

Safeguarding Children and Young People

Handbook

Introduction

Welcome to the Thirtyone:eight Safeguarding Children and Young People course. This handbook accompanies the course, and contains the case scenarios, discussion questions and polls we will be using in the webinar as well as some additional information and signposting.

This course is designed for all four UK nations and the handbook has nation-specific sections, as well as the content that applies across the UK. Transcripts of learning are available to evidence how this course meets the General Workforce requirement of the Child Protection Learning and Development Framework for Scotland and Group B of the National Safeguarding Training, Learning and Development Standards for Wales.

Safeguarding is vital in any place where vulnerable people, like children and young people, are welcomed. While schools and care settings are highly regulated, churches, faith organisations, and charities face more complex challenges. We must balance open doors and a welcoming culture with the duty to protect the vulnerable, recognising that abusers may target these environments. This training aims to equip and empower you in your safeguarding role. We look forward to supporting you as you safeguard the children and young people you work with.

The Thirtyone:eight team

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Questions and Exercises in the webinar

Throughout the webinar there will be opportunities to have discussions, share knowledge and participate in activities to apply our learning in context. These are included here for reference only. There is no need to work through anything in advance.

Module 1: Recognise

Poll: Can you match the four* main categories of harm and abuse to the definitions given?

Categories: Physical, Emotional, Neglect, Sexual

1. Not meeting a child's basic physical, emotional, educational or medical needs or failing to protect them from harm.
2. Deliberately hurting a child and causing harm to their body e.g. hitting, kicking, burning, shaking, poisoning or any other form of non-accidental harm.
3. Forcing or persuading a child to take part in sexual activities. It may involve physical contact or non-contact abuse and can also take place online.
4. Ongoing emotional ill-treatment that can have a severe negative effect on the child's development e.g. rejection, frightening, humiliating a child or exposing them to the ill-treatment of others.

*Welsh Legislation also includes financial abuse (having money or property stolen or misused, being defrauded or put under pressure about money or property). In the other UK nations this is named only for adults, but the Social Services and Well-being (Wales) Act 2014 covers both child and adult safeguarding.

Case Scenarios – Questions for discussion:

1. What are your concerns and what are the clues that the child might be at risk?
2. Can you identify the category/categories of abuse?

Josh:

Josh is 12. He comes to your youth group every Wednesday in term time. He started a new school a few months ago and recently you've noticed some changes. He dresses differently and seems to have a new pair of trainers most weeks. The way he interacts has become a bit more aggressive; you had to talk to him a couple of weeks ago after he shouted at one of the other young people for touching his phone. He often seems tense and tired. Last night he came in with his cap pulled low and his hood up. As the evening went on, he relaxed and joined in the games. When his hood came down you noticed a cut and bruise on the side of his face. When you ask him about it, he says, "It's nothing. Just man life."

Awusi:

Awusi is 15. She comes to your drop-in homework club with a couple of friends and her younger siblings. When she comes to show you her work, you notice long, red marks on the palms of her hands. You ask her what happened, and she says, "My father is very strict. If we step out of line, we get caned. You should have seen my brother last week!"

Maeve and Nora:

Maeve and Nora are 4-year-old twins. They are part of your kids' group on Sunday mornings. This morning they look really tired and Nora actually fell asleep during story time. During the next activity you ask them how they're doing and why they're so tired. They express to you that they couldn't sleep last night because of the 'shouting and crashing'. Maeve starts to cry, 'I don't like it. It's scary. Mommy's worried. I'm worried.'

Charles:

Charles is 9 years old. He is part of your weekly children's group. He has an epilepsy diagnosis, and you think he may also be neurodivergent, but his parents have never mentioned this. You've noticed that his parents don't seem very warm towards him, but you know everyone parents differently, so you haven't said anything. However, his younger brother, Jonathan, has now joined the group and their attitude towards him is completely different- at pick up times they greet him with a smile and a hug and ask if he's had fun. Their behaviour towards Charles hasn't changed. Today Charles notices you looking over when they get dropped off. He shrugs and says, "It's because I've got the evil in me. He's a good boy."

Logan:

Logan is 3. Last year, he came to your foodbank each week with his mum. He was a lively, smiley toddler. You haven't seen him for a while but today he came in with an older woman you don't recognise, and you can't believe the difference in him. He doesn't make eye contact with you or smile and wave like he used to, he just stares ahead. His clothes and his wheelchair are stained and dirty and you notice he isn't wearing his glasses. You go over to say 'hi' and introduce yourself to the woman with Logan. She says, "Yeah, he's my daughter's but I'm lumbered with him all the time now she's working. Life's all about him these days."

Layla-Rose:

Layla-Rose is 5 months old. Her child-minder, Angie, brings her to your stay and play group with another couple of children she looks after. Layla-Rose is often asleep in her pushchair when the group is on. Today she wakes up and starts crying. Angie is busy with the toddlers, so you offer to pick her up and Angie agrees. When you lift off her blanket you notice marks on the inside of her arms and a bruise on the side of her head. When you ask Angie what happened she says her parents said she had an accident at the weekend, and that there have been a few of those recently.

Halima:

Halima is 8. She attends your girls' group after school twice a week. She's a quiet child and you don't know much about her but, until recently, she's always seemed content and happy and plays regularly with two other girls. For the last couple of sessions, she's been tearful and withdrawn, she goes to the bathroom frequently, staying a while, and isn't responding to her friends in the same way. You mention what you've noticed to your colleague, and she says she knows Halima's aunt and teenage cousin have recently moved into the family home, so maybe she's struggling to adjust to the change.

Dylan:

Dylan is 15. He's part of your summer sports club. He loves all sport and he's a gifted athlete. At the start of the programme, he was confident and chatty. In the breaks, he'd check his phone quite a bit but always looked happy, almost excited when he did this. You've noticed that in the last week he's become more withdrawn and, when he checks his phone, he looks worried and stressed. Today he helps you tidy up the equipment at the end of the session. You tell him you've noticed he seems different lately and ask if everything is ok. He says, 'I can't tell you, it's too shameful. I've got myself in a bit of a mess. It's ok, I'll work it out.'

Pause and Consider: What other ways might children and young people experience harm and abuse? **This will be a brief discussion during the webinar but there is a section in this handbook on emerging and evolving forms of harm and abuse that you will need to read to complete your learning.**

Discussion: What experiences and identities can make a child more vulnerable than their peers and increase their risk of harm?

Module 2: Respond

Poll: If a child or young person told you they were experiencing harm or abuse, would the following responses be helpful or unhelpful?

- Thank you for telling me.
- I won't tell anyone else.
- What did you do to make them do that?
- Well, what do you expect if you behave that way?
- You were right to talk to me about this.
- It wasn't your fault.
- I'm sure they didn't really mean it.
- Are you sure that's true?
- Is there anyone you'd like me to call?
- How can I support you with this?
- You need to forgive and forget.
- (Name) is our safeguarding lead. They can help us.

Case Scenario: What, if any, are your concerns about the following situation?

You volunteer at your organisation's children's group. Recently, you've noticed that the way one of the other volunteers interacts with the children makes you feel uncomfortable. It's probably nothing, the volunteer is popular with the children and your team leader gets on with them very well, so maybe it's just a different approach. They seem to spend a lot of time with a couple of the quieter children in the group. They get really close to these children during activities, so their bodies are touching, and always make a beeline for them at the end of the session, helping them put on coats etc. This week you heard them offer to the parents of one of them to take their child home after the group has finished. You know that things are tough for this family at the moment, so they're probably just being helpful, but you know it says in your code of conduct that leaders shouldn't give children lifts alone.

Module 3: Record

Case Scenarios: What would you record?

Charles – 1st Wednesday of the month:

You are playing board games with the children this week. Charles wins the game with his group. His friend Milena starts to cry because she came last but doesn't stay upset for long. During the snack break that comes next, you notice Charles standing in the corner hitting himself on the head. When you ask if he's ok and why he's hurting himself he says, "I've got to get it out. It happened again, I'm always upsetting people and making everything sad."

Charles – 3rd Wednesday of the month:

You notice that Charles' brother, Jonathan, has come to the group in brand new clothes and shoes and that Charles is wearing the same trousers and jumper he always wears, and these are getting quite small now. When he takes his jumper off after one of the games, you notice that he still has hot chocolate on his t-shirt that he spilt during last week's session.

Charles – 4th Wednesday of the month:

During today's activities, Charles hasn't seemed to be able to concentrate. He looks exhausted and isn't talking to his friends. When you ask him a question it takes him a few moments to register that you've spoken to him and then he seems upset and confused. He mumbles "I'm sorry, I'm so sorry," and goes back to looking at his hands.

Module 3: Record

Sample cause for concern form for Charles:

Child/Adult’s name (subject of concern):	Charles
Date of birth/age:	9
Child/Adult:	Child
Address:	1 Street, Town, Postcode
Date & time of incident:	5 pm Wednesday DD/MM/YY
Date & time of writing:	6 pm Wednesday DD/MM/YY
Your name and role title:	Your Name - Children’s group volunteer
Signature	Your signature
Other members of household:	Mum, Dad and younger brother (Jonathan- also in our group)

Module 3: Record

Sample cause for concern form for Charles cont:

Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc.*	I am concerned about Charles' response to his friend becoming upset during the group today. Charles won a board game and his friend, Milena, started to cry because she came last, but she didn't stay upset for long. A minute or so later she was having a snack and playing happily with the other children. Charles went to stand in the corner, and I saw him hitting himself on the head. I asked him why he was doing this, and he said, "I've got to get it out. It happened again, I'm always upsetting people and making everything sad." I couldn't see any physical marks on his head, but he was distressed, and it took a little while to get him to stop.
How did the concern come to light?	I saw what Charles was doing and went to talk to him to try and help him stop hurting himself and find out why he was upset.
What is the child/adult saying about what has happened?	"I've got to get it out. It happened again, I'm always upsetting people and making everything sad."
Any other relevant information. Previous concerns etc.	I am particularly concerned about this because it is not the first time I have heard Charles talk about himself in a way that worries me. I have previously made records about the difference in parental response towards him and his younger brother and the fact that a couple of weeks ago he said, "I've got the evil in me."
Date and time of discussion with Safeguarding Lead:	DD/MM/YY © Thirtyone:eight. No part of this publication may be shared or distributed to any party outside of the member organisation, without the prior written permission of the publisher.

Check to make sure your report is clear to someone else reading it.

Please pass this form to your Safeguarding Lead without delay.

*Please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.

Module 4: Report

Discussion: Who would you talk to if you were concerned a child wasn't safe?

Module 5: Reflect

Reflection Exercise:

Think about the role that has brought you to this training. Picture the activities you take part in and the children you work with.

- What do you already do every week to reduce risk and keep these children safe?
- Would a child experiencing abuse be listened to, believed, supported and see action taken by you and your organisation? Examine your instinctive answer, was it an emotional or factual response?
- What will you take away from this training to enable you to better safeguard children in your context?

UK Safeguarding Law and Guidance

Our day-to-day safeguarding practice is based on laws made by one of the four UK Governments (Westminster, Holyrood, Stormont and the Senedd). Some laws apply to the whole of the UK, and some to specific nations. Governments also issue national guidance to help workers practically apply the law.

The following tables show some of the key safeguarding laws and guidance for the 4 UK nations. There are several other laws that inform the criminal justice aspects of harm and abuse too. You do not need to know the details of legislation and national guidance for your role, it's enough to have an awareness that there is a legal framework for safeguarding that underpins what we as children's and youth workers do. For those interested in the details, the full documents are available online by searching the names and dates given here.

Laws:

England	Northern Ireland	Scotland	Wales
Children Act 1989 and 2004	The Children (NI) Order 1995	Children (Scotland) Act 1995	Children Act 1989
Children and Social Work Act 2017	Safeguarding Board Act (Northern Ireland) 2011	Children and Young People (Scotland) Act 2014	Social Services and Wellbeing (Wales) Act 2014
Safeguarding Vulnerable Groups Act 2006	The Safeguarding of Vulnerable Groups (NI) Order 2007	Protection of Vulnerable Groups (Scotland) Act 2007 and Disclosure (Scotland) Act 2020	Safeguarding Vulnerable Groups Act 2006
	Children's Services Co-operation Act (Northern Ireland) 2015	UNCRC (Incorporation) (Scotland) Act 2024	

Guidance:

England	Northern Ireland	Scotland	Wales
Working Together to Safeguard Children (2018) England (updated 2023)	Co-operating to Safeguard Children and Young People in Northern Ireland 2017 updated 2024	National Guidance for Child Protection in Scotland 2021 (updated 2023)	Working Together to Safeguard People vol 1- 6
Keeping Children Safe in Education (updated annually)	Safeguarding for Northern Ireland (SBNI) Procedures Manual (2017)	Getting it Right for Every Child (GIRFEC)	Wales Safeguarding Procedures

Safeguarding legislation across the UK is informed and underpinned by:

- UN Universal Declaration of Human Rights 1948
- European Convention on Human Rights 1953
- UN Convention on the Rights of the Child 1989
- Human Rights Act 1998



Required Reading: Emerging and Evolving Forms of Harm and Abuse

Across the UK, legislation names four* primary categories of harm and abuse: Physical, Emotional, Neglect and Sexual.

In the webinar, we discuss different ways in which children and young people may experience these primary categories. However, as staff and volunteers, it is important for you to have a greater awareness and ability to recognise some emerging and evolving forms of harm and abuse. **Please read the information below and follow the links provided if you would like to learn more.**

If you are worried that a child or young person in your organisation may be experiencing, or at risk of experiencing, one of these forms of harm, talk to your safeguarding lead.

*Welsh Legislation also includes financial abuse (having money or property stolen or misused, being defrauded or put under pressure about money or property). In the other UK nations this is named only for adults, but the Social Services and Well-being (Wales) Act 2014 covers both child and adult safeguarding.

Affluent Neglect:

Affluent neglect refers to the neglect experienced by children in wealthy families. It is often difficult to spot because some of the visible signs of neglect are absent – children from wealthy families may have smart, clean clothes, comfortable housing, be well fed and have access to excellent educational opportunities. There may also be an unconscious bias from the adults involved in a child's life that neglect is not something that happens in affluent families or that children who are materially provided for have all they need.

However, neglect can be emotional and supervisory too. Parents may spend very little time with their children and be emotionally disconnected. There may be excessive pressure put on children to succeed. A lack of parental supervision and guidance can mean children take more risks. Children from wealthy families may also have the financial means to facilitate drug and alcohol abuse and the independence to engage in risky sexual activity.

Signs and indicators may include: changes in behaviour, being withdrawn, missing school, showing signs of self-harm, drug or alcohol misuse, changes in eating habits and displaying obsessive behaviour.

[Farrer and Co - Affluent Neglect](#)

[Affluent neglect: A hidden form of abuse | Tes](#)

Child Abuse Linked to Faith or Belief:

Child Abuse Linked to Faith or Belief (CALFB) refers to abuse that arises from beliefs in witchcraft, spirit possession, or other supernatural forces. It includes harmful practices such as: accusations of being possessed or a witch, ritualistic abuse (physical, emotional, or sexual), exorcism attempts involving violence and the use of fear of the supernatural to control or exploit children (e.g., trafficking).

Continued on next page.

CALFB often arises when families experience misfortune—such as illness, death, or behavioural issues—and seek explanations through spiritual or supernatural beliefs. Vulnerable children may be scapegoated as the cause of these misfortunes. In some cases, women are accused first, with children becoming secondary victims.

Possible signs and indicators include: unexplained injuries or neglect; withdrawal or fearfulness, especially around family or community members; sudden changes in behaviour; ritualistic behaviour or language and isolation from peers or community

Concerns that aspects of a child's faith or culture may be harming them must be reported, not simply accepted as 'part of their belief system'.

[Child Abuse Linked to Faith or Belief – National FGM Centre](#)
[Child abuse linked to faith or belief | Metropolitan Police](#)

Child Criminal and Sexual Exploitation:

The Jay Review released in November 2023 highlighted that thousands of children and young people across the UK are controlled and manipulated by criminal gangs, and many more are at risk. Care experienced children, children who live in poverty, and children excluded from mainstream school are particularly at risk.

Child exploitation involves perpetrators targeting a child, tricking them into trusting them, then manipulating or threatening them until they do what the group wants. Among other things, it can involve 'county lines' (carrying drugs, money or weapons between one area and another), sexual exploitation, or carrying out acts of violence or criminal damage.

Signs and indicators include often being outside of the local area, having items that seem expensive, getting lots of calls or texts (sometimes on more than one phone), secretive behaviour or unexplained injuries.

[The Jay Review of Criminally Exploited Children | Action For Children](#)
[Child Sexual Exploitation \(CSE\) for Professionals](#)
[Criminal exploitation of children and vulnerable adults: county lines](#)
[\(accessible version\) - GOV.UK](#)

Child on Child Abuse:

Children can, and do, abuse other children. We need to respond well and pass on concerns whenever a child is experiencing harm and abuse. Abuse perpetrated by other children should never be dismissed as 'just part of growing up'. Child-on-child abuse describes any abusive behaviour that happens between children, including physical, sexual and emotional abuse, coercive control, exploitation, humiliation and intimidation. Child-on-child abuse is harmful to both the perpetrator and the victim, and acting in harmful ways may be an indicator that a child is experiencing harm themselves. If you have concerns about the way one child is behaving towards another child, talk to your safeguarding lead.

[Safeguarding Network - Child-on-Child Abuse](#)
[NAPAC Child-on-Child Abuse Booklet](#)

Domestic abuse:

Living in a home where domestic abuse is happening is emotionally harmful to a child. Even if they aren't the targets for abuse, living in an environment of threat and fear, and hearing or seeing the abuse of another person, can have long-term negative impacts on a child. This is still true for babies and children we think may be too young to understand what is happening. If you are aware that a child is living in a home where domestic abuse is or may be occurring, talk to your safeguarding lead.

Young people can also experience abuse within their own relationships. Several studies have shown that 40% of teenagers are in abusive dating relationships. If you notice changes in behaviour or what a young person tells you about their relationship makes you worry that they are experiencing abuse, talk to your safeguarding lead.

[Abuse in Teenage Relationships - Reducing the Risk](#)
[Safe Young Lives | Young people & domestic abuse - SafeLives](#)
[Effects of domestic abuse on children | Barnardo's](#)

Fabricated / induced illness:

This is where a parent or carer exaggerates or deliberately causes symptoms of illness in a child. It is quite rare, but it does happen and is harmful to the child for several reasons. Signs can include an illness where symptoms only persist when the parent or carer is present, the only person claiming to notice the symptoms is the parent or carer, and the child's activities being limited far beyond what you would usually expect for a certain condition.

If you suspect this is happening, do not confront the parent or carer, but follow the normal process of recording and reporting to your safeguarding lead.

[Overview - Fabricated or induced illness - NHS](#)

[Signs - Fabricated or induced illness - NHS](#)

[Perplexing Presentations and Fabricated or Induced Illness | Safeguarding Network](#)

Female Genital Mutilation (FGM):

Female Genital Mutilation (FGM) refers to the partial or total removal, stitching, or other harm of the external female genitalia for non-medical reasons. Many women and girls will use the phrase "being cut." FGM is a serious form of abuse and a criminal offence in the UK.

FGM is usually carried out on girls between infancy and age 15, often before puberty, or sometimes just before marriage or pregnancy. It's most commonly performed outside the UK, often during extended family visits abroad. The procedure is extremely painful, medically unnecessary, and can lead to long-term physical and emotional harm and even death.

Signs can include changes in behaviour, long absence from activities, a female relative visiting from overseas, a girl telling you she is attending a special ceremony to 'become a woman', a girl being asked by parents to keep a holiday secret.

[FGM – National FGM Centre](#)

Honour-based violence and abuse:

Honour-based abuse is a form of control or punishment used to protect or defend perceived cultural or religious beliefs and honour. It's an umbrella term that includes physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder, where the person is being punished by their family or community.

Victims are predominantly women and girls, but men and boys can also be victims, particularly where it's believed they've engaged in 'inappropriate' sexual relations, such as same-sex relationships, or are supporting a victim of honour-based violence.

[What is Honour Based Abuse? - Police Scotland](#)
[Karma Nirvana](#)
[Honour-based abuse & FGM | Reducing the Risk](#)
[Home - Savera UK](#)

Modern Slavery and trafficking:

Child trafficking is defined as “recruiting, moving, receiving and harbouring children for the purposes of exploitation.”* Children can be trafficked to the UK from other countries and also trafficked from one part of the UK to another. Moving a child from one house to another within the same town for the purpose of exploitation is trafficking. There are many forms of modern slavery and exploitation that affect children, including forced marriage, domestic servitude, cannabis cultivation, benefit fraud and forced labour. Children can also be trafficked for illegal fostering and adoption. Signs and indicators include having to do excessive domestic chores, having very restricted movement, not being registered with a GP or school, not having a good relationship with their adult carers and living with several other unrelated children.

[Protecting children from trafficking and modern slavery | NSPCC Learning](#)
[Facts & figures - Unseen](#)
[Preventing modern slavery and human trafficking of children and young people | Independent Anti-Slavery Commissioner](#)

*HM Department for Education (DfE) and Home Office, 2011; Department of Health, Social Services and Public Safety and Police Service of Northern Ireland, 2011; Scottish Government, 2013; Wales Safeguarding Procedures Project Board, 2020 cited [Protecting children from trafficking and modern slavery | NSPCC Learning](#)



Online harm and abuse:

There are a number of different ways that children and young people can experience harm and abuse online. We have a separate course about online safety if this is an area of particular interest for you. Emotional and sexual abuse are perhaps the most prevalent forms of online harm, but children can also experience physical abuse through incitement to participate in dangerous 'dares' or self-harming behaviours. There is also a risk of financial exploitation (for example, see 'sextortion' below).

Online sexual abuse may involve a number of things, including: online grooming; 'catfishing'- where someone uses a fake persona to build a relationship; coercing children to perform sexual acts on themselves or another child for the production of abuse images and videos; 'deep fakes' – where AI is used to generate images that look real and seem to show a child doing something they didn't do.

Online emotional abuse can involve cyber-bullying; threats; intimidation; setting up hate sites or groups about a particular child; trolling; creating fake accounts; or stealing online identities to shame a child or get them into trouble.

Children can be harmed online by strangers or people known to them and by adults or other children. If you are worried about what a child or young person is experiencing online, talk to your safeguarding lead.

[Keep Children Safe Online: Information, advice, support - Internet Matters Report Remove | Childline](#) This tool enables children and young people to report and remove an indecent image of themselves that has been shared online.

[CEOP Safety Centre](#) [CEOP Education](#)

Paramilitarism:

In Northern Ireland, many communities are still experiencing threats, intimidation and violence by paramilitary groups and associated gangs. Children and young people are being groomed and exploited by these gangs and coerced into committing acts of violence and other criminal activities. A recent study surveyed 1,200 adults across Northern Ireland and even 18–24-year-olds reported exposure to conflict-related violence and paramilitary threats. As well as physical danger and criminalisation, harms include trauma, complex mental health issues, engagement in risk-taking behaviours and substance misuse.

[Ending The Harm- Paramilitarism and Organised Crime](#)
[NI young people still experience paramilitary-related trauma - report - BBC News](#)

Physical discipline:

In Scotland and Wales, physical discipline is illegal. In Northern Ireland and England, the law still has the defence of 'reasonable punishment / chastisement', though interested groups are campaigning for this to be changed. The parameters for this defence are that an adult: can only physically chastise their own child, that they cannot use an implement, it must not leave a mark, and it cannot be a repeated action. Physical chastisement that goes beyond this could result in a statutory investigation. Cultural expectations and interpretations of scripture cannot be used to justify harming a child. If you are concerned about what a child is experiencing, talk to your safeguarding lead- even if you aren't sure if it goes beyond the law.

[Parenting. Give it time. | GOV.WALES](#)
[We're here for you | Parent Club](#)
[Together we can | A Manifesto for a safer society for all](#)
[End physical punishment | NSPCC](#)
[UCL Research Briefing - Physical Punishment of Children in the UK](#)

Radicalisation:

Radicalisation is the process of drawing a child into the support of or involvement in extremist ideologies. Extremism is based on violence, hatred and intolerance and denies the rights and freedoms of particular groups. It's hard to know when extreme views become dangerous, and when a child or young person is being radicalised. However, some signs and indicators include: isolating themselves from family and friends; expressing angry, disrespectful and intolerant views; becoming increasingly secretive. Children who have low self-esteem, or who have experienced bullying or discrimination are particularly at risk. If you are worried, talk to your safeguarding lead.

[Protecting children from radicalisation | NSPCC](#)

[Signs of Radicalisation & Extremism](#)

[Radicalisation and extremism | Childline](#)

Sextortion:

Sextortion is the term used to describe a type of online blackmail in which a child is tricked into sending a nude or suggestive image or video. The perpetrator then demands money or more images, threatening to send the image to all a child's friends, family and online contacts if they don't comply.

It's a type of organised crime that is growing exponentially. 14-17-year-old boys are the primary targets for sextortion involving money, girls for sextortion demanding more images.

In a US study, 85% of sextortion victims cited shame and embarrassment as their reason for not getting help. Children and young people feel frightened and can't see a way out. There have been several cases of suicide resulting from this form of abuse. It's important to respond with hope and not judgement, and to record and report your concerns.

[Online blackmail](#) (Information and advice for under 18s)

[Report Remove | Childline](#) (Confidential reporting tool for under 18s)

[YoungMinds | Mental Health Charity](#)

National Information and Advice: [Wales](#) [Scotland](#) [N. Ireland](#) [England](#)

Safeguarding in England

The following pages contain useful information for those safeguarding children and young people in England.





Safeguarding glossary:

Children's Social Care Services – services provided by local authorities that are responsible for safeguarding and promoting children's welfare. Your organisation's safeguarding lead may refer concerns about a child to them so they can act to protect the child and support families and carers.

DBS checks - criminal record checks used to help make safer recruitment decisions. The level of check you need depends on the activities involved in your role.

Local Authority Designated Officer (LADO) – person in Social Services responsible for managing and overseeing concerns, allegations and offences relating to staff and volunteers in any organisation across a local authority area. May also be known as Designated Officer for Allegations (DOFA)

Multi Agency Safeguarding Hubs (MASH) - these are teams made up of professionals from different agencies including social work, police, health, and education. The team usually provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults. Many Local Authorities in England have a MASH team, but not all.

Categories of abuse in legislation and guidance:

Children Act (1989 and 2004) and Working Together to Safeguard Children (updated 2023) name four main categories of harm and abuse. The wording below is taken from this legislation and guidance:

Physical Abuse: Inflicting physical harm or injury on a child. It may involve:

- Hitting, shaking or throwing
- Poisoning
- Burning or scalding
- Drowning or suffocating
- Any other way of causing physical harm to a child.

It may also involve a parent or carer fabricating or inducing illness in a child.

Emotional Abuse: Persistent emotional maltreatment that impacts a child's emotional development. This could involve:

- Conveying to a child they are worthless, unloved or inadequate.
- Deliberately silencing or making fun of what they say or how they communicate.
- Imposing inappropriate expectations on them or limiting exploring and learning.
- A child witnessing or hearing the ill-treatment of someone else.
- Serious bullying or cyber-bullying.
- Causing a child to feel frightened or in danger or exploiting a child.

Emotional abuse is involved in all other forms of abuse and neglect but can also occur alone.

Categories of abuse in legislation and guidance continued:

Sexual Abuse: Forcing or enticing a child to take part in sexual activities, whether or not a child is aware of what is happening. It may involve:

- Assault by penetration (e.g. rape)
- Non-penetrative physical acts, such as kissing or touching.
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images and videos; watching sexual activities; grooming a child in preparation for abuse.
- Online abuse and grooming.

Neglect: Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing or shelter.
- Protect a child from physical or emotional harm.
- Ensure adequate supervision.
- Ensure access to appropriate medical care or treatment.
- Provide a suitable education.
- Respond to a child's basic emotional needs.

A Child-Centred Approach to Safeguarding

Safeguarding in England, as in the rest of the UK, is underpinned by a child-centred approach. There is an appendix explaining more about what this is and what it means for you later in the handbook. Working Together to Safeguard Children includes a section that states what children have said they need from a safeguarding system. Recognising and applying these factors will enable us to ensure we keep children at the centre as we work with them and safeguard them.

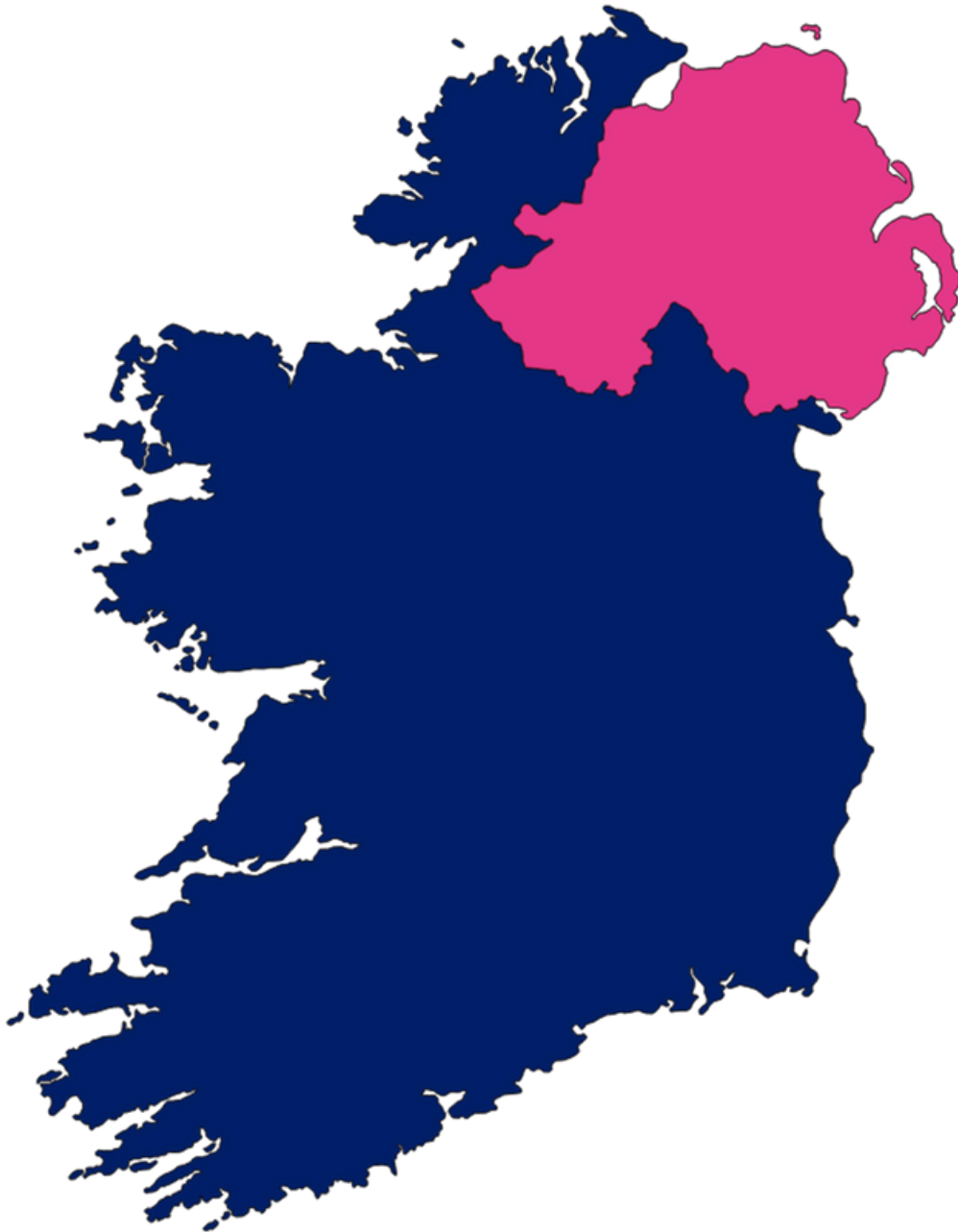
Children have said they need:

- **vigilance:** to have adults notice when things are troubling them
- **understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **respect:** to be treated with the expectation that they are competent rather than not
- **information and engagement:** to be informed about, and involved in procedures, decisions, concerns and plans
- **explanation:** to be informed of the outcome of assessments, and decisions and reasons when their views have not met with a positive response
- **support:** to be provided with support in their own right as well as a member of their family
- **advocacy:** to be provided with advocacy to assist them in putting forward their views
- **protection:** to be protected against all forms of abuse, exploitation, and discrimination, and the right to special protection and help if they are a refugee.

From: [Working together to safeguard children 2023: statutory guidance](#)

Safeguarding in Northern Ireland

The following pages contain useful information for those safeguarding children and young people in Northern Ireland.





Safeguarding glossary:

Access NI Checks - criminal record checks used to help make safer recruitment decisions. The level of check depends on the activities involved in your role.

Northern Ireland Gateway to Children's Social Work Services - your safeguarding lead will contact your local Gateway team when children and young people need social services support. Wherever you live in Northern Ireland, Out of Hours Social Workers can be contacted through one central telephone number: (028) 0800 197 9995. Your safeguarding lead will also report to Gateway Services if receive an allegation against an adult who works with children and young people.

Safeguarding Board for Northern Ireland (SBNI) - SBNI are the body with responsibility for agreeing how children's agencies will cooperate and work together to promote the safety and welfare of children in Northern Ireland. They will also review cases where children have been significantly harmed or have died. They are a source of lots of information and resources.

Categories of abuse in legislation and guidance:

The Children (NI) Order 1995 and Co-operating to Safeguard Children and Young People in Northern Ireland 2017 (updated in 2024) name four main categories of harm and abuse. The wording below is taken from this legislation and guidance:

Physical Abuse: Deliberately physically hurting a child. This could include:

- Hitting, biting, pinching, shaking or throwing.
- Poisoning
- Burning or scalding
- Drowning or suffocating
- Any other way of physically hurting a child.

Sexual Abuse: Using and exploiting children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve:

- Assault by penetration (e.g. rape)
- Non-penetrative acts such as kissing or touching.
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images and videos; watching sexual activities; grooming a child in preparation for abuse.
- Online abuse and grooming.

Categories of abuse in legislation and guidance continued:

Emotional Abuse: The persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. It may involve:

- Deliberately telling a child that they are worthless, or unloved and inadequate.
- Not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate.
- Bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Neglect: The failure to provide for a child's basic needs, including:

- Adequate food, clothing, hygiene or shelter
- Adequate supervision

Failure to meet these needs is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Co-operating to Safeguard Children and Young People also recognises that children may experience harm through **exploitation** and **ill-treatment or abuse of another**. It defines 'exploitation' as "the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature." The guidance recognises that a child who is being exploited will be experiencing one or more of the above forms of abuse. The inclusion of 'ill-treatment or abusive behaviour directed at another' recognises that children experience harm through domestic abuse, whether or not they directly witnessed an incident.

Northern Ireland's UNOCINI

The key information for you to know is that there is a standardised referral process called UNOCINI. Your safeguarding lead/senior management will be aware of the details and application of this.

The acronym stands for Understanding the Needs of Children in Northern Ireland. It was developed to improve the quality of assessment and improve the partnership of everyone involved in a child's life. It's unique to Northern Ireland.

It's a shared tool that should be used by all organisations involved in a child's life. It's worth considering the following when making notes on safeguarding concerns in Northern Ireland as these may help your safeguarding lead when it comes to referring on a concern.

1. **Needs** – deficits in any aspect of the child's life, which have an impact upon their well-being and development.
2. **Strengths** – aspects of the child, their life, the family circumstances and the environment, which are positive.
3. **Existing and/or Potential Risks** – matters which may impair or endanger the child's safety and development.
4. **Resilience and Protective Factors** – relationships and structures that promote the wellbeing of the child.

Safeguarding in Scotland

The following pages contain useful information for those safeguarding children and young people in Scotland.





Safeguarding glossary:

Children's Social Work Services - every local authority in Scotland has a Children and Family Services department. They have a duty to safeguard and promote the wellbeing of children in need in their area. Your organisation's safeguarding lead or the child's Named Person (see below) may contact them about children and young people you encounter in your organisation.

Child Protection Team – All of Scotland's councils have Child Protection teams who can offer help and guidance if you are worried about a child. You can find your local team's contact details [here](#).

Disclosure Scotland and the PVG Scheme – Disclosure Scotland is the body responsible for criminal records checks undertaken as part of a safer recruitment process. Staff and volunteers who work closely and / or intensively with children may need to sign up to the PVG (Protection of Vulnerable Groups) Scheme depending on the nature of their work. Organisations also have a duty to report allegations about an adult who works with children and young people to Disclosure Scotland.

Named Person – every child in Scotland is assigned a 'Named Person' to act as a single point of contact for their support and protection. A child's named person is initially the midwife, then the health visitor, and then the headteacher/guidance teacher at their school. Your organisation's safeguarding lead may liaise with a child's Named Person in order to support or safeguard the child.

Categories of abuse in legislation and guidance:

The National Guidance for Child Protection in Scotland (updated 2023) names four main categories of harm and abuse. The wording below is taken from this guidance:

Physical Abuse: Causing physical harm to a child or young person. It may involve:

- Hitting, shaking or throwing
- Poisoning
- Burning or scalding
- Drowning or suffocating
- Any other way of causing physical harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Emotional Abuse: Persistent emotional ill treatment that impacts a child's emotional development. This could involve:

- Conveying to a child they are worthless, unloved or inadequate.
- Repeated silencing, ridiculing or intimidation.
- Imposing inappropriate expectations on them or extreme overprotection that limits exploring and learning.
- A child seeing or hearing the abuse of someone else.
- Corrupting or exploiting a child.

Emotional abuse is involved in all other forms of abuse and neglect but can also occur alone.

Categories of abuse in legislation and guidance continued:

Sexual Abuse: Involving a child under 16 years of age* in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. It may involve:

- Penetrative or non-penetrative acts
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images and videos; watching sexual activities; encouraging a child to behave in sexually inappropriate ways.
- Child sexual exploitation, where a child (under 18) is coerced, manipulated or deceived into sexual activity in exchange for something the victim needs or wants, or for the advantage of the perpetrator.

Neglect: Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection needs. The GIRFEC SHANARRI indicators set out the essential wellbeing needs (see next section). Neglect of any or all of these can impact on healthy development.

- Neglect may involve a parent or carer failing to:
- Provide adequate food, clothing or shelter.
- Protect a child from physical or emotional harm.
- Ensure adequate supervision.
- Ensure access to appropriate medical care or treatment.
- Provide a suitable education.
- Respond to a child's essential emotional needs.

The national guidance also names criminal exploitation, female genital mutilation, child trafficking and forced marriage. These forms of harm are covered in the required reading section of this handbook.

*For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child



Getting it Right for Every Child - GIRFEC

Getting it right for every child (GIRFEC) is the national approach in Scotland to improve children's outcomes and support their wellbeing.

It focuses on offering the right help at the right time from the right people. It encourages children and their parent(s) to work in partnership with the services that can help them. GIRFEC will be familiar to most parents and people who work with children – it's displayed in every place of learning and NHS building and is highlighted to parents pre- and post- birth.

The Children and Young People (Scotland) Act 2014 aims for a single framework – a Child's Plan, to be available for children who require extra support to address their needs and their wellbeing.

For more information:

[GIRFEC principles and values - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/getting-it-right-for-every-child/girfec-principles-and-values/pages/1-12.aspx)
[Wellbeing \(SHANARRI\) - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/getting-it-right-for-every-child/girfec-wellbeing/shanarri/pages/1-12.aspx)

SHANARRI - Wellbeing Indicators:

Promoting a child's wellbeing is at the heart of GIRFEC. All those who work with children and young people in Scotland should consider how the eight wellbeing indicators are played out in their role in the life of the child, and their family. In fact, a situation will only be considered a safeguarding concern where one or more of these areas are seen to be lacking.

The acronym 'SHANARRI' can help us remember them:

Safe – growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.

Healthy – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

Achieving – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Nurtured – growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.

Active – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Respected – being involved in and having their voices heard in decisions that affect their life, with support where appropriate.

Responsible – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.

Included – having help to overcome inequalities and being accepted as part of their family, school and community.

In practice, the eight indicators can be interconnected and overlapping.

Safeguarding in Wales

The following pages contain useful information for those safeguarding children and young people in Wales.





Safeguarding glossary:

Children's Social Care - these are the local social work departments that work with children and families. These departments may have different name according to where about they are located in the country. Your organisation's safeguarding lead may refer to them if there a concerns about a child's safety or wellbeing.

Local Authority Designated Officer (LADO) - person in Social Services responsible for managing and overseeing concerns, allegations and offences relating to staff and volunteers in any organisation across a local authority area. May also be known as Designated Officer for Allegations (DOFA). In Wales this is for Children and Adults.

Multi Agency Safeguarding Hubs (MASH) - these are teams made up of professionals from different agencies including social work, police, health, and education. The team usually provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults. Not all areas have MASH teams.

Regional Safeguarding Boards - there are six Regional Safeguarding Boards across Wales. They sit under the National Independent Safeguarding Board Wales. Their role is to oversee safeguarding arrangements in their region; ensuring that agencies co-operate, people are protected, and safeguarding is promoted. They are also useful sources of information, training and support.

DBS checks - criminal record checks used to help make safer recruitment decisions. Depending on your role, this may be basic, standard, enhanced or enhanced with barring. An individual can only apply for a Basic Disclosure themselves.

Categories of abuse in legislation and guidance:

In Wales, the following five categories of abuse are named in the Social Services and Wellbeing (Wales) Act 2014. This applies to both children and adults.

Physical abuse: The deliberate use of physical force by one person against another to cause harm, including: hitting, kicking, rough-handling, scalding, physical punishments, inappropriate use of restraint, misuse of medication, involuntary isolation, forcible feeding or withholding food.

Emotional / Psychological abuse: Any persistent emotional ill-treatment that is likely to cause severe and long-lasting adverse effects on someone's emotional development. Including: conveying to a child that they are worthless, unloved or inadequate, causing someone frequently to feel frightened, humiliation, threats of harm or abandonment, coercion, intimidation, isolation, harassment and cyber bullying.

Neglect: The persistent failure to meet a person's basic physical or emotional needs which is likely to have a serious negative impact on their health or development. Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care, support or educational services; not meeting basic needs such as food, warmth and shelter.

Sexual abuse: Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Including: forcing or enticing a child to take part in sexual activities, rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

Categories of abuse in legislation and guidance continued:

Financial abuse: Can include theft, fraud, scamming, pressure and influence in connection with loans, wills, inheritance, property etc, false representation (using another person's bank card or documents), misuse of benefits. For children it can include child workers without pay, misusing grants for children's care or child's belongings being sold or missing.

A full list of descriptions and indicators is available in the Wales Safeguarding Procedures [here](#):

The Procedures make it clear that there are other ways in which these forms of harm can be experienced. They give these particular examples for children and young people: criminal exploitation, child sexual exploitation, radicalisation, female genital mutilation and modern slavery. These harms are covered in the emerging forms of harm and abuse section of this handbook.

National Safeguarding Procedures

These were designed to bring together the key laws, policies and guidance and turn them into procedures so that everyone who works with children – whether in the charity sector, education, social services, or police – have a shared understanding of what is expected.

These helpful resources can be accessed:

Online

- Yn Gymraeg: www.diogelu.cymru
- In English: www.safeguarding.wales

On the Wales Safeguarding Procedures App

- Via the Apple App Store and Google Play Store.
- A desktop version is available at: www.myguideapps.com



National safeguarding training, learning and development standards:

Wales has a framework clearly outlining required training for all levels of practitioners.

These are arranged from Group A – F, with each group having memorable principles, expected knowledge and processes.

If you work directly with children or young people in any capacity, you would be in Group B. You should therefore complete training for Group A and B. This Safeguarding Children and Young People course is Group B training. Course transcripts are available to evidence you've met the requirements of the framework.

Memorable principles for this group are:

- I am a key part of the safeguarding process
- I know when, how and who to report to
- I will make sure the individual's voice is heard

For more information on Group B and the standards generally, see:

[Safeguarding standards group B | Social Care Wales](#)

Mandatory Reporting:

The duty to report a child at risk of abuse, neglect and / or harm is a requirement in Wales. They offer the following guidance (full information available [here](#)).

For the purposes of this guidance a duty to report to the local authority will be taken to mean a referral to social services who, alongside the police, have statutory powers to investigate suspected abuse or neglect. The term 'practitioner' has been used as a blanket term to describe anyone who is in paid employment as well as unpaid volunteers.

A report must be made whenever a practitioner has concerns about a child under the age of 18 years who:

- is experiencing or is at risk of abuse, neglect or other kinds of harm; and
- has needs for care and support (whether or not the authority is meeting any of those needs).

If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police who have statutory duties and powers to make enquiries and intervene when necessary.

THIS IS NOT A MATTER OF PERSONAL CHOICE.

'At risk'

The use of the term 'at risk' means that actual abuse, neglect or other kinds of harm do not necessarily need to occur, rather without interventions by services actual abuse and neglect are likely to occur.

Example: A practitioner becomes aware of a parent who is struggling to manage the challenging behaviour of their child and has indicated they are worried they will harm their child. A referral should be made before the situation deteriorates to the point whereby, they may resort to physical or emotional abuse.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you*:
Legislation: Social Services and Well-being (Wales) Act 2014	It outlines the ways those who need care and support (and their carers) can access it. You can see an easy read version here. - The aim is to promote wellbeing. - People should be at the heart of the system. - Agencies should work in partnership. - Prevention is a key goal.	This Act was mostly designed to help social services meet the changing needs of people. The vast majority of this is written for professionals, but the principles listed beside should be honoured in our work. Ask yourself: Do your activities, promote wellbeing? Are people at the heart of what you do? Do you work in partnership? Do you seek to prevent harm or need? There's also a requirement for joined up thinking if people are getting/can get support from the community, which often involves our groups. Be available where possible and feel empowered to reach out and offer to work together to support those in your care.

*Unless you are also a trustee or a safeguarding lead for your organisation, you are unlikely to be involved in the policy-writing or decision-making that ensures your organisation is compliant with these laws and guidance. Your role is to uphold good practice and pass on any concerns.

Thirtyone:eight predominantly serves those in faith-based and community-based groups, this information is designed to be relevant to these groups and will be less helpful to those in other sectors.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Guidance: Wales Safeguarding Procedures	This is a set of procedures designed to make the above 'Social Services and Well-Being (Wales) Act 2014' and 'Working Together to Safeguard People' easier to apply to our day-to-day practices. It includes sections on: - Safeguarding children and young people - Adults at risk - Regional Safeguarding Boards - Glossary of terms you should be familiar with.	These procedures apply to anyone working with children or adults in Wales, and they're very clear that this includes us in the third sector (voluntary groups). There's a helpful app dedicated to this, which you can find on App store and Google Play. You should be familiar with the terms in the glossary and use them when working with other agencies. You should read the sections relevant to your work and projects before safeguarding incidents occur and refer back to the information regularly.
Legislation: Mental Capacity Act 2005	This applies to 16-17-year olds and adults who lack the ability to decide or complete an action. It's 'decision specific' to reflect the reality that people will have differing levels of capacity in different situations. The least restrictive measures should be always taken.	Capacity assessments are done by professionals - you won't need specifics , but a couple of principles are helpful: - Always assume the individual has capacity until professionals have proven otherwise - Every possible alternative should be explored before a person should be considered to lack capacity.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Legislation: Children and Young Persons Act 2008	This act looks to extend the framework of support for children who are looked-after, previously looked after, disabled, or adopted.	This is another piece of legislation written for social services – it ensures those in care get the services they need. For those of us in the third sector, it's helpful for us to know a few of these things, so we can signpost those we work with to these services: - For parents/carers of disabled children, 'care breaks' can be provided. - Care experienced children should get support through higher education and should have access to an independent visitor to support them.
Legislation: Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	It's the first piece of UK law to address violence towards women and girls more broadly, rather than only domestic violence. Key elements include: - To prevent gender-based violence, domestic abuse and sexual violence. - To protect the victims of gender-based violence, domestic abuse and sexual violence. - To support people affected by gender-based violence, domestic abuse and sexual violence.	Most of this applies to Welsh government, local authorities and health and education services. It's helpful to note the definitions given on 'abuse' and 'gender-based violence.' Like other legislation, it stresses the important of working together. It also lays out the 'Ask and Act' principle – asking potential victims about the possibility of gender-based violence, domestic abuse and sexual violence where such abuse is suspected and to 'act' so suffering and harm as a result of the violence and abuse is prevented or reduced

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Legislation: Regulation and Inspection of Social Care (Wales) Act 2016 RISCA	Five principles inform the law around how social care services are regulated and inspected. They should: - Reflect the changes brought about by the Social Services and Well-being (Wales) Act 2014 - Put people at the centre of their care and support - Develop a coherent and consistent Welsh approach - Tackle provider failure - Respond quickly and effectively to new models of service and any concerns over the quality of care and support.	This applies to those providing 'regulated services.' Regulated services are services that deliver social care in Wales, are managed by Welsh local authorities and are regulated by Care Inspectorate Wales (CIW). This currently doesn't apply to us in the third sector, but we should be aware that any 'regulated services' should be run with the five principles mentioned.
Legislation: Wellbeing of Future Generations (Wales) Act 2015	Another law that really applies to public bodies, but an interesting one that helps us think through future impacts of our work. It's built around 7 wellbeing goals: 1.A prosperous Wales 2.A resilient Wales 3.A more equal Wales 4.A healthier Wales 5.A Wales of cohesive communities 6.A Wales of Vibrant Culture & Thriving Welsh Language - A globally responsible Wales	This law isn't written for those in the third sector, but there are some healthy ways of working here that we can borrow. They are: Balancing long- and short- term needs, integration of services – how what I do affects others, involving as diverse group of people as possible in our work, working collaboratively, and preventing problems.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Legislation: The Health and Social Care (Quality and Engagement) (Wales) Act 2020	This law is focused on ministers and NHS bodies. It focuses on the quality of care and incorporating patient voices in health processes.	This isn't directly applicable to those in the third sector, although if your work overlaps with healthcare, e.g., hospital chaplaincy, it might be worth reading through a quick guide on this law.
Legislation: The Serious Crimes Act 2015	This law is an important one in terms of safeguarding. It covers some really key areas including Clarifying that child cruelty includes psychological damage and not just physical harm, controlling and coercive behaviour, non-fatal strangulation, female genital mutilation [FGM] and protecting children through making sexual communication with a child illegal.	We need to know that these things are against the law, to report the crimes to the police when appropriate and to support the victims of these crimes. In several ways, this law also underscores that harm does not need to be visible to be a crime, that safeguarding issues are evolving and we must constantly update our training to know how to respond to new forms of abuse as they emerge.
Interventional Convention: European Convention on Human Rights	Member government of Europe compiled a set of rights that build greater peace and unity. They include: 1. The obligation to respect human right. 2. The right to live. 3. The prohibition of torture. 4. The prohibition of slavery and forced labour. 5. The right to liberty and security (continued...)	Charities and faith groups should make sure none of their practices impinge these rights and should look to safeguard those in their care from these rights being impinged. Some charities, schools and groups now proactively teach children about these rights to empower them to be able to speak out when they are being harmed.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Interventional Convention: European Convention on Human Rights	6. The right to a fair trial 7. No punishment without law 8. The right to respect for private and family life. 9. Freedom of thought, conscience, and religion. 10. Freedom of expression. 11. Freedom of assembly and association. 12. Right to marry. 13. Right to an effective remedy through courts of other public body. 14. The prohibition of discrimination. Articles 15-18 unpacks where these rights might be restricted. The rest of the convention sets out how the European Court of Human Rights works.	A recent resource from Scotland can be found here: www.cypcs.org.uk/resources/lets-explore-our-rights/
Interventional Convention Universal Declaration of Human Rights	A set of rights agreed after World War II, this was a landmark agreement as it was the first time a universal agreement was ever made. Almost every country of the world has signed up to this. It includes 30 'articles' (important rights) and some of the most important include:	As above, charities and faith groups should make sure none of their practices impinge these rights and should look to safeguard those in their care from these rights being impinged. The universal and international nature of these rights means that even harms occurring in a different national context should be addressed.

Safeguarding in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

	Key points:	What it means in practice for you:
Interventional Convention Universal Declaration of Human Rights	1. Children should be born free. 2. These rights are universal, that means they apply even when you are/have: - a different sex - a different skin colour - speak a different language - think different things - believe in another religion - own more or less - born in another social group 3. The right to freedom and safety. 4. Prohibition of slavery and forced labour. 5. Prohibition of torture. 6. Right to be protected. 7. The universal application of the law. 8. Right to an effective remedy through courts of other public body.	
Guidance: Controlling or coercive behaviour (2023)	Controlling or coercive behaviour is an overlooked form of domestic abuse, It applies to intimate or family relationships and comes with a prison sentence of up to 5 years. The victim and perpetrator don't have to live together for it to be considered domestic abuse.	We should make sure that we understand that domestic abuse doesn't need to be physical to be harmful. Create a culture where people share information with you about these concerning behaviours, pay particular attention to record keep in these situations and share the information as appropriate with statutory organisations.



Appendix 1: Adverse Childhood Experiences (ACES)

What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful experiences that occur during childhood. They include experiences that directly harm a child (for example, abuse and neglect) and those that affect the environment in which they live (for example, parental separation, having a parent with a long-term physical or mental illness or parental substance misuse).

How common are they?

Around half of all adults in the UK have experienced at least 1 ACE and between 9 – 15% have experienced 4 or more.* ACEs may be part of your own experience. They are also likely to affect some of the children and young people with whom you work.

* A 2014 UK wide study by Bellis et al indicated that 47% of adults had experienced at least one ACE, with 9% experiencing four or more. A survey of adults in Scotland in 2020 indicated that 71% had experienced at least one, 15% had experienced four or more. The ACE Hub Wales states that 50% of adults in Wales experienced at least one, 14% four or more.

ACEs Continued:

What happens when we experience ACEs?

Experiencing extreme (acute) or long-term (chronic) stress in childhood can change how your body and brain develop. The fight or flight hormones that are usually released as a temporary survival response are in continual use. This would have an impact at any age but when this is experienced in childhood, the release of those hormones has a toxic effect on the formation and development of a growing brain and body.

What impact do they have?

Studies show that ACEs can have negative impacts in five areas across the course of someone's life:

- Physical health: ACEs have been linked to certain health problems in adulthood such as heart disease and diabetes.
- Emotional and Mental health: ACEs increase the risk of someone developing anxiety, depression and post-traumatic stress, for example.
- Social outcomes: Adverse experiences can affect a child's ability to engage in education and therefore can affect qualifications and future earnings. ACEs have also been linked to health-harming behaviours such as drug and alcohol dependence.
- Executive functions: The skills we use to plan, focus and manage our daily lives aren't automatic, they are developed as we grow. Adverse experiences in childhood can disrupt the development of these functions.
- Relationships: ACEs can affect the way a person interacts with others and builds relationships.

The impact of ACEs often increases when more are experienced. For example, research shows that someone who has experienced four or more ACEs is twice as likely to have a chronic disease, three times more likely to develop coronary heart disease, four times more likely to develop type 2 diabetes and twenty times more likely to go to prison than peers without these experiences.*

*Statistics taken from: [What are ACEs? \(safeguardingni.org\)](https://safeguardingni.org/what-are-aces/).

ACEs Continued:

Why do I need to know about ACEs?

As someone who works with children and young people, having an awareness of ACEs is important so you can respond with understanding if you recognise the impact of ACEs on the children you are working with. It should also empower you to take action to safeguard a child, so they don't remain in a situation of adversity and toxic stress without support.

Resilience and Reducing Impact

A hopeful aspect of research into ACEs is the evidence that the impact of ACEs can be significantly reduced through a variety of positive factors that help to build a child's resilience. These include:

- Good social support in the community
- Supportive family and a healthy, nurturing home environment
- A trusted, supportive relationship with an adult (whether that be a parent, caregiver or other caring adult or peer)
- Individual self-esteem, ability to recognise own emotions, healthy coping strategies, education and life skills. Source: phwwhocc.co.uk

As the ACE Hub Wales states: "ACEs do not define anyone; it is never too late to break the cycle of adversity."

Related Resources:

[ACE Hub Wales](#): The ACE Hub Wales seeks to create an ACE Aware Wales and make Wales a leader in tackling, preventing and mitigating ACEs. It has a wide range of information and resources.

[Scottish Government ACEs Policy Information](#): Information on ACEs and Trauma. NHS Scotland have also produced a very helpful, simple video about ACEs and their impact: <https://www.youtube.com/watch?v=VMpli-4CZK0>

[Safeguarding Board for Northern Ireland ACEs Information](#): Clear information and helpful resources, including leaflets, infographics and a short video.

[Free online ACES Training](#): funded by the Home Office Early Intervention Youth Fund.

[How childhood trauma affects child brain development | ChildHub - Child Protection Hub](#): Video and guide about brain development in children. Helpful and clear, drawing on research from Harvard University and other partners.



Appendix 2: Advocacy

An advocate is someone who enables another person's voice to be heard. Action for Advocacy describes it like this:

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need."*

Advocacy is an important concept for safeguarding children and young people**. As those working closely with children and young people, we have the opportunity to advocate for their rights and enable their voices to be heard during the safeguarding process. This is closely linked with a child-centred approach to safeguarding, which is a priority in all UK nations and the focus of the next appendix.

There are different types of advocacy, from the informal advocacy provided by a friend or family member to independent professional advocacy when it is someone's job to act as an advocate.

*[Action For Advocacy : Home](#)

**In Wales, it is a core part of the Social Services and Well-being (Wales) Act and part of the Group B learning and development framework for those working directly with children and young people.

Advocacy Continued:

How we might act as advocates:

We can advocate for the children and young people we work with in a number of ways:

- Being a trusted and supportive presence when a child or young person is reporting a concern to our safeguarding lead or to other professionals.
- Passing on information they have told us to the safeguarding lead so their wishes and views can inform decision making.
- Making sure they have information about the safeguarding process in a way they can understand.
- Helping them to tell other people what they want to happen.
- Bringing their views and opinions on our activities, environment and processes to leaders in our organisations.
- Asking questions on their behalf in meetings and about processes.

For more information about advocacy, both professional and informal, see below:

[The role of advocacy in the Social Services and... | Social Care Wales](#)

[Advocacy – someone to speak on your behalf - mygov.scot](#)

[Children's advocacy guidance - gov.scot](#)

[Action For Advocacy : Home](#) (England and Wales)

[Northern Ireland Commissioner for Children and Young People | CommunityNI](#)

[Children and Young People's Advocacy in England](#)

[Children's advocacy | Barnardo's](#)



Appendix 3: Child-Centred Safeguarding

Safeguarding laws and guidance across the UK emphasise that the safety and wellbeing of the child is paramount and should be at the heart of every safeguarding process.

One of the key developments in practice over the last few years has been the emphasis on a child-centred process, where a child's voice is heard and their rights upheld throughout. This seems intuitive, but it can actually be easy for safeguarding arrangements to be swayed by other factors, such as convenience or the wishes of the adults involved, and for the child who should be at the centre gets lost in the process.

A child-centred safeguarding process should:

- **Prevent harm.** Risks should be identified and acted upon early, providing support to children and families. Organisations should have safe processes in place that safeguard a child and prevent harm occurring.
- **Focus on the child's needs.** Actions are taken based on what the child needs, rather than the preferences of any adults involved. The child's wishes and feelings are taken into account when decisions are being made or actions taken to protect them.
- **Be empowering.** A child should have the opportunity for their voice to be heard and their views respected.

Child-Centred Safeguarding Continued:

- **Consider the whole child.** Any process should consider all the factors that enrich a child's life and contribute to their wellbeing. We should also seek to remove any barriers to them accessing support.
- **Build trust.** We want to create safe environments and build relationships that a child can trust.

What can we do?

While a lot of the safeguarding process and decision making goes on at a level above the role that has brought you to this training, we all have an important part to play in ensuring safeguarding in our organisations is child-centred.

- Record concerns using a child's own words and include anything they tell us about their wishes and feelings about the situation.
- Ask children and young people what they would like to happen when they tell us about something they are experiencing. Even if what they want to happen isn't possible, knowing this will help us frame any explanations of the process or conversations going forward.
- Actively listen to the children and young people we work with, convey to them that they are valued, that their opinions matter and they have the right to be safe.
- Ensure children and young people in our organisation know how to pass on concerns and what to expect when they do; think about how we can convey this information in an age and stage-appropriate way.
- Find out what makes the children and young people we work with feel safe and comfortable – is there anything in our arrangements and activities that we can adapt to meet these needs?
- Get to know the children and young people we work with, what makes them happy, what's important to them, what challenges are they facing etc. Pass on any relevant information about these wider aspects of their lives to the safeguarding lead if a concern arises as this might help identify the best way to support them.
- Advocate for children and young people in meetings and during decision making in our organisations; look for opportunities to bring their voices and views to the attention of our wider community.



Child-Centred Safeguarding Continued

For further information of how child-centred safeguarding is outlined in national guidance, see below:

Wales:

[Safeguarding Wales](#)

Scotland:

[Getting it right for every child \(GIRFEC\) - gov.scot](#) and [The Promise](#)

Northern Ireland:

[Co-operating to Safeguard Children and Young People in Northern Ireland | Department of Health](#) and
[Integrating Family Approaches Booklet \(Final\).pdf](#)

England:

[Working together to safeguard children - GOV.UK](#) and
[Keeping children safe in education 2024](#)



Appendix 4: Contextual Safeguarding

A contextual approach to safeguarding recognises that children and young people aren't only affected by the place they spend most of their day, but their environments also include online spaces, their neighbourhood, their faith communities and any social situations that they're in.

Children can encounter risk in any of these environments. Different environments can also be protective factors in a child's life. A contextual approach to safeguarding helps us to keep the child at the centre of the situation and pass on any information that will help keep them safer.

What does this mean for us?

Be curious: Are the behaviours you're seeing a sign that harm could be happening elsewhere?

Be broad: The narrow view that harm only happens in the home or in childcare and education settings is false and means we can miss safeguarding children in other areas of their lives.

Pass on what you know: Tell your safeguarding lead any concerns you have about a child, including things in their wider context that might increase their risk. The more we know, the more effectively we can safeguard them.



Appendix 5: Foetal Alcohol Spectrum Disorder (FASD)

“FASD results when prenatal alcohol exposure affects the developing brain and body.” It is a neurodevelopmental condition that can involve lifelong challenges in terms of emotional regulation, behaviour, thought processes and understanding. FASD affects everyone differently.

It is both extremely prevalent and underdiagnosed. It is often termed a ‘hidden disability’. It is estimated to affect around 1 in 20 people in the general population but 99% of people are undiagnosed. Care experienced children and young people are four times more likely to be affected than the general population.

You are likely to work with children and young people with FASD as part of your role.

Quotes and statistics from:
FASD: Preferred UK Language Guide, Seashell
Trust/National FASD, 2020 cited
<https://nationalfasd.org.uk/about-fasd/what-is-fasd/>
[Fetal Alcohol Spectrum Disorder \(FASD\)](#) and
FASD Parliamentary Debate, Scottish Parliament
2021
Lange et. al. 2013

FASD (continued)

Impact of FASD:

FASD can affect children and young people in a variety of ways. Everyone is different and has their own strengths and challenges. As a neurodevelopmental condition, it affects how a child engages with the world and processes information. Some common challenges include difficulty regulating their emotions and controlling impulses; finding day to day tasks and social situations exhausting; struggling to concentrate; difficulty with planning tasks and remembering information; finding it hard to communicate how they feel and what they need and other social skills.

Creating false memories:

One particular aspect of FASD that is important to grasp is called 'confabulation', or the creation of false memories. Prenatal exposure to alcohol affects the part of the brain that creates memories. People with FASD find it difficult to retrieve memories, both from the last hour or from several years ago. To compensate for this, their brains fill in the blanks and create false memories from other information they are exposed to. These false memories feel just as real to the person as genuine ones.

Implications for safeguarding:

An awareness of FASD has several implications for us as we safeguard the children and young people in our care, key ones being:

- Avoid leading questions when we are talking to a child about a safeguarding concern. We might contribute to the creation of false memories, causing the child to look like they are lying and preventing a just outcome.
- Respond with compassion and understanding to the children in our care, thinking 'symptoms' not 'behaviour' when we encounter challenges.

FASD (continued)

Implications for Safeguarding cont:

- Asking children, young people and their families what we can do to ensure a child can feel safe and thrive during our activities.
- Provide information, support and signposting for families in our community around FASD and the risks of drinking alcohol during pregnancy.
- Being aware that children and young people we are working with may have FASD, whether or not they have a diagnosis.
- Passing on any concerns about the safety and wellbeing of a child (including during pregnancy) to our safeguarding lead.

For further support and information, see:

[Confabulation A2Z Video](#)

[FASD Makes Me, Me](#)

[FASD Hub Factsheets | Adoption UK Charity](#)

[FASD Toolkit | Adoption UK Charity](#)

[Home - Learn about FASD - Me & My FASD](#)



Appendix 6: Harmful Sexual Behaviour

The term 'harmful sexual behaviour' describes a range of behaviours displayed by children and young people under the age of 18, from behaviours that are 'inappropriate' for their age or stage of development to those that are 'problematic', abusive or violent.

Recognising harmful sexual behaviour can be challenging, as what is considered 'normal', 'inappropriate' or 'problematic' can vary depending on culture, religious belief and personal experience. However, all children have the right to live free from harm and abuse; so, it is important for us to engage with this complexity so we can safeguard the children and young people with whom we work.

The table on the next page outlines what the law and child psychology would recognise as normal sexual behaviour for **adolescents**, though remember that a child's stage of development is relevant to their ability to make choices and give informed consent as well as their numerical age. It then gives examples of what would be inappropriate, problematic and abusive. Some of what is considered 'normal' here might not align with your own beliefs or convictions, but it is an important baseline if we are to be able to recognise harm.

Harmful Sexual Behaviour (continued)

Normal	Inappropriate	Problematic	Abusive
Talking about sex, use of sexual swear words, making sexual jokes Flirting Kisses and cuddles Self-masturbation Interest in sexual imagery Sex between consenting 16/17-year-olds	Developmentally normal sexual behaviours that have an added element of risk e.g. sending suggestive pictures to boyfriend / girlfriend, under age consensual sexual contact, online sexual conversations with strangers	Sexual behaviours that are unusual for age or stage. Sexual behaviours that are not socially acceptable in peer group e.g. indecent exposure. Sexual preoccupation Pressuring others to send intimate / embarrassing pictures.	Sexual behaviours that misuse power or intend to harm. Use of violence in sexual activity. Use of coercion and threat. Sexual interest in younger children or abuse of children. Any other sexual harm or abuse.

The table above is for guidance. **As with all safeguarding, if you have any concerns about a child, talk to your safeguarding lead.** If a child or young person in your care is displaying problematic or abusive sexual behaviour, take immediate action to prevent the behaviour from escalating and keep everyone involved safe. If there is immediate danger call 999, and otherwise record and report to your safeguarding lead straight away. If your safeguarding lead is not available and you need advice before a child leaves your activity, you can call the Thirtyone:eight safeguarding helpline on 0303 003 1111, option 2.

Harmful Sexual Behaviour (continued)

Barriers to reporting:

There are several barriers to children and young people reporting harmful sexual behaviour, including: communication barriers, fear of getting themselves or someone else into trouble, worry about how adults might respond, they might feel to blame for what is happening or that the abusive behaviour is just something that they have to put up with, they might be worried about their parents or wider community finding out.

Signs and indicators:

As with all safeguarding concerns, respond with caring curiosity to signs and indicators – for example, changes in behaviour or emotional state, comments made within groups and language a child uses that causes you to wonder. The age of the child is also relevant, as some of the behaviours listed as ‘normal’ on the table above for adolescents would be more concerning if displayed by younger children. Sexual activity between two consenting 15-year-olds would also be viewed differently than the same activity between a 15-year-old and a 9-year-old, for example.

Support for children and young people exhibiting HSB:

A child who is displaying harmful sexual behaviour also needs support and safeguarding. Many children and young people who display harmful sexual behaviour have experienced abuse or trauma*. The child's behaviour can also pose a risk to themselves, as well as those around them.

Our responses matter:

We want to be safe adults in the lives of children and young people in our communities. So, we need to be able to recognise and respond to signs of harm, record and report concerns, and provide compassionate and non-judgemental support to those who have or may be experiencing harm.

For further information: [Harmful sexual behaviour | CSA Centre](#) and [Harmful sexual behaviour | NSPCC Learning](#)

*Hackett et al (2013) [Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers](#). Child Abuse Review, 22(4): pp. 232–245 cited on [How to manage incidents of harmful sexual behaviour | NSPCC Learning](#)



Appendix 7: Mental (In)capacity

Mental capacity or incapacity is a topic more usually associated with safeguarding adults. However, for those of us working with 16- and 17-year-olds, it is important to know that Mental (In)Capacity* legislation in all 4 UK nations applies to anyone aged 16 or over.

Young people aged 16 or over are presumed to be able to make their own decisions, unless it is proven otherwise. One reason why this is relevant for us as we safeguard children and young people is that it emphasises the importance of understanding their views and wishes. Parents can make decisions on behalf of their children until they are 18, however, if a 16- or 17-year-old has the capacity to make their own decision, a parent generally can't override their choice. **Tell your safeguarding lead what you know about a child's wishes and decisions regarding any safeguarding concern.**

It will never be your responsibility to assess a child's mental capacity as part of the role that has brought you to this training. However, **if you have a safeguarding concern about a 16- or 17-year-old and you wonder if they may lack the capacity to make decisions about their safety and wellbeing, it is important to pass this information on to your safeguarding lead so the person can get the necessary support.**

*In Scotland, the law refers to 'mental incapacity', in other UK nations 'lack of mental capacity'

Mental (In)capacity (continued)

At its simplest, mental capacity is the ability to make a particular decision. Mental incapacity or a lack of mental capacity refers to 'an impairment of the functioning of the mind or brain' which prevents a person being able to make decisions for themselves.

The law specifies that if a person with an 'impairment to the function of their mind or brain' cannot do any one of the following, they would lack capacity to make the decision in question:

- Understand the decision
- Retain the information
- Weigh up the information
- Communicate their decision

A lack of capacity can be permanent, temporary or fluctuate. For example, someone with particular learning disabilities may have lifelong difficulties with making certain decisions (although incapacity is always assessed, never just assumed based on a known disability, for example). Whereas another person may usually have capacity to make all decisions for themselves, but if they were knocked over by a car and needed emergency life-saving treatment, they may not have capacity to make a decision at that moment.

For further information:

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/5)

[Mental Capacity Act | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/mental-capacity-act)

[Adults with Incapacity \(Scotland\) Act 2000: principles - gov.scot \(www.gov.scot\)](https://www.gov.scot/adults-with-incapacity-scotland-act-2000-principles)

[Making finance decisions for young people: parent and carer toolkit - GOV.UK](https://gov.uk/making-finance-decisions-young-people-parent-carer-toolkit)

[Darlington Safeguarding Partnership - The Mental Capacity Act and 16-17 year olds](#)

[CQC Brief Guide to Capacity and Consent Under 18](#)



Appendix 8: Pornography

The minimum age to view pornography in the UK is 18. However, we know that many children and young people will have seen it:

“Most kids today are exposed to porn by age 13, with 84.4% of males and 57% of females ages 14-18 having viewed porn.”

The ease and anonymity with which pornography is accessible online makes it more likely that children will now be exposed to it, compared to the time when it was purchased in newsagents or specialist shops.

There are many reasons why children may watch online pornography. It's normal for young people to be curious. They might watch to explore new feelings, to learn about sex and relationships, for a dare or a joke, or because of peer pressure. However, pornography can give children harmful messages and expectations about sex, consent, their bodies and relationships.

Source: British Board of Film Classification. (2020). Young people, pornography & age-verification. BBFC. Retrieved from <https://www.bbfc.co.uk/about-classification/research> and

Wright, P. J., Paul, B., & Herbenick, D. (2021). Preliminary insights from a U.S. probability sample on adolescents' pornography exposure, media psychology, and sexual aggression. *J.Health Commun.*, 26(1), 39-46. doi:10.1080/10810730.2021.1887980

Pornography (continued)

Pornography accounts for a huge amount of internet activity. A 2023 study showed that porn sites are visited more often than Amazon, Netflix, TikTok, Instagram, YouTube and other popular websites (source: [How Many People Actually Watch Porn? | Psychology Today](#)). Research also shows that several aspects of online pornography have safeguarding implications:

Sexual Violence:

A lot of the readily available content on mainstream sites includes acts of sexual violence. This can normalise abuse:

“1 out of every 8 porn titles shown to first-time users on porn site home pages describe acts of sexual violence.”¹

“At least 1 in 3 porn videos show sexual violence or aggression.”²

A 2018 study showed that ‘teen-themed pornography is more likely to include sexual aggression towards women.’³

Link to harm and abuse of children:

It is not only children’s perceptions of healthy relationships that are affected by online pornography. The [Lucy Faithfull Foundation](#) published a report in 2024 drawing a link between viewing adult pornography and online sexual offending against children. It explains:

“Viewing pornography where the societal norms and rules of consensual sex are violated could have an impact on a person’s perception of what type of pornography or sex is acceptable.”⁴

Sources:

1. Vera-Gray, F., McGlynn, C., Kureshi, I., & Butterby, K. (2021). Sexual violence as a sexual script in mainstream online pornography. *The British Journal of Criminology*, doi:10.1093/bjc/azab035
2. Fritz, N., Malic, V., Paul, B., & Zhou, Y. (2020). A descriptive analysis of the types, targets, and relative frequency of aggression in mainstream pornography. *Archives of Sexual Behavior*, 49(8), 3041-3053. doi:10.1007/s10508-020-01773-0
3. <https://endsexualexploitation.org/articles/link-between-aggression-teenage-pornography/>
4. [2024_05_Faithfull_Paper_Viewing_Pornography_Link_Final_Spreads.pdf \(lucyfaithfull.org.uk\)](#)

Pornography (continued)

Industry abuse and trafficking:

As well as the impact on those watching it, the creation of online pornography can sometimes make people victims of abuse. It is very difficult for the viewer to know if this is the case:

“There have been many documented instances of verified accounts posting nonconsensual content, child sexual abuse material, or content made of sex trafficking victims.”

Source: <https://www.bbc.co.uk/news/technology-55333403>

Help and support:

If you are worried about the impact of pornography for yourself or someone else, there are some sources of further information and support below. If you have a safeguarding concern, tell your safeguarding lead.

[Barnardos - Impact of Pornography on Children.pdf](#)

[Fight the New Drug](#)

[Fortify_\(app and website\)](#)

[Naked Truth Project](#)

[New evidence on pornography's influence on harmful sexual behaviour among children | Children's Commissioner for England](#)

[Screen Accountability™ | Covenant Eyes](#)

[Stop It Now | Preventing child sexual abuse](#)





Appendix 9: Position of Trust

'Position of Trust' is a legal term used to describe roles and contexts where an adult has regular and direct contact with children. For example, teachers and schools, doctors and hospitals, social workers, care workers, police officers etc. In England and Wales, and separately in Northern Ireland, changes made in 2022 mean that sports coaches and faith group leaders are now named in law as being in Positions of Trust. It is against the law for someone in a Position of Trust to engage in sexual activity with a child in their care, even if that child is aged 16 or 17 and therefore over the age of consent.

It is important that everyone working with children and young people is aware of this law. For example, a youth leader of 19-years-old might see no harm in entering a relationship with a young person of 17-years-old whom they meet at youth group. However, legislation now reflects a greater understanding and recognition of the power and status imbalance in this situation so this relationship would now, in fact, be against the law.

Safeguarding concerns or allegations relating to those in a Position of Trust must also be passed on to the relevant officer in Social Services to assess and reduce the risk to others. If you have concerns about the way a staff member or volunteer is behaving towards children and young people in your organisation, or outside it, talk to your safeguarding lead.



Appendix 10: Praying with Children and Young People (Information for Faith Groups)

For those in churches and faith communities, prayer may be an integral part of your work with children and young people. Different communities will pray with and for children in different ways but, in terms of safeguarding, there are some things we can all do (and some things to avoid) to make prayer ministry safer for all.

Safe practice for prayer ministry:

- Ask the parent/carers' and the child's permission before you pray with them.
- Make sure that people praying with children and young people are safely recruited and trained.
- Pray in an open area where other people are around.
- Think about your body language and physical presence. For example, ensure you are both sitting down rather than standing over a child.
- If the child or young person says something that causes you to worry that they or someone else may not be safe, talk to your safeguarding lead.

Praying with children and Young People (continued)

Safe practice for prayer ministry cont.

- Use clear, uncomplicated language and keep prayers simple so a child or young person doesn't feel worried or confused by prayers they don't understand.
- Stop if they become distressed.
- It can be helpful to write down what you have prayed about and give it to the child so that, if they want, they can let their parents/carers know and remember it themselves.

Things to avoid in prayer ministry:

- Never pressure a child or young person into receiving prayer.
- Avoid using physical touch as part of prayer, e.g. putting your hand on a child's head.
- Never promise secrecy – explain the boundaries of confidentiality: that you won't tell everyone about their situation, but you have a responsibility to pass on safeguarding concerns to the safeguarding lead.
- Avoid giving specific advice about decisions a child or young person is making during prayer.
- Avoid any language or prayers that suggest the child is to blame for their situation of abuse or that could instil shame.
- Avoid 'intense' forms of prayer - for example, if lots of people surrounding one child and praying over them, this could feel overwhelming or frightening.
- A child should never be told they are demonised, possessed or oppressed by the devil or evil spirits.
- Never engage in any practices that could cause a person emotional, sexual or physical harm.
-



Appendix 11: Preventative Safeguarding and Safe Practice

As well as using the 5 'R's to ensure we have a strong safeguarding process, we also have a responsibility to prevent harm occurring to children and young people through their interaction with us. Our organisation also has a duty to keep us safe as we outwork our roles.

Much of the decision making and process-setting for safeguarding will sit with your Safeguarding Lead and Trustee Board. However, safeguarding is everyone's responsibility, and we all have a part to play. We need to have a clear understanding of the expectations and boundaries of our role and how we work safely. All our work with children and young people should have the values of safety, transparency and accountability at its heart. This safeguards the children in our care and ourselves too.

Your policies, procedures and codes of conduct will be important sources of information about how to work in safe ways, so please take time to find and read them. If you have any questions or uncertainties, talk with your safeguarding lead, or team leaders to see how the policies apply in your particular context.

Preventative Safeguarding and Safe Practice (continued)

Preventative Safeguarding Quiz!

How many of the following questions can you answer about your context? If you are unsure, confer with your team!

- Are risk assessments undertaken, shared and reviewed for activities that involve children and young people?
- What is the guidance around physical contact with children? Are there any particular guidelines for certain activities? For example, sports activities, prayer ministry, responding to injuries, toileting, providing transport etc.
- What is the guidance around sharing personal contact details with children and young people? What about online contact, social media etc.?
- What would you do if you felt unsafe or uncomfortable at any time while outworking your role?
- Do you need any additional training to undertake your role safely? Who could you talk to about this?
- Do you have regular contact with someone for support related to your role – a team leader or mentor, for example?
- What relationship do you have with the parents and carers of the children in your care? What are the guidelines in terms of emergency contacts, consent for activities, information sharing etc?



Preventative Safeguarding and Safe Practice (continued)

- What are your ratios for adult leaders and children in your groups and activities?
- Do you have a code of conduct for your role that gives clear guidance on expectations, boundaries etc?
- Do you ever work on a one-to-one basis with children and young people? If so, what additional safeguards and accountability measures are in place to keep everyone safe?
- What is your organisation's policy around photographs and videos that include children and young people?
- What visual cues are used to support safeguarding? For example, posters, lanyards for staff etc. Do children understand these?
- How do you ensure your physical environment or online space is as safe as possible for everyone?
- Have you got any ideas that would contribute to building a healthier safeguarding culture in your organisation? If so, share them!



Appendix 12: Self-Harm

Self-harm is a growing area of concern for those of us working with children and young people. A child you work with might tell you that they are self-harming, or you might be concerned that it is happening from things you notice, such as injuries, a change in behaviour or a child covering up more than you would expect.

The charity [Mind](#) defines self-harm like this:

“Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences.”

There are many forms of self-harm. Perhaps the aspect most people consider is cutting, but it can also involve misusing drugs or alcohol, getting into fights, not eating, or having unsafe sex.

There are also many reasons why a child or young person might self-harm, including to express overwhelming feelings; to turn emotional pain into physical pain; to feel in control of their bodies; because a part of their body is associated with a traumatic event; because they feel a need to punish themselves; to feel something when they have dissociated (feel detached from their own body and environment). Some children and young people say they are unsure why they self-harm.

Self-Harm (Continued)

Self-harm is often associated with suicide but for the majority of children and young people the thought patterns are different, and they are using self-harm as a way of trying to cope with difficult feelings. However, self-harm is dangerous, and we want to support a child to find safer ways to help themselves.

A simple plan to follow would be:

Listen – Listen calmly, without judgement or rushing to talk. Reflect back what you have heard and give them time to open up.

Observe – What visual clues are there to the child or young person's wellbeing? Do they have any injuries that need medical attention?

Support – Reassure the child or young person that you will support them, find out what support they would like, signpost to specialist support.

Refer – Always refer your concern to the safeguarding lead who will advise on the next steps and follow your organisation's safeguarding process.

For further information and support:

[Self-harm tool | Childline](#)

[Alumina | Selfharm](#) (online self-harm support for 10-17 year olds)

[Information for 11-18 year olds on coping with self-harm - Mind](#)

[YoungMinds | Mental Health Charity For Children And Young People | YoungMinds](#)

[Understanding Child Self-Harm & Keep Them Safe | NSPCC](#)

[Home - Calm Harm App \(stem4.org.uk\)](#)



Appendix 13: Team exercise (optional)

Our trainer will only select a sample of the scenarios to consider during the session. We encourage you to discuss the remaining [case scenarios](#) with your team. We've included some key points we hope you considered here. *If you have not yet completed the training, please don't read ahead.*

Scenario 1 - Josh.

Signs, indicators, concerns might include:

- Changes in appearance – new clothes, trainers etc.
- Changes in behaviour – more aggressive
- Why was he angry about someone touching his phone?
- Dressing to disguise injury
- Unexplained injury

Category/Categories: Physical, exploitation

Scenario 2 - Awusi.

Signs, indicators, concerns might include:

- Marks on Awusi's hands
- 'If we step out of line, we get caned'
- What happened to her brother last week?
- Why didn't we see him? Is he one of the siblings who would normally come? Has he been kept at home while injuries heal?

Category/Categories: Physical

Team exercise (continued)

Scenario 3 - Maeve and Nora.

Signs, indicators, concerns might include:

- Look really tired - Nora fell asleep
- 'Shouting and crashing'
- Couldn't sleep last night
- 'I don't like it. It's scary.'
- 'It's scary. Mommy's worried. I'm worried'

Category/Categories: Emotional, domestic abuse

Scenario 4 - Charles.

Signs, indicators, concerns might include:

- Parents don't seem warm towards him
- Different attitude to younger brother
- 'I've got the evil in me.'
- Epilepsy and neurodivergence – children with disabilities statistically more likely to experience abuse and neglect.

Category/Categories: Emotional, neglect, child abuse linked to faith and belief

Scenario 5 - Logan.

Signs, indicators, concerns might include:

- Haven't seen him for a while.
- Doesn't make eye contact, smile or wave
- Clothes and wheelchair stained and dirty, he isn't wearing his glasses
- Grandmother's comments 'lumbered with him'
- 'All the time' – where and when is mum working? Where is Logan sleeping? Does he still see his mum?

Category/Categories: Emotional, neglect

Team exercise (continued)

Scenario 6 - Layla-Rose.

Signs, indicators, concerns might include:

- Marks on the inside of her arms, bruise on the side of her head
- Is Layla-Rose mobile? If not, how has she had an accident?
- Placement of injuries
- 'There have been a few accidents recently'
- No contact with parents as she comes to the group with Angie – where is she being injured? Who else is in the home?

Category/Categories: Physical, neglect

Scenario 7 - Halima.

Signs, indicators, concerns might include:

- Change in behaviour and emotional state
- Tearful and withdrawn
- Long, frequent visits to the bathroom
- Isn't responding to her friends in the same way
- Aunt and teenage cousin recently moved into family home

Category/Categories: Sexual, emotional, child-on-child abuse, risk of female genital mutilation (FGM)

Scenario 8 - Dylan.

Signs, indicators, concerns might include:

- Become withdrawn
- Looks worried and stressed when checking his phone
- 'I can't tell you, it's too shameful'
- 'I've got myself in a bit of a mess.'

Category/Categories: Sexual, emotional, sextortion

Remember - your role isn't to investigate or establish whether abuse is happening. Your responsibility is to be familiar with types of abuse, and the signs and indicators so you can pass on concerns.

Signposting

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

In times of crisis:

Call 999 in emergency situations

[Papyrus UK Suicide Prevention | Prevention of Young Suicide \(papyrus-uk.org\)](#)
[Coping with suicidal feelings | Childline](#)

Asylum Seeking and Refugee Children:

[Young Refugees & Migrants | The Children's Society](#)
[Supporting refugee children | Resources | YoungMinds](#)
[How to support refugee and asylum-seeking children and young people who have experienced trauma - UK Trauma Council](#)

Bereavement:

[Child Bereavement UK](#)
[Winston's Wish - giving hope to grieving children \(winstonswish.org\)](#)

Care-experienced children:

[Adoption UK Charity](#)
[Homepage - Kinship - The kinship care charity](#)
[Care experienced children and young people's mental health | Iriss](#)
[Looked after children | NSPCC Learning](#)
[Looked-after children and young people \(nice.org.uk\)](#)
[Looked after children | Department of Health \(health-ni.gov.uk\)](#)
[Find out more about what we're doing to help... | Social Care Wales](#)

Domestic abuse:

[How to respond to domestic abuse \(thirtyoneeight.org\)](#)
[Domestic abuse \(thirtyoneeight.org\) \(Members' resource\)](#)
[Home - Restored \(restored-uk.org\)](#)
[Domestic abuse | Keeping children safe | Action For Children](#)
[How to Protect Children From Domestic Abuse | NSPCC](#)
[Effects of domestic abuse on children | Barnardo's](#)
[Abuse in Teenage Relationships - Reducing the Risk](#)
[Safe Young Lives | Young people & domestic abuse - SafeLives](#)

Signposting (continued)

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

Family member in prison:

[Supporting a child with a parent or family member in prison](#)

[Families Outside - Help, information, and support for families affected by imprisonment \(Scotland\)](#)

Online Safety:

[Childline - Online and mobile safety](#)

[Childnet](#)

[Hwb \(gov.wales\) - Keeping safe online](#)

[Internet Matters](#)

[NSPCC - Keeping children safe online](#)

[Parent Club Scotland - Online Behaviour & Safety](#)

[Safeguarding Board for Northern Ireland \(SBNi\) Online Safety Hub](#)

[Thinkuknow Jessie & Friends: film for parents and carers \(subtitled\) \(youtube.com\)](#)

Self-Harm:

[Self-harm tool | Childline](#)

[Information for 11-18 year olds on coping with self-harm - Mind](#)

[YoungMinds | Mental Health Charity For Children And Young People | YoungMinds](#)

[Alumina | Selfharm](#) (online self-harm support for 10-17 year olds from Youthscape)

[Understanding Child Self-Harm & Keep Them Safe | NSPCC](#)

[Home - Calm Harm App \(stem4.org.uk\)](#)

Sextortion:

[Online blackmail](#) (Information and advice for under 18s)

[Sextortion - Safer.scot](#)

[Sextortion - Hwb](#)

[Sextortion | Police Service of Northern Ireland](#)

[Sextortion | Metropolitan Police](#)

[Report Remove | Childline](#)

Thirtyone:eight Resource Links:

[Thirtyone:eight Help Guides](#)

[Raise you Roar - Roarry the Lion Resources for Children](#)

[Worker's Pocket Guides](#)

Signposting: Resources Commonly Shared in the Webinar

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

These are shared in the order they're likely to be mentioned during our webinar. Some of these are also included in our signposting section.

Introduction

[Statistics about physical abuse | NSPCC Learning](#)

[Emotional abuse: statistics briefing | NSPCC Learning](#)

[Statistics on child neglect | NSPCC Learning](#)

[Statistics on child sexual abuse | NSPCC Learning](#)

Module 1 – Recognise

[The Child Safeguarding Practice Review Panel - I wanted them all to notice](#)

[Child abuse and neglect | NSPCC Learning](#)

[Mind the Gap – Black & brown skin](#)

[CALFB: Resources for Exploring Concerns – National FGM Centre](#)

[d/Deaf children and children who have disabilities: learning from case reviews | NSPCC Learning](#)

[Safeguarding children with disabilities in residential settings - GOV.UK](#)

[Child sexual exploitation by organised networks Investigation Report | IICSA Independent Inquiry into Child Sexual Abuse](#)

Module 2 – Respond

[The Child Safeguarding Practice Review Panel - I wanted them all to notice](#)

[Sexual Offences Act 2003](#)

[The Sexual Offences \(Northern Ireland\) Order 2008](#)

[Sexual Offences \(Scotland\) Act 2009](#)

[Preventing abuse in positions of trust | NSPCC Learning](#)

[Positions of trust \(Thirtyone:eight Member resource\)](#)

Signposting: Resources Commonly Shared in the Webinar (continued)

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

Module 3 – Record

[independent-learning-lessons-review-john-smyth-qc-november-2024.pdf](#)

Module 4 - Report

[F.5: “They wanted to cover it up” | IICSA Independent Inquiry into Child Sexual Abuse](#)

Module 5 – Reflect

[Historical institutional abuse | nidirect](#)

[Scottish Child Abuse Inquiry | Investigating the abuse of children in care in Scotland](#)

[The Report of the Independent Inquiry into Child Sexual Abuse | IICSA Independent Inquiry into Child Sexual Abuse](#)

