will be provided and/or guidance sought in an emergency by calling 999.

If children or young people refuse to take medicines, colleagues will not force them to do so, and will record this on the medication record. If a refusal to take medicines results in an emergency, SWIS will follow their emergency procedures.

SWIS colleagues will not give a non-prescribed medicine (i.e., "homely") to a child or young person.

STAFF TRAINING

All relevant colleagues are required to complete Educare Training – Administration of Medication in Education Level 2

DOCUMENTATION & RECORDS

"All about me" form and a consent form are made available for all staff on shared drive. Any food allergies will also be highlighted in RED on referral and 'All about me' form.

SWIS will keep records of all medication administered. A medication administration register will be retained to ensure effective monitoring.

Required medication for children and young people must be disclosed before any support begins by the referrer and or medical professional.

SECTION EIGHTEEN: HATE CRIME

Hate Crime can be defined as any crime that is motivated by hostility on the grounds of race, religion, sexual orientation, disability, or transgender identity can be classed as a hate crime.

There are three categories of Hate Crime in legislation:

1) **Incitement to hatred offences on the grounds of race, religion, or sexual orientation.**
2) **Specific racially and religiously motivated criminal offences (such as common assault).**
3) **Provisions for enhanced sentencing where a crime is motivated by race, religion, sexual orientation, disability, or transgender identity.**

In most crimes it is something the victim has in their possession or control that motivates the offender to commit the crime. With hate crime it is 'who' the victim is, or 'what' the victim appears to be that motivates the offender to commit the crime.

PROCEDURES

Colleagues are expected to:

- Take reasonable steps to prevent hate crime by challenging the beliefs and attitudes that can lead to hate crime.
- Provide appropriate, person-centred support to children and young people who have been victims of Hate Crime.
- Raise any concerns with the DSL who will give due consideration to making a referral to MASH/EDT.
- Ensure that information relating to Hate Crime, as applicable to individual children and young people, is recorded in their plan. This must be reviewed regularly for accuracy and continued relevance.
- Record all allegations, disclosures and concerns relating to hate crime.

Serious allegations regarding Hate Crime should be referred to the Police.

Colleagues must note that SWIS is a non-partisan organisation. However, we will not tolerate any form of prejudice or abuse linked to hate crime.

SECTION NINETEEN: HONOUR-BASED ABUSE (HBA)

'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. These include:

- FEMALE GENITAL MUTILATION (FGM).
- FORCED MARRIAGE.
- PRACTICES SUCH AS BREAST IRONING.

Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as abuse.

DfE guidance states that 'Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.' (KCSIE, 2025)

FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured, or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

In England and Wales, 23,000 girls under 15 could be at risk of FGM. However, staff must be aware that FGM is not exclusively limited to girls aged under 15 years (World Health Organisation, 2017)).

Communities particularly affected by FGM in the UK include girls from:

- **Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan.**

In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees, and asylum seekers. These areas include:

- **London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.**

Risk Factors include:

- **Low level of integration into UK society.**
- **Mother or sister who has undergone FGM.**
- **Girls who are withdrawn from PSHE (Personal, Social and Health Education).**
- **A visiting female elder from the country of origin.**
- **Being taken on a long holiday to the family's country of origin.**
- **Talk about a 'special' event or procedure to 'become a woman.'**

HIGH-RISK TIMES

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Staff should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from education, employment, or training.

Although, it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Post-FGM Symptoms include:

- **Difficulty walking, sitting, or standing.**
- **Spend longer than normal in the bathroom or toilet.**
- **Unusual behaviour after a lengthy absence.**
- **Reluctance to undergo normal medical examinations.**

- Asking for help, but not being clear about the issue due to embarrassment or fear.

Longer Term problems include:

- Difficulties urinating or incontinence.
- Frequent or chronic vaginal, pelvic, or urinary infections.
- Menstrual problems.
- Kidney damage and kidney failure.
- Cysts and abscesses.
- Pain when having sex.
- Infertility.
- Complications during pregnancy and childbirth.
- Significant emotional and mental health problems.

PROCEDURES

Colleagues are expected to:

- Remain vigilant to the signs that FGM may be imminent.
- Remain vigilant to the indicators that a child or young person may have been subjected to FGM or someone they know may have been subjected to FGM.
- Report to the Police where they discover (either through disclosure by the victim or other evidence) that FGM appears to have been carried out on a girl aged under 18. Colleagues failing to report such cases are likely to face disciplinary action.
- Report to the Police cases where an act of FGM appears to have been carried out.
- Be vigilant to disclosures made by children and young people regarding siblings and/or friends.

FGM DISCLOSURES & MAKING REFERRALS

Any person who is concerned that a young person may be at risk of FGM is able to make a referral to the MASH/EDT. We expect that colleagues will inform the DSL, who will be able to ensure that appropriate action is taken. Colleagues must:

- Inform the DSL if they are concerned about a young person because they are at risk of FGM.
- Inform the DSL if a young person makes a disclosure/an allegation about FGM.
- Ensure information relating to FGM, applicable to individual children/young people, is recorded.
- Record all allegations, disclosures, and concerns, including actions taken.
- Notify the Police by calling 101 to report any concerns.

FORCED MARRIAGE

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure.

A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture to coerce a person into marriage.

A person's capacity to consent can change. For example, with the right support and knowledge, a person with a learning disability may move from a position of lacking capacity to consent to marriage, to having capacity. However, some children and adults with learning disabilities are given no choice and/or do not have the capacity to give informed consent to marriage and all it entails. This may include engaging in a sexual relationship, having children, and deciding where to live.

CAPACITY TO CONSENT & THE MENTAL CAPACITY ACT 2005

The Mental Capacity Act 2005 applies to all people aged 16 and over. It aims both to empower people to make decisions for themselves whenever possible and to protect those who lack capacity to do this.

Individuals may lack capacity if they are unable to:

- **Understand information given to them.**
- **Retain that information for long enough to be able to make the decision.**
- **Weigh up the information available to make the decision.**
- **Communicate their decision to others.**

Where someone is found to lack capacity to make a particular decision, others may be permitted to make decisions on behalf of that person, so long as any such decision is made in the best interests of the person who lacks capacity. For example, family and professionals might decide that it is in a person's best interest to live in a certain place, even though the person themselves lacks the capacity to consent to such a decision. However, there are certain decisions which cannot be made on behalf of another person and this includes the decision to marry. There is therefore no legal basis on which someone can agree to marriage, civil partnerships, or sexual relations on behalf of someone who lacks the capacity to make these decisions independently. However, families sometimes do believe they have the "right" to make decisions regarding marriage on behalf of their relative.

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested, but it is time and decision specific.

PROCEDURES

Good practice in relation to this assistance and support includes:

- **Listening to children and young people and making sure they know how to raise concerns.**

- Understanding that in cases of forced marriage, it is important that agencies do not initiate, encourage or facilitate family counselling, mediation, arbitration or reconciliation. There have been cases of individual being murdered by their families during mediation. Mediation can also place the individual at risk of further emotional and physical abuse.
- Being aware that on occasions when an "at risk" individual insists on meeting with their parents, it should only take place in a safe location, supervised by a trained/specialist professional with an authorised accredited interpreter present (not from the same community), as parents will sometimes threaten the individual in their other language.
- Being aware that allowing a victim to have unsupervised contact with their family is normally extremely risky. Families may use the opportunity to subject the victim to extreme physical or mental duress or take them overseas regardless of any protective measures in place.

SWIS will provide training and raise awareness about forced marriage for colleagues who support children and young people at risk of forced marriage.

Colleagues must:

- Inform the DSL if they are concerned about a young person being at risk of forced marriage.
- Inform the DSL if a child or young person makes a disclosure about forced marriage.
- Ensure that information relating to forced marriage, as applicable to individual children and young people, is recorded in their plan. This must be reviewed for continued accuracy.
- Record all concerns, including action taken.
- Notify the Police by calling 101 to report any concerns.

BREAST IRONING

WHAT IS BREAST IRONING?

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to try to make them stop developing or disappear. The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping.

BREAST IRONING IS PHYSICAL ABUSE

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence.

BREAST IRONING IN THE UK

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1,000 girls at risk.

PROCEDURES

Colleagues who are concerned that a child or young person has experienced (or is at risk of) Breast Ironing should alert the DSL immediately, recording all available information in detail. If a child or young person makes a disclosure regarding a biological sibling (or any other child or young person), a referral to the MASH/EDT should be made immediately.

Colleagues must:

- **Inform the DSL if they are concerned about a child or young person because they are at risk of breast ironing or have disclosed that they have been subject to breast ironing.**
- **Inform the DSL if a child or young person makes a disclosure regarding breast ironing or have disclosed that they have been subject to breast ironing.**
- **Ensure that information relating to breast ironing, as applicable to individual young people, is recorded in their plan. This must be reviewed for accuracy.**
- **Record all concerns relating to breast ironing, including action taken.**
- **Notify the Police by calling 101 to report any serious concerns indicating that a child or young person is likely to be harmed.**

SECTION TWENTY: INTERNET USE & SAFE COMPUTING (INC. IMAGES & ONLINE ABUSE)

This section covers a wide range of issues and concerns arising from Internet use, which includes mobile internet enabled technology (i.e., Smartphones, laptops, gaming devices, iPads/tablets, etc.) and static internet enabled devices (i.e., desktop computers, televisions, games consoles, etc.). For clarification, any device that can send and receive images is included within the scope of this section.

The risks associated with the use of such devices cannot be overstated. These risks are particularly acute for vulnerable children and young people.

The scope for benefiting from the use of internet enabled devices is enormous, but we are constantly mindful that there are inherent dangers that are of a severe and profound nature. In addition, we take internet security seriously and colleagues are provided with clear guidance around ensuring up-to-date and effective internet security.

Children and young people and colleagues are encouraged to use and enjoy internet enabled devices, but this is subject to clear expectations of conduct and the welfare needs and requirements of

individual children and young people. The internet has revolutionised the way we live our lives and can be used as a wonderful resource. However, access to the internet is as dangerous as it is beneficial, as well as being particularly hazardous for any vulnerable person.

SUMMARY OF RISKS

INAPPROPRIATE MATERIAL

One of the key risks of using the internet, email or chatrooms is that children and young people may be exposed to inappropriate or illegal material. This may be material that is pornographic, hateful, or violent in nature; that encourages activities that are dangerous or illegal; or that is just age-inappropriate or biased. One of the key benefits of the web is that it is open to all, but unfortunately this also means that those with extreme political, racist, or sexual views can spread their distorted version of the world to vulnerable and impressionable individuals.

PHYSICAL DANGER

The threat of physical danger is one of the most worrying and extreme risk associated with the use of the internet and other technologies. A criminal minority make use of the internet and chatrooms to contact children and young people with the intention of developing relationships which they can progress to sexual activity or other forms of criminality.

Paedophiles will often target children, posing as a child with similar interests and hobbies to establish an online 'friendship'. These relationships may develop to a point where the paedophile has gained enough trust to meet in person. These techniques are often known as 'online enticement', 'grooming' or 'child procurement.'

BULLYING (INC. CYBERBULLYING)

Whether via the Internet, mobile phone, or any other method, is another aspect of the use of new technologies that provide an anonymous method by which bullies can torment their victims.

SIGNIFICANT AREAS OF CONCERN

The list below comprises a general summary of significant areas of concern relating to internet use, images, and online exploitation:

- Internet “grooming” by sexual predators via social media and messaging apps, including chat rooms, dating apps and online gaming for example.
- Accessing inappropriate websites, such as those containing violence or pornography for example.

- Cyber-bullying, which refers to bullying via social media.
- Cyber-stalking, which is covertly tracking or following an individual, usually to gain personal information.
- Exploitation and manipulation, which refers to encouraging vulnerable people to behave in a way that is not appropriate or illegal.
- Reputational damage, such as uploading materials that could be considered as embarrassing or regretful in the future.
- Radicalisation and extremism, which has become an increasingly powerful way to disseminate unacceptable propaganda and ideology (such as that consistent with advocating terrorism for example).

SWIS have a comprehensive range of policies that provide further guidance and insight into the above areas of concern. These include:

- Countering Bullying Policy.
- Countering Child Criminal Exploitation (CCE) Policy.
- Countering Child Sexual Exploitation (CSE) Policy.
- Countering Radicalisation Policy.

If in any doubt, colleagues are advised to speak with a senior professional/manager. Please note that the above list is not exhaustive.

SEXTING

The ever-increasing use of social media by children and young people continues to increase the risks presented. This is a particular issue/concern regarding vulnerable children and young people. Sexting is an area of significant concern. It is linked to bullying, blackmail, and exploitation, as well as being linked to other forms of harm:

- Unwanted attention Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- Feeling profoundly embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

Sexting is when someone shares sexual, naked, or semi-naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages. Sexting may also be called "trading nudes," "dirties" and/or "pic-for-pic."

It's easy to send a photo or message, but the sender has no control about how it's passed on. When images are stored or shared online, they become public. Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or copied by others. This means that photos or videos which a child or young person may have shared

privately, could still end up being shared with people they don't know. For example, Screenshots make images permanent, regardless of the App being used.

UP-SKIRTING

- **Up-skirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge or their permission, with the intention of viewing their genitals or buttocks (with or without underwear). It is now a specific criminal offence in England and Wales.**
- **It can take place in a range of public and private spaces (e.g., buses, nightclubs, restaurants, parties, etc.,).**

THE LAW: INDECENT IMAGES OF CHILDREN (UNDER 18)

The following information clarifies the legal position regarding indecent images of children.

INDECENT PHOTOGRAPHS OF CHILDREN:

- **Under the Protection of Children Act 1978 (as amended), the UK has a strict prohibition on the taking, making, circulation, and possession with a view to distribution of any indecent photograph of a child. Such offences carry a maximum sentence of 10 years imprisonment.**
- **Section 160 of the Criminal Justice Act 1988 also makes the simple possession of indecent photographs or pseudo photographs of children an offence, with a maximum sentence of 5 years' imprisonment.**

There are defences for those aged over the age of consent (16) who produce sexual photographs for their own use within a marriage or civil partnership. These defences are lost if such images are distributed. The term 'making' could include:

- **Opening an attachment to an email containing an image.**
- **Downloading an image from a website onto a computer screen.**
- **Storing an image in a directory on a computer.**
- **Accessing a website in which images appeared by way of an automatic "pop up" mechanism.**

Types of examples covered by these laws could include the following:

- **A person under the age of 18 who creates, possesses and/or shares sexual imagery of themselves with a peer under the age of 18 or adult over 18.**
- **A person under the age of 18 who possesses and/or shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult over 18.**
- **A person over the age of 18 who creates, possesses and/or shares sexual imagery of a child.**

Get more information and support from:

- **INTERNET WATCH FOUNDATION**
  An independent charity that aims to help victims of child sexual abuse worldwide by identifying and removing online sexual imagery of under 18s, offering a place for the public to report suspected indecent images of children anonymously.
- **MARIE COLLINS FOUNDATION**
  A charity enabling children who have suffered sexual abuse and exploitation online to recover and live safe, fulfilling lives.
- **NATIONAL CRIME AGENCY CEOP**
  A command of the NCA working with child protection partners across the UK to identify and eradicate threats to children.
- **NSPCC**
  A charity working to protect children and prevent abuse.
- **STOP IT NOW!**
  A child abuse prevention campaign and anonymous helpline for individuals worried about their own sexual thoughts or behaviour towards children or that of others.

PROCEDURES

The scope for benefiting from the use of computers is enormous, but we are constantly mindful that there are inherent dangers in using computers that are severe and profound.

Children, young people and colleagues are encouraged to use and enjoy computing resources, but this is subject to clear expectations of conduct. The internet has revolutionised the way we live our lives and can be used as a wonderful resource. However, access to the internet is as dangerous as it is beneficial, as well as being particularly hazardous for vulnerable young people. Colleagues must be vigilant to the dangers of potentially criminal online abuse and cyber-bullying. The following provides colleagues with important information about protecting young people from potential online abuse and providing them with the support required to keep them safe and make positive choices.

All colleagues must take reasonable steps to:

- **Ensure that children and young people are not exposed to unsuitable material on the internet.**
- **Make time to explore and discuss the online world together.**
- **Talk with children and young people about staying safe online.**
- **Follow safety planning and guidelines regarding known restrictions.**
- **Agree rules with children and young people, from the onset, about what's okay and what's not okay.**
- **Ensure that children and young people requiring support when accessing the internet through SWIS computer systems are monitored when using SWIS equipment.**

- Ensure that information relating to specific risks to individual children and young people are recorded in their plan. This must be reviewed regularly for accuracy and relevance.
- Raise any concerns regarding inappropriate internet use with the DSL immediately.
- Record all concerns relating to internet, including actions taken.

THE INTERNET & STAFF CONDUCT

FACT: There are no circumstances that will justify adults possessing indecent images of children or young people, specifically those aged below the age of 18 years.

Adults who access and possess links to such websites will be viewed as a significant and potential threat to children or young people. Accessing, making, and storing indecent images of children (under the age of 18 is illegal). This will lead to criminal investigation and the individual being barred from working with children or young people if proven.

Where indecent images of children or other unsuitable material are found, the Police and the Local Authority Designated Officer (LADO) will be immediately informed. Colleagues must not attempt to investigate the matter or evaluate the material. This may lead to evidence being contaminated, leading to a criminal prosecution.

Therefore, colleagues must:

- Ensure they keep data safe and secure.
- Always conduct themselves professionally online.
- Never take pictures of children or young people without their permission and the authorisation of the manager/team leader (or On-call out-of-hours).
- Never view or possess inappropriate or indecent images of children or young people. If a child or young person discloses or alleges a concern, do not encourage the child or young person to show [you] the image. A description will be adequate, and the device will need to be handed over to the Police.
- Ensure the gender of the child or young person is a serious consideration. For example, a female child making a disclosure will likely feel more at ease with a female colleague.
- Not allow children or young people to access to their data through social networking sites such as Facebook (Colleagues must decline “friend requests” from children or young people because this is not appropriate and will present as a risk).
- Not place details of their place of work on their social networking profiles. This means referring to their job as “working in a social services organisation” or ideally, as “not disclosed.”
- Inform the DSL of any issues of concern.
- Report any illegal or suspicious internet activity to the Police.

Colleagues must never:

- Display or distribute images of children or young people unless they have consent to do so.
- Use images which may cause distress.

- Use mobile telephones or any other similar devices to take images of children or young people.
- Take images 'in secret' or taking images in situations that may be construed as being secretive.

Colleagues are expected to:

- To justify images of children or young people in their possession in no uncertain terms.

ONLINE EXPLOITATION

Online exploitation is when an individual or group use online platforms to take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual and/or criminal activity that can occur online and offline.

PLEASE NOTE: All disclosures relating to online exploitation must be escalated to the DSL without delay. Where there are immediate concerns, MASH will be contacted and informed of the disclosure. If it is believed a criminal act has taken place, the Police must be called.

SECTION TWENTY-ONE: KNIFE CRIME

Our role – the role of colleagues – is to protect young people accessing our support from potential harm. We can do this by actively listening to young people, talking openly about the risks and by developing a preventative approach that builds young people's knowledge and skills so that they are well supported to keep themselves safe as they into adulthood.

As consistently reiterated throughout this policy, the need to share information with pertinent professionals and secure effective collaborative practice is essential. This means regular contact with relevant agencies and maintaining a consistency of approach.

Colleagues should know that knife crime is a term used commonly in the media to refer, primarily, to street-based knife assaults and knife-carrying. However, there are many different criminal offences relating to knives. For example:

- It is an offence to threaten or cause harm to a person with a bladed weapon.
- Some bladed weapons are prohibited from being sold or purchased, including to anyone under the age of 18.
- Offences such as robbery or assault can be aggravated if a knife is involved.
- It is also an offence to carry a knife in a public place without good reason.

Colleagues should be aware that:

- The highest level of risk posed by the use of knives relates to young people who have been groomed into gangs, for the purposes of criminal exploitation.

- Working together with other agencies, such as relevant local authority professionals, colleges and colleagues is crucial to minimise risk and incidents associated with knife crime.
- Working with local community safety partnerships should support the development and implementation of local strategies that aim to address knife crime and serious youth violence. Linking in with other local groups, where appropriate, will support greater knowledge and insight into areas of risk and therefore support the protection of young people accessing our support services.
- The Police will help with introducing and maintaining risk reduction measures. For example, the Police may be willing to provide information directly to young people and colleagues in the accommodation (depending upon resources and availability).
- The need to support children and young people to understand the dangers of knife crime is crucial.

PROCEDURES

Any concerns about young people carrying knives or bladed weapons must be:

- Escalated to the DSL immediately, who may inform MASH/EDT of concerns arising. This is particularly important if the child or young person missing or has absconded and is known to be carrying a knife or bladed weapon.

In liaison with the DSL or On-call, colleagues must:

- Complete a record, including all details of what was seen, said, and done.
- Inform the child or young person's parent/carer.
- Decide, based upon the context of the concern, about whether or not to notify the Police.

SECTION TWENTY-TWO: LEARNING LESSONS

Things may go wrong from time-to-time. When things go wrong, we take every opportunity to learn lessons to ensure that every reasonable measure and strategy is in place to avoid a repeat of the issue or incident. It is crucial to enabling safer services and provisions. A failure to learn lessons is irresponsible and potentially dangerous, and it counters the ethos and values that drive our commitment to achieving excellence.

LEARNING LESSONS

The DSL should review the circumstances of the issue or incident with the case manager and SMT to determine whether there are any improvements to be made to existing procedures or practice. This will help to prevent similar events in the future. To capture lessons learned, SWIS keep a record of:

- A concise summary of what happened, and any action taken.
- The proposed/actual impact of completing the actions, and how this will improve practice.

The overriding emphasis is about how we actively engage with opportunities to improve practice to keep our children safe from actual harm, and the potential for harm.

SECTION TWENTY-THREE: LOW-LEVEL CONCERNS

Concerns that do not meet the harm threshold are known as 'low-level concerns.' It is important to establish that the term 'low-level' does not mean that such concerns are insignificant. KCSIE provides the following guidance:

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working [with children or any vulnerable group] may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.
- Does not meet the harm threshold or is otherwise not serious enough to consider a referral to the Local Authority Designated Officer (LADO).

Examples of such behaviour in a children's home could include, but are not limited to:

- Being over friendly with children.
- Having favourites.
- Using their personal mobile phone to take pictures of children.
- Humiliating children.

GUIDANCE ON THE SPECTRUM OF BEHAVIOUR

CONCERN OR ALLEGATION THAT MAY MEET HARM THRESHOLD

Behaviour which indicates that an adult who works with children has:

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

LOW-LEVEL CONCERN

Does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult working with children or young people may have acted in a way that:

- **Is inconsistent with an organisation's staff code of conduct, including inappropriate conduct outside of work; and**
- **Does not meet the harm threshold or is otherwise not serious enough to merit a referral to the LADO.**

APPROPRIATE CONDUCT

Behaviour which is entirely consistent with the organisation's staff code of conduct, and the law.

PROCEDURES

In all cases, it is essential that low-level concerns are shared with the DSL who will ensure that information is recorded, and that the concern is handled appropriately and effectively. This includes protecting colleagues from 'becoming the subject of potential false low-level concerns or misunderstandings' (KCSIE, 2025).

All colleagues should receive training about managing low-level concerns that do not reach the harm threshold. For further guidance, please refer to our Low-Level Concerns Policy.

SECTION TWENTY-FOUR: MISSING CHILD

There are times when a child or young person may take it upon themselves' to run away from a setting and either knowingly or unknowingly place themselves at risk of harm. For example, they could be involved in gang crime, substance misuse or at serious risk of exploitation.

Children and young people in Care or Leaving Care are thought to be particularly vulnerable, and colleagues must remain vigilant to any associated risks. with young people. For more information, colleagues should refer to our Missing Child Policy.

WHAT HAPPENS WHEN A CHILD GOES MISSING

Taking full account of the above, if it is considered that a child or young person could go missing and in doing so place themselves or others at risk of harm, specific measures must be taken to address any arising safety concerns. This may mean that MASH/EDT should be informed, as well as the Police if:

- **The child or young person is thought to be at immediate risk of harm or there is a strong likelihood of harm. This may be to do with engagement with people who would seek to do harm.**
- **If the child or young person presents with behaviours that would indicate a strong likelihood of significant self-harm or suicidal ideation.**

To ensure reasonable steps are taken to reduce the risk of harm and prevent missing episodes, colleagues remain alert to any indications or signs, behaviours or triggers that could result in a child or young person going missing.

Should a child or young person run away or attempt to go missing in circumstances indicating that there is a strong likelihood of harm, colleagues must ensure the relevant authorities are notified immediately.

This is particularly important if the child or young person's risk assessment indicates they are RAGG rated "RED" or "AMBER" for the missing incidents, as this should be aligned with the National Statutory Guidance on Children who Runaway or Go Missing from Home or Care (DfE, 2014).

This guidance above covers a range of children's services sectors and agencies, as well as the Police (who 'should read [this guidance] in conjunction with Authorised Professional Practice Guidance on Missing Persons.' P. 6).

DEFINITIONS

Colleagues should be aware that there are definitions of 'missing' and 'absent' in relation to children, young people and adults reported as missing to the Police. These are:

- **MISSING: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another**
- **ABSENT: if a child or young person's whereabouts is known or thought to be known, but unconfirmed, they are not missing. In this case the child or young person is absent. If the child or young person remains absent for over six hours, the category will be escalated to 'Missing.'**

The Police classification of a person as 'missing' or 'absent' will be based on an on-going Risk Assessment. A child or young whose whereabouts are known would not be treated as either 'missing' or 'absent' under the Police definitions.

However, sometimes a child or young person who is away from placement without authorisation, may still be placing themselves at significant risk of harm to themselves or to others, as such this should be reported to the Police in order that the appropriate safeguarding measures can be taken. This should not be confused with reporting a child missing.

It is important to note that SWIS staff reporting a child or young person missing to the Police, should not make the judgment themselves as to whether a child is missing or absent – this decision will be made by the Police based on the information provided.

CHILDREN & YOUNG PEOPLE AT SIGNIFICANT RISK OF HARM

If colleagues are concerned that trafficking, Honour-Based Abuse, sexual exploitation or County Lines may be the reason for underlying prolonged or repeated periods of absence they should raise this as an immediate Safeguarding concern in line with the SWIS Safeguarding Policy. This means notifying the DSL without delay.

The DSL: will work with relevant professionals and agencies to ensure that a robust risk assessment is in place that:

- **Seeks to counter and prevent the potential for missing episodes.**
- **Ensure that all relevant colleagues know exactly what to do if a child or young person goes missing or attempts to go missing.**
- **Secures a RAGG rating that will indicate the level of risk associated with the child or young person.**

CORE RESPONSIBILITIES

Any instances where a child or young person is considered as missing and there is a likelihood of potential harm, must be treated as a priority.

Children or young people who go missing without the knowledge of colleagues will be regarded as at immediate risk of potential harm if:

- **Their whereabouts is unknown, they have not returned when they said they would.**
- **They are RAGG Rated as either RED or AMBER.**

As soon as colleagues become aware that a child or young person is missing, they must:

- Inform the DSL or a senior professional in the absence of the DSL, and MASH/EDT.
- Follow the any advice or direction provided, including the need to contact the Police to report the child or young person as missing - stating the child or young person's risk category as necessary. If in any doubt, notify the Police anyway because the safety of the child or young person must remain paramount.
- Continue to attempt contact the child or young person by phone, and/or known contacts and friends to locate them.

RISK ASSESSMENT: PLANNING BEFROE THE EVENT

SWIS will undertake a full Risk Assessment in advance of any child or young people being referred and who may be judged as likely to go missing using the appropriate Risk Assessment and Behaviour Support Plan.

In assessing the significance of a child or young person's absence either before the event or once it has happened the following should be considered:

- The age and level of understanding of the child or young person.
- The legal status of the child or young person.
- Previous behaviour patterns.
- The emotional needs of the child or young person (i.e., whether there has been any change in their mood or if they have expressed any intention to harm themselves or others for example).
- Behaviour of the child or young person as influenced by peer groups or others.
- Whether the child or young person is perceived as running to someone/something or running from a situation/someone.
- The risk of offending behaviour.
- The risk of the child or young person being targeted for trafficking, sexual exploitation and County Lines.
- Consideration of any external influences which may result in a child or young person's removal without consent (i.e., Where there are legal restrictions on parental contact and a restricted person attempts to remove the child or young person).
- The legal implications of the child or young person breaking any court order by going missing.
- The likelihood of a child or young person being harboured.
- The child or young person's views and feelings, and what drives those views and feelings about running away.

SWIS will ensure that all children and young people being supported have this process explained to them so that they understand what actions will be taken if they absent themselves without permission.

PUSH & PULL FACTORS

In relation to reasons for going missing, a range of 'push' and 'pull' factors have been identified. 'Push factors' may include:

- **Conflict with other children or young people, support workers, feeling powerless, bullying, being unhappy.**
- **Wanting attention by provoking a reaction to demonstrate that someone cares about them.**
- **A sense of boredom and a wish to 'have fun.'**
- **Testing boundaries.**
- **Being a victim of harm or abuse.**

Some of the 'pull factors' identified may include:

- **Wanting to be with family or friends.**
- **Peer pressure to conform to established patterns of behaviour.**
- **The attractions of street life or engagement with people who may present a risk.**

PREVENTING MISSING PERSONS INCIDENTS

SWIS colleagues must always remain vigilant and try to be aware of the location of children and young people at all times. This is particularly important for children and young people who are prone to wandering, or who may be at risk of getting lost by reason of their Social, Emotional or Mental Health (SEMH) Difficulties. Such concerns must be identified and addressed within their individual risk assessment.

Action taken to avoid 'false alarms' should include encouraging children and young people to inform colleagues when they will be out and when they expect to return, and include where possible, contact details of the person or people they are meeting. This information is to be recorded on the child or young person's risk assessment and behaviour support plan.

PREVENTION STRATEGIES

SWIS will use the following child-centred prevention strategies to assist in reducing the potential of repeat cases:

- **Offer the child or young person an opportunity to talk about the reasons for them going missing.**
- **Listening and responding to the child or young person's thoughts and feelings, and staying alert to how these may change as they go through adolescence or experience changes in their personal circumstances for example.**

- Be respectful, non-judgmental and reflective.
- Offer an effective approach to managing behaviour that is focused upon individual needs and circumstances.
- Create a caring environment designed to minimise the likelihood that a child or young person will go missing.
- Ensure children and young people feel safe whilst with SWIS.
- Provide information and guidance about the risks of running away.
- Support children and young people to access agreed agencies and servcies that advice, support and guidance.
- Information Sharing – collecting, analysing and sharing data on children and young people who go missing is an essential part of effective partnership working.

WHEN A CHILD OR YOUNG PERSON GOES MISSING

BEFORE CONTACTING THE POLICE

When a child or young person is identified as not being at the provision they are meant to be, or has run off during a session provided by SWIS, the reporting colleague must take proactive steps to establish their whereabouts prior to contacting the Police. Such steps would include:

- Physical checks of the vicinity where the child or young person was last seen including any location where the child or young person may be hiding.
- Physical checks of any garden, garage, sheds, grounds and surrounding area(s).
- Attempting to contact the missing child or young person directly, via mobile phone or text.
- Contacting the missing child or young person's known family and friends.

If the child or young person is located through such enquiries, they should not be reported as missing to the Police unless there are significant safety issues or criminal exploitation is suspected. In such circumstances, the colleagues should contact the Police and request a 'Concern for Welfare' check.

If a child or young person is located but refuses to return, the Police may be requested to assist in their safe return, particularly if there are concerns about their safety and wellbeing.

CONTACTING THE POLICE

INFORMATION TO BE MADE AVAILABLE

When reporting to the Police, the person taking the report will need the following information:

- A description of the child or young person and their clothing.
- The child or young person's date of birth.
- Details of when the child or young person was last seen, and with whom.

- A recent photograph (if available).
- Family addresses.
- Known associates and addresses frequented, particularly where there are known concerns.
- Relevant personal details of the child or young person.
- Any previous history of absconding or absenteeism and circumstances of where the child or young person was found.
- The circumstances under which the child or young person is absent or missing.
- Any factors which increase the risk to the child or young person.
- Home and placement address.
- Contact details of relevant colleagues.
- The name of the colleagues who has completed a search of the provision.

MISSING OUTSIDE OF AREA

If a child or young person becomes absent outside their area, the colleague in charge of the external activity will:

- Arrange a search in the area where the child or young person became absent.
- Notify the local Police for that area.
- Notify the child or young person's parent/carer and/or social worker.
- Notify the 'on call' senior colleague (if out-of-hours).
- Notify the Emergency Duty Team (EDT) (if out-of-hours).

RECORDING

Throughout the process identified within this process, colleagues complete a "live" chronology that must record all dates, times, actions taken, and subsequent messages received and given by or to other agencies, this should include Police Log numbers and Police Officer Badge numbers.

This should be completed on a SWIS incident/concern form and the child or young person's Daily Report.

THE RETURN

SAFE & WELL CHECKS (SITED)

If the Police have been involved, "Safe and well" checks should be carried out by the Police as soon as possible after a child or young person reported as missing has been found.

The purpose of "Safe and well" checks is to establish any indications that the child or young person has suffered harm, where and with whom they have been, and to give them an opportunity to disclose offending by/or against them.

INDEPENDENT RETURN INTERVIEWS (IRIs)

When a child or young person is found/returns colleagues should take reasonable action to ensure they are offered an Independent Return Interview (IRI).

Independent return interviews provide an opportunity to uncover information that can help protect children and young people from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home.

This interview should be carried out within 72 hours of the child or young person being found. This should be an in-depth interview and is best carried out by an independent person (i.e., someone not involved supporting the child or young person, such a local authority commissioned service).

SECTION TWENTY-FIVE: ONE-TO-ONE

It is not realistic to state that one-to-one situations should never take place. In considering any decision for 'one-to-one' working, the protection of the child or young person and the safety of colleagues must be the primary consideration.

PROCEDURES

All colleagues will:

- **Ensure that when lone working is an integral part of their role, an appropriate risk assessment should be agreed.**
- **Take part in lone working training when available or requested.**
- **Avoid meetings with children or young people in remote, secluded areas.**
- **Always inform colleagues about the contact(s) beforehand, assessing any risks.**
- **Avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy.**
- **Always report any situation where a child or young person becomes distressed or angry to their manager.**
- **Carefully consider the needs of the child or young person when in one-to-one situations.**

Colleagues must:

- **Abide by the conditions of each child or young person's safety planning.**
- **Complete a record if there are any significant events arising from 1:1 contact.**

- Refer to their manager if a concern is raised made during one-to-one situation.
- Include one-to-one situations in the child or young person's safety planning if there is thought to be an identified risk (i.e., the child or young person could take advantage of new or inexperienced colleagues).

SECTION TWENTY-SIX: PHYSICAL CONTACT

Colleagues must always act respectfully and maintain professional boundaries in relation to any physical contact they may have with any child or young person we support.

Remember: Colleagues are in a position of trust and power and that this brings considerable professional responsibilities about their practice and conduct.

PROCEDURES

Colleagues must:

- Remain alert to the need to maintain professional boundaries in relation to any physical contact with children or young people.
- Respect a child or young person's personal space and not 'invade' this without good cause.
- SPEAK UP if they have any concerns about any adult and physical contact with any child or young person. This includes low-level concerns and those that would meet the harm threshold.
- Avoid being overly familiar with any child or young person.
- Be mindful of any tactile behaviour that they, adults, children and young people have, and ensure that appropriate professional and physical contact boundaries are maintained.
- Only physically comfort a child or young person only in the presence of other colleagues.
- Must avoid all physical contact when on their own with children and young people.

Managers must ensure that:

- All colleagues have regular supervision so that any issues concerning physical contact can be discussed.
- All children and young people know how to complain, and are encouraged to speak up, should they have concerns about any adult.

SECTION TWENTY-SEVEN: PHYSICAL CONTACT WHEN CHILDREN ARE IN DISTRESS

There may be occasions when a distressed child or young person needs comfort and reassurance. This may involve physical contact. Colleagues should use their professional judgement to comfort or reassure a child or young person in a way that is appropriate, whilst maintaining clear professional boundaries.

PROCEDURES

Colleagues must:

- **Consider the way in which they offer comfort and reassurance to a distressed child or young person, and do it in a way that is appropriate to their individual needs and requirements.**
- **Take care in offering reassurance in-one to-one situations, and always record actions.**
- **Never touch a child or young person in a way that may be considered indecent or inappropriate.**
- **Record and report situations that may give rise to concern from either part.**
- **Must never assume that all children and young people seek or require physical comfort if they are distressed. It is more likely that they would require time, space, and advice/support.**

If there is any doubt about approaches to comforting a distressed child or young person, colleagues must speak with their manager of a senior colleague.

SECTION TWENTY-EIGHT: PHYSICAL RESTRAINT

SWIS are committed to ensuring that all children, young people and colleagues are able to work in a supportive and caring environment, demonstrating a mutual respect, so that intervention and learning can take place in order to maximise the potential of children and young people accessing our services.

For clarity, physical restraint may only be used as the last resort. This means that all other techniques and attempts to de-escalate a situation will have been exhausted.

IMPORTANT

Colleagues may only employ the use of authorised physical restraint where there is an immediate risk of injury to a person or serious damage to property. In doing so, colleagues must always ensure that there is minimal risk to the child or children concerned.

SWIS expect that all colleagues will deal professionally and appropriately with all physically aggressive incidents.

There are circumstances where colleagues must use their professional judgement to establish the need (i.e., justification) for a restraint:

- Where action is necessary in self-defence and no safe alternative options are available.
- Where a child or young person launches a sustained physical attack a peer or a colleague.
- Where a child or young person leaves the setting or session without authority, specifically in circumstances where that child or young person would be at known risk of harm or criminal exploitation.
- In all cases, it will be necessary to balance the level and duration of their intervention against the seriousness and likely consequences of the incident.

PHYSICAL RESTRAINT & PHYSICAL INTERVENTION

To support a general understanding of terminologies, the following descriptors and related conditions are defined for restrictive physical restraint and non-restrictive physical intervention.

- **RESTRICTIVE PHYSICAL RESTRAINT** is the use of reasonable force to control behaviour that is likely to cause significant harm. This is defined as any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

- **NON-RESTRICTIVE PHYSICAL INTERVENTION** is where the intention of the person intervening is not to hold or restrain. As such, non-restrictive physical intervention may be used to prompt and guide a person away from potential harm with minimal or no physical contact. For example, if a child were about to walk out in front of a moving vehicle, it would be reasonable to place an arm in front of the child to prevent death or serious injury.

PASSIVE INTERVENTION & PREVENTION STRATEGIES (PIPS)

SWIS have adopted Passive Intervention & Prevention Strategies (PIPs) to:

- Enable and maintain a consistent, acceptable team approach to managing behaviour in a manner that maintains positive relationships and continues to care for children and young people in times of crisis.
- Provide a process of repair and reflection for children, young people, and colleagues.
- Increase colleagues' awareness concerning the importance of recording and reporting, monitoring and evaluating, all incidents involving positive handling.

PIPs aim to support colleagues in developing a consistent, effective, and acceptable team approach to managing behaviour, while, crucially, maintaining positive relationships and minimising risk for all.

Colleagues will be provided with the following training:

MODULE 1: PREVENTION & DE-ESCALATION

This explores the key issues surrounding challenging behaviour and emphasises the importance of positive, preventative verbal and non-verbal de-escalation strategies, such as:

- The Emotional Impact of Challenging Behaviour
- Help Protocol
- The Prevention Continuum
- Positive Prevention Strategies/Strategies to Avoid
- Systems and Structures
- Individual Behaviour Care Plans

MODULE 2: PASSIVE INTERVENTION & PREVENTION

This promotes the least intrusive, most caring handling strategies and explores a continuum of passive techniques designed to keep children, young people, and colleagues as safe as possible based on "making movement safe" rather than "overpowering".

Module 2 includes:

- Legislation and Guidance
- Reporting and Recording
- Principles Underpinning Passive Intervention
- Moments of Crisis
- Personal Space
- Following Movement
- Guiding and Escorting
- Standing, Sitting, Kneeling

SWIS will provide PIPS training which will be annually updated. We aim to identify, address and review the training needs of staff, with a view to developing a shared awareness of:

- How and when to intervene
- How to prevent, defuse and/or resolve disputes, including the appropriate anger management, de-escalation and conflict resolution skills and techniques.

WHAT COLLEAGUES MUST DO BEFORE & DURING ANY PHYSICAL INTERVENTION OR RESTRAINT

- Call another adult to support you. This is an important protective measure for children, young people, and colleagues.

- Remove other children and young people who may also be at risk. Summon assistance from a colleague or colleagues, or where necessary call the Police. Until help arrives, colleagues must continue should continue to attempt to defuse the situation verbally and prevent it from escalating.
- Remain calm.
- Attempt to de-escalate the situation using established PIPs techniques and professional judgement that are firmed rooted in protecting the child or young person from harm.
- Remove other children who may also be at risk and The adult should inform the child (ren) that help is on the way. Until help arrives the adult should continue to defuse the situation verbally and prevent it from escalating.

If colleagues are engaged in a physical restraint, they must:

- Engage the child or young person with a familiar adult.
- Use the minimum amount of force needed to achieve the desired outcome.
- Tell the child or young person that physical restraint will stop as soon as it is no longer necessary.
- Continue to use a range of PIPS non-physical interventions aimed at calming or diffusing situations in order to prevent further escalation.

PLANNING FOR THE NEEDS OF INDIVIDUAL CHILDREN & YOUNG PEOPLE

SWIS will seek to identify (in consultation with social worker/local authority & parents/carers) any children or young people whose behaviour is considered more likely to require physical intervention or a physical restraint. We have a duty to consider the individual needs of those children and young people in relation to:

- Any individual medical, social, behavioural, learning or cultural factors.
- Any relevant EHCP & care plans.
- Their behaviour support plan and risk assessment.

FOLLOWING A PHYSICAL RESTRAINT

All colleagues involved should be allowed a period to de-brief and take stock of the situation. The manager or senior colleague should provide immediate support and initiate the recording process (see below). If the manager is unavailable, the senior on call must be informed.

If anyone is injured, appropriate first aid or medical help must be offered. Any injuries must be logged to the accident book. If there is a serious injury, the Health & Safety Executive (HSE) may need to be informed and a notification will need to be made to Ofsted. Additionally, the Local Authority Designated Officer (LADO) will be advised

The manager must review each incident to capture lessons are learnt from each episode.

Senior colleagues should carefully follow-up with the child or young person after any use of restraint to ascertain the reasons behind the aggression/violence and to give the child or young person an opportunity to put their side of the story forward. This review must consider the views of colleagues and crucially, the child or young person.

REVIEWING & RECORDING PHYSICAL RESTRAINT

The circumstances and justification for using physical restraint must be recorded immediately.

Following a restraint, the child or young person must be counselled on why the restraint was necessary. They must be given the opportunity to express their views and feelings and this information must be recorded, using the their own words

All colleagues involved need to complete and verify an entry in the physical restraint register.

Recording must be factually accurate and comprehensive.

Colleagues are required to sign to indicate that the record is accurate only if they believe the record to be an accurate recording of what happened. Any concerns must be raised with the DSL without delay. A full report of every incident must be prepared within 48 hours.

In line with our commitment to working with referrers & parents/carers, we aim to maintain an open dialogue for the duration of relevant processes which may follow the incident.

For clarity, SWIS will never tolerate any instances of deliberate harm to a child or young person by a colleague. If there are any concerns of such behaviour, the relevant agencies will be notified (including LADO and the Police).

SECTION TWENTY-NINE: PROFESSIONAL JUDGEMENT

There may be occasions and circumstances in which adults will need to make decisions in the best interests of the child or young person, where no guidance exists. Colleagues are expected to make judgements about presenting behaviour to secure the best interests and welfare of the children and young people. Such judgements should always be recorded. Colleagues must always consider whether their actions are warranted, proportionate, safe, and applied equitably.

SECTION THIRTY: PUBLIC CONFIDENCE & PROFESSIONAL STANDARDS

Colleagues have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of the children or young people. It is expected that colleagues will adopt high standards of personal conduct to maintain the confidence and respect of the children, young people, their colleagues, or the public in general and all those with whom they work.

There may be times, for example, when a colleague's behaviour or actions in their personal life come under scrutiny from local communities, the media, or public authorities. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour. Therefore, colleagues should understand and be aware that safe practice also involves using judgement and integrity about behaviours in places other than the work setting. Ultimately, unacceptable behaviour away from the workplace may compromise their position in their workplace or indicate an unsuitability to work with vulnerable children or young people.

The behaviour of a colleague's partner or other family members may raise similar concerns and require careful consideration as to whether there may be a potential risk to children or young people.

PROCEDURES

Colleagues must:

- Be aware that behaviour in their personal lives may impact upon their work with children and young people.
- Understand that the behaviour and actions of their partner (or other family members) may raise questions about their suitability to work with children and young people.
- Comply with company policy, specifically around behaviour and conduct.

Colleagues must not:

- Behave in a manner that would lead any reasonable person to question their suitability to work with children and young people or act as a role model.
- Make, or encourage others to make, unprofessional personal comments that scapegoat, demean or humiliate, or which might be interpreted as such.
- Talk directly to the press/media about provisions and services provided by SWIS without clear permission from a director.

SECTION THIRTY-ONE: RADICALISATION & EXTREMISM

Protecting children and young people from the risk of radicalisation and extremist ideology should be part of our wider safeguarding duties. During the process of radicalisation, it is possible to intervene to prevent vulnerable children and young people being radicalised.

Colleagues should use professional judgement, supported by training and guidance, in identifying children and young people who might be at risk of radicalisation and act proportionately. A Channel referral may be required.

PROCEDURES

All colleagues will contribute towards:

- **Assessing the risk of children and young people being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting vulnerable children and young people in the area and a good understanding of how to identify individuals who may be at risk of radicalisation, and what to do to support them.**
- **Ensuring children and young people are safe from terrorist and extremist material.**

RADICALISATION & EXTREMISM: PREVENTING RADICALISATION & CHANNEL

Channel is a programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

Channel provides a mechanism for agencies to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

All colleagues must:

- **Report any concerns around radicalisation or extremism to the DSL immediately.**
- **Record all information and action.**
- **Understand when it is appropriate to make a referral to the Channel programme and alert the DSL to their concerns, without delay.**
- **Work with other agencies as appropriate.**

PLEASE NOTE:

The Government's Prevent work is intended to deal with all kinds of terrorist threats to the UK.

The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa'ida associated groups. However, terrorists associated with the extreme right also pose a continued threat to safety and security. For further information, please refer to our Countering Radicalisation Policy.

SECTION THIRTY-TWO: SAFE RECRUITMENT

Our recruitment and selection procedures are in place to help deter, reject, or identify people who might abuse children and young people or who are otherwise unsuited to work with them.

A relevant member of the Senior Management Team (SMT) will lead the process of making new employment appointments and delegate duties and responsibilities as appropriate, in consultation with the Managing Director.

SWIS are committed to safeguarding and promoting the welfare of children and young people, and colleagues are expected to share this commitment. For further information, please refer to our Safe Recruitment Policy.

SECTION THIRTY-THREE: SELF-HARM

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. Research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including those with special educational needs.

Colleagues should remain alert to the following risk factors:

INDIVIDUAL FACTORS	(PERVASIVE) FAMILY FACTORS	SOCIAL FACTORS
○ Depression/anxiety ○ Poor communication skills ○ Poor problem-solving skills ○ Hopelessness and low self-esteem ○ Impulsivity ○ Drug or alcohol abuse	○ Unreasonable expectations ○ Neglect or physical, sexual, or emotional abuse ○ Poor parental relationships and arguments ○ Depression, self-harm, or suicide in the family	○ Difficulty in making relationships/loneliness ○ Being bullied or rejected by peers.

RISK INDICATORS

- Changes in eating / sleeping habits (e.g., appearing overly tired if not sleeping well).
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood (e.g., more aggressive/introverted), as well as clothing/appearance.
- Lowering of academic achievement.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness, or loss of hope.

PROCEDURES

Any colleague who is aware of a child or young person engaging in or suspected to be at risk of engaging in self-harm must consult the DSL. Colleagues must:

- Actively seek to ensure that all safety planning and risk assessments are revised/reviewed, referencing response guidance and supportive measures, as well as individual approaches to helping the child or young person to stay safe.

- Must record and share appropriate information relating to any potential or suspected self-harming incidents.
- In a medical emergency, call 999 (or 112).

N.B. First Aid should be administered in accordance with company policy (Please refer to our Health and Safety Policy).

SECTION THIRTY-FOUR: SEXUAL VIOLENCE & SEXUAL HARRASSMENT

Sexual violence and sexual harassment can happen to anyone, and it is not limited to adults. It can occur between two children or young people of any age and sex. It can also occur through a group sexually assaulting or sexually harassing a single child or young person or group of children or young people. Sexual violence and sexual harassment are never acceptable. Sexual violence and sexual harassment may overlap and can occur online and offline (both physical and verbal). It is important that all victims are taken seriously and offered appropriate support.

Colleagues should be aware that some groups are potentially more at risk. Evidence shows girls, young people with SEND and LGBT young people are at greater risk.

WHAT IS SEXUAL VIOLENCE & SEXUAL HARRASSMENT?

SEXUAL VIOLENCE

It is important that staff are aware of sexual violence and the fact young people can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below (See Over):

- **RAPE:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus, or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- **ASSAULT BY PENETRATION:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- **SEXUAL ASSAULT:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

WHAT IS CONSENT?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one type of sexual activity, but not another (e.g., to vaginal but not anal sex or penetration with conditions, such as wearing a condom). Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal, or oral penetration only if they agree by choice to that penetration and has the freedom and capacity to make that choice.

SEXUAL HARASSMENT

Sexual harassment is clarified as 'unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to:

- Violate a child or young person's dignity.
- Make them feel intimidated, degraded, or humiliated.
- Anxious, frightened and withdrawn.
- Create a hostile, offensive, or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names.
- Sexual "jokes" or taunting, such as jokes about clothes and appearance, and calling someone sexualised names.
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (colleagues should consider when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature.
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

  i. Non-consensual sharing of sexual images and videos
  ii. Sexualised online bullying
  iii. Unwanted sexual comments and messages, including, on social media
  iv. Sexual exploitation; coercion and threats

Sexual violence and sexual harassment are forms of abuse. In all cases colleagues must refer any suspicions or concerns to the DSL immediately. If it is suspected that a crime has been committed, the Police must be called without delay.

PROCEDURES

When managing allegations of violence and sexual harassment, the initial response to a disclosure is crucial.

Children and young people must be reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If a child or young person is suspected of being a victim of sexual violence or harassment, colleagues must:

- Refer any concerns or disclosures to the DSL, without delay.
- Ensure that information relating to CSE, inappropriate internet use vulnerabilities, peer on peer abuse, sexting and other related concerns are identified in individual safety planning. This must be reviewed every month for accuracy, and relevance.
- Complete a record, including action taken.
- Contact the Police and MASH in accordance with raising a safeguarding concern.

Please Note: If colleagues have any concerns about violence and sexual harassment in the workplace, they should refer to our Disciplinary, Professional Conduct, Grievance and Appeals Policy.

Colleagues should be aware that no form of sexual violence and/or sexual harassment will be tolerated.

SECTION THIRTY-FIVE: SUICIDE PREVENTION

Everybody can feel sad, lonely, or depressed at times - especially teenagers - and they might find it hard to cope with these feelings. They may feel intense pain and upset which won't go away. Intense feelings of hopelessness for the future and prolonged low mood can lead to thoughts of suicide. People who attempt suicide feel they have no other option open to them at that time.

Suicide is a major factor in deaths of young people under 35 in the UK. According to data by the Office for National Statistics (ONS), analysed by Young Minds, suicide rates among young people aged 15-19 in England rose by 35 per cent from 2020 to 2021. In 2020, 147 young people aged 15-19 in England took their own lives. This rose to 198 in 2021. This is the highest number in over 30 years.

Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling (Papyrus, 2016).

Most people who attempt suicide do not attempt again. However, about 16% repeat within one year and 21% repeat within 1-4 years, (Owens et al., 2005). Most repeat attempters will use more lethal means on subsequent attempts – increasing the likelihood of death. Approximately 2% of attempters die by suicide within 1 year of their first attempt.

The history of a prior suicide attempt is the best-known predictor for future suicidal behaviours. Approximately 8-10% of attempters will eventually die by suicide.

SELF-HARM – SUICIDE CONTINUUM

We distinguish between self-harm behaviours where suicidal thoughts may not be present, and suicidal behaviours. Therefore, a separate Understanding & Managing Self-harm Behaviour Policy is in place which aims to minimise the harm caused by self- injury. For clarification, this Suicide Prevention Policy aims to prevent suicide and manage the risks associated with suicidal thoughts.

SUICIDE: WHAT ARE THE RISK FACTORS? AND WHAT CAN INCREASE RISK?

Important: If you have any concerns arising from the following risk factors, it is imperative that you consult with the DSL without delay. If out-of-hours, you must use the management on-call system if you consider that there is a genuine and likely threat to the safety and welfare of the child or young person concerned.

- Lack of friends and social isolation.
- Family problems.
- Sexual, physical, or emotional abuse.
- Severe mental health problems.
    i. Shield of shame.
    ii. Lack of understanding of own history/trauma.
    iii. Lack of trust in adults to keep them safe.
    iv. Feeling worthless.
- Alcohol and drug problems.
- Poor physical health.
- Recent loss/bereavement or anniversary of loss/bereavement.
- History of suicide attempts and/or a family history of suicide attempts.

WARNING SIGNS

Although most people will give off warning signs or invite invitations for help, some will not.

Due to the nature of our work colleagues may not be around the child or young person for long enough periods of time to assess any changes in behaviour. Asking the child or young person how they are feeling may help them talk about their feelings.

Colleagues who suspect that a child or young person may be having thoughts of suicide should ask them, but it is crucial that this is handled sensitively with an understanding that some children or young people may be more willing to share such information with those whom a positive, trusting relationship is established.

PROCEDURES

SWIS will:

- Promote a culture which is tolerant of emotional distress and promotes understanding.

- Ensure any other relevant training is provided to meet the individual needs of children and young people.
- Work in partnership with other relevant agencies.
- Support colleagues to manage any suicidal thoughts, intentions, and behaviours of children and young people effectively and safely.
- Consider factors associated with suicide upon admission.
- Ensure all colleagues are trained in First Aid as soon as possible.
- Offer appropriate training in relation to self-harm, crisis management, and suicide prevention.

Children and young people will be encouraged to:

- Talk to an adult (colleague) if they are in emotional distress. Please note that this could take some time as children and young people will need to develop a crucial sense of trust in those who support them.
- Alert an adult (colleague) if they suspect a fellow child or young person of being suicidal.
- Be guided about issues of when confidentiality must be broken to safeguard another child or young person.

The above should be discussed with children and young people, taking account of their age, stage and cognitive ability, where self-harm or suicide may be an issue.

Colleagues will:

- Support children and young people to ask for help as soon as they are feeling stressed, considering harming themselves or having suicidal thoughts.
- Support children and young people to talk openly about their problems and feelings.
- Avoid shaming children and young people.
- Share relevant information with the team at the respective setting or service.
- Support and fully engage inter-agency working/practices.

If colleagues are concerned about children and young people presenting with a risk of suicide, they must refer to our Suicide Prevention Policy for further information and guidance. In all cases, the DSL must be informed.

SECTION THIRTY-SIX: VIOLENCE AGAINST WOMEN & GIRLS (VAWG)

Against Women and Girls (VAWG) is a term that can be applied to numerous areas of concern, covering several issues relating to safeguarding children and young people. Some relate directly to specific safeguarding issues, such as CSE and FGM, whilst others are linked to abusive behaviours that encompass a range of concerns, such as harassment, emotional abuse, and relationship abuse.

The HM Government (HMG) Strategy, 'Ending Violence Against Women and Girls 2016 – 2020' is clear that VAWG is both a cause and consequence of gender inequality. This refers to the need to challenge the "deep- rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities."

Whilst there are some predictive factors that can be linked with a higher risk of becoming a victim or a perpetrator of VAWG, it occurs across all socio-economic boundaries and cultural spectrums. VAWG can involve/be linked to:

- **Domestic abuse.**
- **Stalking and harassment.**
- **Rape and other sexual offences.**
- **Honour-Based Abuse (HBA).**
- **Child abuse.**
- **Human trafficking and modern slavery.**
- **Prostitution.**
- **Pornography and obscenity.**

The above list is not exhaustive.

PROCEDURES

If a disclosure or VAWG concern is raised colleagues must treat this as a significant concern indicating possible abuse or harm. Colleagues must:

- **Inform the DSL if they become concerned about a child or young person being exploited and/or abused through VAWG, including if a child or young person makes a disclosure/an allegation indicating that they are a victim of VAWG.**
- **Be proactive, non-judgmental, and consistently vigilant to the potential for VAWG to impact upon the lives of child or young people, in a variety of ways.**

If a child or young person makes a disclosure or an allegation, colleagues must:

- **Listen and take seriously what a child or young person says and never express disbelief.**
- **Do not make any suggestions about what has taken place, or how it came about, or question the child or young person except to clarify what they are saying.**
- **Allow the child or young person time to express themselves' and do not press for detail beyond what is necessary.**
- **Do not ask a child or young person to repeat what has been said to anyone else before referring.**

- Be calm and reassuring.
- Do not make assumptions and judgements about what is being.
- Do not promise to keep information secret. Make it clear you will have to refer the matter on and to whom.
- Tell the child or young person that there are people who can help.
- Do not contact parents directly if the disclosure is made about a family member, take advice from the MASH/EDT.
- Write down what has been, using the child or young person's exact words and what you said in response. Be factual and state opinion; sign and date the report.

Although anybody can make a referral to the Multi-Agency Safeguarding Hub (MASH), we expect that colleagues will inform the DSL who will lead the process, ensuring appropriate action is taken.

SECTION THIRTY-SEVEN: WHISTLEBLOWING

Whistleblowing is a term that is used when colleagues raise safeguarding or welfare concerns outside of the organisation. SWIS are committed to ensuring that colleagues can speak up about concerns of actual or potential harm or abuse.

We encourage an open, psychologically safe environment that empowers colleagues to raise concerns without fear of disadvantage. However, the need to 'blow the whistle' on unsafe or harmful practice is fundamental part of established safeguarding practice, but whistleblowing must only be used when:

- Concerns have been raised and there is a reasonable belief that they have not been taken seriously, ignored, or brushed over.
- Colleagues feel unable to raise concerns internally (i.e., within SWIS). Colleagues should note that reasonable justification for not raising the concern with managers and directors may be required. This could be, for example, if a colleague does not feel safe to raise a concern with senior colleagues in SWIS.

BLOWING THE WHISTLE

If you think SWIS is putting a child or young person at risk of harm and you are not being listened to, even if you're not certain, contact the NSPCC Advice Line to talk through your concerns.

You can call 0800 028 0285, email help@nspcc.org.uk or, if the child is in immediate danger, call 999.

For clarity, you should call the Whistleblowing Advice Line if:

- You think your concern won't be dealt with properly or may be covered-up.

- You've raised a concern, but it hasn't been acted upon.
- You're worried about being treated unfairly.

STILL UNSURE ABOUT WHAT TO DO?

If colleagues are unsure or have any doubts about any of the above information, they must speak with a senior colleague who will provide further clarification. Additionally, colleagues should ensure that they have familiarised themselves with the following linked policies:

- Safeguarding Policy Manual
- Allegations Policy
- Whistleblowing Policy

Furthermore, SWIS will provide refresher training as required or necessitated.

ADDITIONAL ADVICE & SUPPORT

ABUSE

- Supporting practice in tackling child sexual abuse - CSA Centre
  Centre of Expertise on Child Sexual Abuse has free evidence-based practice resources to help professionals working with children and young people to identify and respond appropriately to concerns of child sexual abuse.
- What to do if you're worried a child is being abused – DfE advice
- Domestic abuse: Various Information/Guidance - Home Office (HO)
- Faith based abuse: National Action Plan - DfE advice
- Forced marriage resource pack
- Disrespect NoBody campaign - GOV.UK - Home Office website
- Tackling Child Sexual Abuse Strategy – Home Office policy paper
- Together we can stop child sexual abuse – HM Government campaign

BULLYING

- Preventing bullying including cyberbullying - DfE advice

CHILDREN MISSING FROM EDUCATION, HOME OR CARE

- Children missing education - DfE statutory guidance
- Child missing from home or care - DfE statutory guidance
- Children and adults missing strategy - Home Office strategy

CHILDREN WITH FAMILY MEMBERS IN PRISON

- National Information Centre on Children of Offenders - Barnardo's in partnership with HM Prison and Probation Service

CHILD EXPLOITATION

- Trafficking: safeguarding children - DfE and Home Office guidance
- Care of unaccompanied and trafficked children – DfE statutory guidance
- Modern slavery: how to identify and support victims – HO statutory guidance
- Child exploitation disruption toolkit - HO statutory guidance
- County Lines Toolkit For Professionals - The Children's Society in partnership with Victim Support and National Police Chiefs' Council
- Multi-agency practice principles for responding to child exploitation and extra-familial harm – non-statutory guidance for local areas, developed by the Tackling Child Exploitation (TCE) Support Programme, funded by the Department for Education and supported by the Home Office, the Department for Health and Social Care and the Ministry of Justice

CONFIDENTIALITY

- Gillick competency Fraser guidelines - Guidelines to help with balancing children's rights along with safeguarding responsibilities.

DRUGS

- Drug strategy 2021 - Home Office strategy
- Information and advice on drugs - Talk to Frank website
- Drug and Alcohol education — teacher guidance & evidence review – PSHE Association

(SO-CALLED) "HONOUR BASED ABUSE" INCLUDING FGM AND FORCED MARRIAGE

- Female genital mutilation: information and resources- Home Office guidance
- Female genital mutilation: multi agency statutory guidance - DfE, Department for Health, and Home Office
- Forced marriage - Forced Marriage Unit (FMU) resources
- Forced marriage - Government multi-agency practice guidelines and multi-agency statutory guidance
- FGM resource pack – HM Government guidance

HEALTH & WELL-BEING

- Rise Above: Free PSHE resources on health, wellbeing and resilience - Public Health England
- Supporting pupils at schools with medical conditions - DfE statutory guidance Mental health and behaviour in schools - DfE advice
- Overview - Fabricated or induced illness - NHS advice

HOMELESSNESS

- Homelessness code of guidance for local authorities – Department for Levelling Up, Housing and Communities guidance

INFORMATION SHARING

- Government information sharing advice - Guidance on information sharing for people who provide safeguarding services to children, young people, parents and carers.
- Information Commissioner's Office: Data sharing information hub - Information to help schools and colleges comply with UK data protection legislation including UK GDPR.

ONLINE SAFETY-ADVICE

- Childnet provide guidance for schools on cyberbullying
- Educateagainsthate provides practical advice and support on protecting children from extremism and radicalisation

- London Grid for Learning provides advice on all aspects of a school or college's online safety arrangements
- NSPCC E-safety for schools provides advice, templates, and tools on all aspects of a school or college's online safety arrangements
- Safer recruitment consortium "guidance for safe working practice", which may help ensure staff behaviour policies are robust and effective
- Searching screening and confiscation is departmental advice for schools on searching children and confiscating items such as mobile phones
- South West Grid for Learning provides advice on all aspects of a school or college's online safety arrangements
- Use of social media for online radicalisation - A briefing note for schools on how social media is used to encourage travel to Syria and Iraq
- Online Safety Audit Tool from UK Council for Internet Safety to help mentors of trainee teachers and newly qualified teachers induct mentees and provide ongoing support, development and monitoring
- Online safety guidance if you own or manage an online platform DCMS advice A business guide for protecting children on your online platform DCMS advice
- UK Safer Internet Centre provide tips, advice, guides and other resources to help keep children safe online

ONLINE SAFETY- REMOTE EDUCATION, VIRTUAL LESSONS AND LIVE STREAMING

- Guidance Get help with remote education resources and support for teachers and school leaders on educating pupils and students
- Departmental guidance on safeguarding and remote education including planning remote education strategies and teaching remotely
- London Grid for Learning guidance, including platform specific advice

- National cyber security centre guidance on choosing, configuring and deploying video conferencing
- UK Safer Internet Centre guidance on safe remote learning

ONLINE SAFETY- SUPPORT FOR CHILDREN

- Childline for free and confidential advice
- UK Safer Internet Centre to report and remove harmful online content CEOP for advice on making a report about online abuse

ONLINE SAFETY- PARENTAL SUPPORT

- Childnet offers a toolkit to support parents and carers of children of any age to start discussions about their online life, and to find out where to get more help and support
- Commonsensemedia provide independent reviews, age ratings, & other information about all types of media for children and their parents
- Government advice about protecting children from specific online harms such as child sexual abuse, sexting, and cyberbullying

- Internet Matters provide age-specific online safety checklists, guides on how to set parental controls, and practical tips to help children get the most out of their digital world
- How Can I Help My Child? Marie Collins Foundation – Sexual Abuse Online
- Let's Talk About It provides advice for parents and carers to keep children safe from online radicalisation
- London Grid for Learning provides support for parents and carers to keep their children safe online, including tips to keep primary aged children safe online
- Stopitnow resource from The Lucy Faithfull Foundation can be used by parents and carers who are concerned about someone's behaviour, including children who may be displaying concerning sexual behaviour (not just about online)
- National Crime Agency/CEOP Thinkuknow provides support for parents and carers to keep their children safe online
- Parentzone provides help for parents and carers on how to keep their children safe online
- Talking to your child about online sexual harassment: A guide for parents – This is the Children's Commissioner's parental guide on talking to their children about online sexual harassment

PRIVATE FOSTERING

- Private fostering: local authorities - DfE statutory guidance

RADICALISATION

- Prevent duty guidance- Home Office guidance
- Prevent duty: additional advice for schools and childcare providers - DfE advice Educate Against Hate website - DfE and Home Office advice

- Prevent for FE and Training - Education and Training Foundation (ETF)
- Extremism and Radicalisation Safeguarding Resources – Resources by London Grid for Learning
- Managing risk of radicalisation in your education setting – DfE guidance

SERIOUS VIOLENCE

- Serious violence strategy - Home Office Strategy
- Factors linked to serious violence and how these factors can be used to identify individuals for intervention – Home Office
- Youth Endowment Fund – Home Office
- Gangs and youth violence: for schools and colleges - Home Office advice Tackling violence against women and girls strategy- Home Office strategy
- Violence against women and girls: national statement of expectations for victims - Home Office guidance

SEXUAL VIOLENCE AND SEXUAL HARASSMENT: SPECIALIST ORGANISATIONS

- Barnardo's - UK charity caring for and supporting some of the most vulnerable children and young people through their range of services.
- Lucy Faithful Foundation - UK-wide child protection charity dedicated to preventing child sexual abuse. They work with families affected by sexual abuse and also run the confidential Stop it Now! Helpline.
- Marie Collins Foundation – Charity that, amongst other things, works directly with children, young people, and families to enable their recovery following sexual abuse.
- NSPCC - Children's charity specialising in child protection with statutory powers enabling them to take action and safeguard children at risk of abuse.
- Rape Crisis - National charity and the umbrella body for their network of independent member Rape Crisis Centres.
- UK Safer Internet Centre - Provides advice and support to children, young people, parents, carers and schools about staying safe online.

HARMFUL SEXUAL BEHAVIOUR

- Rape Crisis (England & Wales) or The Survivors Trust for information, advice, and details of local specialist sexual violence organisations.
- NICE guidance contains information on, amongst other things: developing interventions; working with families and carers; and multi-agency working.
- HSB toolkit The Lucy Faithfull Foundation - designed for parents, carers, family members and professionals, to help everyone play their part in keeping children safe. It has links to useful information, resources, and support as well as practical tips to prevent harmful sexual behaviour and provide safe environments for families.
- NSPCC Learning: Protecting children from harmful sexual behaviour and NSPCC - Harmful sexual behaviour framework- free and independent advice about HSB.

- Contextual Safeguarding Network – Beyond Referrals (Schools) provides a school self- assessment toolkit and guidance for addressing HSB in schools.
- Preventing harmful sexual behaviour in children - Stop It Now provides a guide for parents, carers and professionals to help everyone do their part in keeping children safe, they also run a free confidential helpline.

SUPPORT FOR VICTIMS

- Anti-Bullying Alliance - Detailed information for anyone being bullied, along with advice for parents and schools. Signposts to various helplines and websites for further support.
- Rape Crisis - Provide and signpost to a range of services to support people who have experienced rape, child abuse or any kind of sexual violence.
- The Survivors Trust- UK-wide national umbrella agency with resources and support dedicated to survivors of rape, sexual violence and child sex abuse.

- Victim Support - Supporting children and young people who have been affected by crime. Also provides support to parents and professionals who work with children and young people – regardless of whether a crime has been reported or how long ago it was.
- Childline provides free and confidential advice for children and young people.

TOOLKITS

- Ask AVA - The Ask AVA prevention platform has been created to support education practitioners across the UK to develop and deliver a comprehensive programme to stop Violence Against Women and Girls.
- NSPCC - Online Self-assessment tool to ensure organisations are doing everything they can to safeguard children.
- NSPCC - Resources which help adults respond to children disclosing abuse.
- NSPCC also provides free and independent advice about HSB: NSPCC - Harmful sexual behaviour framework
- Safeguarding Unit, Farrer and Co. and Carlene Firmin, MBE, University of Bedfordshire - Peer-on-Peer Abuse toolkit provides practical guidance for schools on how to prevent, identify early and respond appropriately to peer-on-peer abuse.
- Contextual Safeguarding Network – self-assessment toolkit for schools to assess their own response to HSB.
- Childnet - STAR SEND Toolkit equips, enables and empowers educators with the knowledge to support young people with special educational needs and disabilities.
- Childnet - Just a joke? provides lesson plans, activities, a quiz and teaching guide designed to explore problematic online sexual behaviour with 9-12 year olds.
- Childnet - Step Up, Speak Up a practical campaign toolkit that addresses the issue of online sexual harassment amongst young people aged 13-17 years old.
- NSPCC - Harmful sexual behaviour framework an evidence-informed framework for children and young people displaying HSB.

- Contextual Safeguarding Network – Beyond Referrals - Schools leavers for addressing HSB in schools.
- Farrer & Co: Addressing child on child abuse: a resource for schools and colleges. This resource provides practical guidance for schools and colleges on how to prevent, identify early and respond appropriately to child-on-child abuse.

SHARING NUDES AND SEMI-NUDES

- London Grid for Learning-collection of advice - Various information and resources dealing with the sharing of nudes and semi-nudes.
- UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young people - Advice for schools and colleges on responding to incidents of non-consensual sharing of nudes and semi-nudes.