

# Rebel Training Safeguarding Policy

Detailing arrangements for:  
Safe Working Practice  
Early Help Offer  
Working with Parents and Carers  
Recognising and Reporting Safeguarding Concerns  
Referrals to Social Care  
Escalation

## Centre Details

Centre Name:	Rebel Training	Centre Number:	TBC
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## Plan Details

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Individual Responsible for Policy:	Joanne Vertannes		



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## Quick Reference Contacts Guide

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Deputy Designated Safeguarding Lead (DDSL)	TBC	

Safeguarding Partners	Phone number
Police	101 /999
Contact Swindon (Children's Social Care) <a href="mailto:contactswindon@swindon.gov.uk">contactswindon@swindon.gov.uk</a>	01793 464646 (during normal office hours - 8.30am to 4.40pm Monday to Thursday and 8.30am to 4.00pm Friday)  Telephone the Emergency Duty Service (EDS) outside office hours on 01793 436699
Local Authority Designated Officer (LADO) <a href="mailto:Lado@swindon.gov.uk">Lado@swindon.gov.uk</a>	LADO Team - 01793 463854 Louis Chandler – 07989 22448
NSPCC Whistle-blowing Helpline <a href="mailto:help@NSPCC.org.uk">help@NSPCC.org.uk</a>	NSPCC Helpline - 0808 800 5000 10am–4pm Monday to Friday.

## Introduction

### Who are we, and what do we offer?

Rebel Training is passionate about empowering children, young people, and families to reach their full potential. Our mission is to provide early, preventative support that enhances well-being, promotes inclusion, strengthens resilience, and drives lasting change.

We co-create and co-produce services in partnership with schools, social care, health professionals, and community organisations to ensure children and families receive

the right support, at the right time, in the right way:

**✳ Early Help Support for Children and Young People**

We deliver targeted interventions to support children and young people's emotional, social, and academic development, ensuring they are on a pathway to success in education, careers, and life.

**✳ Early Help Support for Families**

We provide timely, flexible advice, signposting, and targeted support to help families strengthen their ability to nurture their children, overcome barriers, and create stable, supportive environments that foster long-term resilience.

**✳ SEND Short Breaks and Inclusion**

We offer both universal and specialist activities that provide short breaks for children and young people with SEND, promoting independence, well-being, and community participation while helping them build a brighter future.

**✳ Alternative Provision & SEND Transitions Support**

We provide tailored transition support for children and young people with SEND (up to age 25), ensuring a smooth progression to new educational settings. We empower young people to shape their own pathways to success and well-being and equip them with the skills needed for education, employment, and independent living.

**✳ Championing Family & Youth Voice**

We actively engage children, young people, and families in decision-making, promoting choice, flexibility, and control within service delivery. Through service-user-led steering groups, we facilitate co-design and co-production, ensuring services are innovative, responsive, and shaped by those who use them.

**✳ Youth-Led Mental Health Advocacy**

As part of the national mental health movement, we work to reduce stigma around mental health and early help services. We empower young people to lead social action and advocate for policies that prioritise well-being and mental health across education, careers, and life.

## **Policy Statement**

At Rebel Training, early help, support, safeguarding, and protection are central to everything we do. We understand that the protection and welfare of children and young people is a shared responsibility and that the key to achieving this lies in the early identification of emerging needs, effective partnership working, threshold-driven escalation practices, and clear service delivery models for stepping down from statutory support.

All actions and decisions prioritise the safety and well-being of children and young people. Clear safeguarding practices are integrated into all aspects of our services and every member of our organisation is accountable for maintaining a safe environment, following the correct procedures for recording, reporting, and addressing safeguarding concerns.

Operating within the Right Help at the Right Time framework and key legislation, our early help and safeguarding practices safeguard and promote the health and wellbeing of children and young people. We use current best practices, and emerging evidence-based research to engage and innovate with families so that services respond and develop to their needs.

Through robust safeguarding systems, comprehensive training, effective supervision, continuous performance monitoring, we ensure that safeguarding is embedded within our organisation and that our services are designed to keep children and young people safe.

The needs of children and young people with SEND, complex needs, or vulnerabilities are diverse. We understand that children with special educational needs or disabilities are particularly vulnerable to abuse, and we uphold an attitude of "it could happen here" in all matters of safeguarding.

We recognise that experiences of harm, abuse, and neglect are unique to each individual and influenced by their context and background. By adopting a **Child-First, Think Family** approach and ensuring our services are inclusively adapted, we prioritise the child's welfare while considering the needs of the family. This approach enables us to provide tailored, timely, and holistic support that strengthens families and ensures the safety and well-being of children within their family context.

Our aim is to deliver creative, supportive, and protective services where the voices of children and young people are heard, parents and carers receive open and transparent communication, and the challenges faced by families are reduced to enable independence. The ultimate goal is to enable all children and young people to achieve the best possible outcomes.

## **Strategic Objectives Linked to Safeguarding**

### **🌀 Deliver Effective Early Help and Support**

Provide tiered, evidence-based interventions for children, young people, and families, ensuring they receive the right support at the right time. This proactive approach reduces the need for intensive statutory intervention and fosters positive, long-term outcomes.

### **🌀 Work as a Key Partner within the Local Offer**

Collaborate with education and community organisations to ensure all service users, regardless of background or identity, have fair access to relevant services. This includes adapting communication strategies to engage and support marginalised communities.

### 🔗 **Remove Barriers to Education and Support**

Remove barriers that prevent children and young people from accessing quality education, targeted support, employment opportunities, and universal services. Empower them to thrive in all areas of life and successfully prepare for adulthood.

### 🔗 **Amplify Family Voice & Experience**

Ensure families are actively involved in service design, decision-making, and quality assurance to create responsive, person-centred support. listened carefully, cared about them and told them about their strengths 5. Families say that the help they have received addressed all their problems and they are better connected to their own support network and local community

### 🔗 **Campaign for an inclusive Education system**

Advocate for policies that prioritise inclusion over exclusion, strengthen early help, and improve access to youth mental health support. Promote alternative approaches to exclusions and ensure schools are accountable for maintaining inclusive, safeguarding-focused practices.

To see our **Early Help Service Theory of Change**, see [Appendix 10](#).

## **A Shared Responsibility**

### **Working Together for Children**

For children to thrive, it's important that the professionals who work with them develop strong partnerships with parents and carers.

***Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support.***

[Working Together to Safeguard Children December 2023](#)

Everyone should work together to meet the needs of the whole family, with a focus on what's best for the child.

For the purpose of this policy, the Working Together 2023 definition of safeguarding

and promoting the welfare of children is used and defined as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

As set out in the Children's Social Care National Framework, the following principles apply here too:

- Children's welfare is paramount
- Children's wishes and feelings are sought, heard, and responded to
- Children's social care works in partnership with whole families
- Children are raised by their families, with their family networks or in family environments wherever possible
- Local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
- Local authorities consider the economic and social circumstances impacting children, young people, and families

## **Child First, Think Family**

At Rebel Training, we believe that every child's well-being comes first. Our approach to safeguarding is based on the Children Acts of 1989 and 2004, which state that children are safest and happiest within their families—unless intervention is absolutely necessary to protect them.

We know that supporting families as a whole is the best way to help children and young people make positive, lasting changes. That's why we work closely with parents, carers, and extended family members to create practical, engaging, and effective support.

By understanding how each family member's needs are connected, we can provide tailored support that creates real and lasting improvements. We work with schools, social workers, health services, and community groups to ensure families get joined-up, high-quality support at the right time. 💙

## CYP Voice in Safeguarding

As outlined in Working Together 2023, children are clear about what they want from an effective safeguarding system.

Children have said that 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 develop ongoing, stable relationships 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 outcomes of assessments and decisions, and the reasons why their views might not always lead to a positive response.
- **Support:** To receive support in their own right, as well as as a member of their family.
- **Advocacy:** To be provided with someone to help them express their views.
- **Protection:** To be protected from all forms of abuse, exploitation, and discrimination, and to receive special protection and help if they are a refugee.

## Policy Aims

This policy ensures that Rebel Training safeguards children and vulnerable adults by:

### Commitment

- Detailing our commitment to early help, safeguarding, child protection procedures and safer working practice.

### Embedding Early Help and Well-being

- Prioritising early intervention to safeguard and promote the health and well-being of children and young people.
- Providing activities that equip children and young people with skills to protect themselves from abuse, including online abuse.

### Clarifying Staff Responsibilities

- Ensuring all staff understand:
- Their safeguarding responsibilities.
- How to respond to disclosures and report concerns.



- The procedures to follow when raising a safeguarding concern about a child or a concern about an adult
- Whistleblowing procedures

### **Ensuring Training and Compliance**

- Providing clear guidance on:
  - Training requirements and statutory duties.
  - Organisational expectations regarding safeguarding practice.

### **Establishing Clear Reporting Procedures**

- Outlining the next steps after raising a safeguarding concern.
- Ensuring staff understand escalation procedures and follow-up requirements.

### **Recognising and Responding to Risks**

- Training staff to:
  - Identify signs and symptoms of abuse.
  - Understand when additional safeguarding or reporting measures are needed.

### **Addressing Risks and Vulnerabilities**

- Raising awareness of risks children face, including:
  - Abuse, neglect, exploitation, extremism, and victimisation.
  - Acting on concerns at the earliest stage.

### **Strengthening Multi-Agency Collaboration**

- Working in effective partnership with:
  - The child's family, carers, and support network.
  - Relevant agencies to enhance safeguarding efforts.

### **Building a Safe and Resilient Culture**

- Establishing a strong safeguarding ethos at Rebel Training.
- Aligning practices with legal requirements and evidence-based approaches.

### **Committing Leadership and Resources**

- Ensuring the Leadership Team:
  - Allocates time, resources, and budget to meet safeguarding obligations.
  - Upholds best practices in safer recruitment, training, and staff supervision.
  - Delivers a comprehensive Early Help offer.

## **Providing Accessible Safeguarding Information**

- Giving parents and carers clear information on:
  - How to access safeguarding procedures.
  - Where to find support if they have concerns.

## **Driving Continuous Improvement**

- Using this policy as a key reference point for:
  - Analysing safeguarding data.
  - Learning from past incidents.
  - Assessing the effectiveness of safeguarding practices.
  - Implementing ongoing improvements.

## **Legislation and Guidance**

Our safeguarding and child protection procedures have been developed using guidance from the [Swindon Safeguarding Partnership](#) (SSP), the [South West Child Protection Procedures](#) (SWCPP) and with regard to the following legislation:

- The Children Act 1989, 2004 and the Childcare Act 2006
- Working Together to Safeguard Children 2023
- What to do if you're worried a child is being abused: advice for practitioners - 2015
- Information Sharing: advice for practitioners providing safeguarding services- 2018
- The Prevent Duty-departmental advice for schools and childcare providers – 2023
- Keeping Children Safe in Education – 2023

## **Policy Links**

This policy should be read in conjunction with the following policies:

- Safer Recruitment Policy;
- Missing Children Policy;
- Whistleblowing Policy;
- Staff Code of Conduct;
- Behaviour Policy;
- Anti-Bullying Policy;
- Complaints Policy;
- Health and Safety Policy;

- Equality, Diversity and Inclusion Policy;
- Youth and Family Voice Policy.

These policies are available on the Staff Digital Workspace on SharePoint.

## Scope – Intended Audience

The intended audience for this policy is:

- **Staff and volunteers**, including visitors.
- **School partners and commissioners** working with Rebel Training Group.
- **Assessors, IQAs, and other delivery staff** at the Centre, including external contractors.
- **Service users:** children, young people, and their families.
- **Staff and volunteers**, including visitors.
- **Any registered Awarding Organisation** for qualifications being delivered, OFSTED or ESFA.

## Policy Communication Plan

For staff and volunteers this policy will be read in full during their induction and onboarding and ongoing training. This policy will be shared with all service users via email during registration to our services. A copy of this policy and other relevant policies will be easily accessible on their digital Member Portal. For access needs, this policy can be produced in print and various required formats.

We are currently in the process of creating a child and youth friendly Safeguarding Policy for our website.

# Roles and Responsibilities

## Rebel Training Safeguarding Team

An appropriately qualified and experienced DSL and deputy have been appointed to fulfil the role. Time and resources have been allocated in order that this role can be carried out effectively.

The **Designated Safeguarding Lead (DSL)** holds overall responsibility for safeguarding and child protection, safer recruitment and online safety. Our DSL, **Joanne Vertannes**, fulfils the role in accordance with the requirements outlined in *Annex C of Keeping Children Safe in Education (KCSIE) 2023* and *Working Together to Safeguarding Children 2023*.

Our **Deputy Designated Safeguarding Lead (DDSL)** positions are currently being appointed and will be in place before the service commences. The DDSLs will act in the DSL's absence, deputising for the DSL to ensure continuous safeguarding oversight.

The DSL and deputies will attend appropriate training to equip them to fulfil their role which includes the advanced core Swindon Safeguarding Partnership Models, refreshing their training at least every 2 years ([SSP training page](#)). The DSL or DDSL will be available at all times when children are present, for staff to discuss safeguarding concerns.

The responsibilities of the Safeguarding Team include;

- Leading Early Help Service offer and multi-agency partnership working with other professionals in all agencies, including social services, police and health colleagues.
- Acting as Lead Professional in early help cases and contributing to child in need and child protection plans.
- Delivering a graduated response, co-ordinating child protection action, overseeing the risk management of caseloads, and escalating or making referrals as necessary.
- Keeping staff and themselves up to date with any changes to national and local policy or legislation.
- Ensuring all staff, both paid and voluntary, have received appropriate and up to date child protection training (see below).
- Being a source of support, advice and guidance to staff, both paid and voluntary, on an ongoing basis and on any specific safeguarding issue as required.
- Maintaining a confidential recording system for safeguarding and child protection concerns.
- Ensuring all staff, visitors and volunteers are aware of the setting's policies and procedures and their responsibilities in relation to safeguarding children.
- Representing the setting at inter-agency meetings, in particular, strategy

- discussions, child protection conferences and core groups.
- Sharing information with staff about the welfare, safeguarding and child protection issues that children in their setting have experienced, with a view to understanding how to best support these children in the setting.
- Quality assuring the Centre's safeguarding provision through data analysis, impact measurement and safeguarding audits.

## **Effective multi-agency working**

Strong multi-agency and multi-disciplinary collaboration is essential in identifying and responding to the needs of children and families. To ensure effective safeguarding, all agencies and practitioners working with children must uphold shared expectations.

Our safeguarding team works closely with Children's Social Care, education providers, the police, health services, youth offending teams and other multi-agency partners to protect children and young people. voluntary or third-sector organisations. This collaboration involves effective information sharing, regular updates, report submissions, and active participation in early help, safeguarding and child protection conferences and core group meetings.

Our Safeguarding Team is committed to effective multi-agency working to support safeguarding decision-making by ensuring that:

### **Collaboration:**

- Practitioners working with the same child and family share information to build a full picture of their experiences and ensure the child's voice is central to decision-making.
- Decisions are informed by shared practice, constructive debate, and analysis of information from all relevant services.

### **Learning:**

- Teams draw on the best available evidence, engage in shared reflection, and consider diverse professional perspectives.
- Opportunities for peer learning are created, knowledge exchange, peer audits, group supervision, and observation to strengthen professional practice.

### **Resources:**

- Strong relationships across agencies ensure children receive the right support

and protection.

- Children receive holistic, tailored support by drawing on expertise from a wide range of agencies.

### **Inclusion is upheld:**

- Staff are supported to identify and challenge discrimination, disparities, and harmful stereotypes in safeguarding practice.
- Practitioners distinguish between adversity caused by economic and social stress and harm resulting from parental abuse or neglect, tailoring their responses accordingly.

### **Constructive challenge is encouraged:**

- Professionals challenge assumptions, engage in respectful discussions, and work collaboratively to resolve differing viewpoints.
- Independent judgment is valued alongside collective decision-making, fostering open dialogue and reducing the risk of groupthink.

## **Information Sharing**

Effective information sharing is crucial for identifying and addressing risks to children's safety. No single practitioner has a complete picture of a child's circumstances, so agencies must work together to share information in a timely and proportionate manner. As identified in Serious Case Reviews, delays or missed opportunities to share key details can have serious consequences.

Practitioners across agencies should:

- **Share concerns early** – Identify and respond to risks as soon as they emerge, such as persistent school absences or known involvement with children's social care.
- **Consider wider contacts** – Share information about adults connected to the child if they may pose a risk.
- **Recognise patterns** – Track risks linked to missing children, safeguarding contexts, and cross-authority cases, ensuring multi-agency coordination.

Practitioners should not assume someone else will pass on critical information—if in doubt, share concerns with children's social care or the police.

## Legal Basis for Information Sharing

The **Data Protection Act 2018** and **UK GDPR** allow personal data to be shared for safeguarding purposes without consent if there is a lawful basis, such as:

- **Legal obligation** – Where organisations have a duty to share information.
- **Public task** – When sharing data is necessary for public interest or official duties.

Consent may be appropriate in some cases, but it must be specific, time-limited, and can be withdrawn. However, fear of breaching data laws should never prevent the sharing of information when a child's welfare is at risk.

## Staff and Volunteer Duties

All staff and volunteers share a collective responsibility to safeguard the welfare and ensure the safety of children and young people. The following responsibilities are outlined for all staff and volunteers:

- **Awareness:** Staff and volunteers must fully understand our Safeguarding Policy and procedures. They should remain alert to potential signs of abuse or neglect and other safeguarding concerns. See To Do
- **Reporting Concerns:** If staff or volunteers have concerns about a child's safety or well-being, they must report them to the DSL or DDSL without delay. Staff and volunteers should not assume someone else will pass on critical information.
- **Working with parents and carers:** Following the Principles of Working with Parents and Carers (and extended family members) to build trusting relationships with open and honest communication.
- **Confidentiality:** Staff and volunteers must maintain confidentiality regarding any safeguarding concerns. Information should only be shared with those who have a legitimate need to know, in line with safeguarding protocols.
- **Training:** Staff and volunteers will receive appropriate safeguarding training,

which includes recognising signs of abuse, responding to disclosures, and understanding online safety. Ongoing training and updates will be provided to ensure that all are aware of current legislation and best practices.

- **Support for Children:** Staff and volunteers must actively contribute to supporting vulnerable children and young people, including those with special educational needs. This includes being particularly vigilant to any changes in behaviour and considering the additional challenges faced by students with communication or learning difficulties.
- **Safeguarding Culture:** All staff and volunteers are responsible for fostering a safeguarding culture within the service, where children's welfare is prioritised in all activities and interactions.

## **Management Committee / Leadership Team Responsibilities**

The **Management Committee** and **Leadership Team** have overall responsibility for ensuring the safeguarding culture and framework are embedded within the centre's operations. Their key safeguarding role includes:

- **Strategic Oversight:** The management committee and leadership team are responsible for governance and compliance. This includes setting and reviewing the Centre's safeguarding strategy, policies, procedures and reviewing internal and external audits and lessons learned. They ensure that the Centre complies with all safeguarding legislation and support contract monitoring of funding agreements.
- **Accountability:** The committee is accountable for ensuring safeguarding is treated as a priority at every level. They review safeguarding issues regularly and ensure staff are adhering to policies and best practices.
- **Resources and Training:** The management committee ensures adequate resources, including time and funding, are allocated to safeguarding training, ensuring that all staff and volunteers are appropriately trained and supported to carry out their safeguarding responsibilities.



- **Monitoring and Reviewing:** The committee is responsible for overseeing the monitoring and reviewing of safeguarding policies, procedures, and practices. They review incident reports, feedback from staff, and other relevant information to assess the effectiveness of safeguarding efforts.
- **Developing a Shared Vision:** The management committee works with other partners and agencies to create a shared vision for services that improve family outcomes. Using evidence from direct practice, new research and emerging trends, as well as the voices of those with lived experience, they drive forth a culture of inclusion, diversity and the ability to adapt and respond innovatively to our service users.

## Service Users Understanding

Rebel Training is committed to helping parents and carers understand our responsibility for the welfare of all children and our duty of care. The Safeguarding Policy and procedures are available to parents and carers via their member portal and a paper copy can be requested by contacting the admin team.

As part of our child onboarding process, an initial induction meeting is offered with parents and carers and the child in which we will openly discuss our safeguarding responsibilities. We are also currently in the process of creating a child and youth friendly Safeguarding Policy for our website.

Parents and carers can chat, email and phone us to make us aware of any issues or to request a phone call or 1:1 with a member of our Pastoral Team.

Our current website also provides access to a number of useful resources for parents and carers. These can be found in under *Info > Signposting to Services*. Our new website is being designed to raise awareness of early help, the [Swindon Local Offer](#) and signposting to National Support Organisations ([Appendix 9](#)), through shared information, links and an accessible blog.

# Policy: Safe Working Practice

## Safer Recruitment

We follow strict safer recruitment by implementing procedures to **deter, reject, and identify** individuals who may pose a risk to children.

### Key Measures:

- Enhanced DBS checks for all staff and anyone with regular contact with children.
- Staff without a DBS (due to age) are on restricted duties and never left unsupervised (identifiable by a red lanyard).
- Safer Recruitment procedures are followed, in line with the South West Child Protection Procedures.

### Recruitment Process

- Interview panels always include at least one trained in Safer Recruitment.
- Safeguarding statements appear in all job adverts and descriptions.
- Employment gaps are fully investigated.
- Online searches are conducted for short-listed candidates, with concerns addressed at interview.
- References are requested before interviews, including one from the most recent childcare placement or a school reference for younger applicants.

### Staff Vetting and Record Keeping

- A **central register** tracks staff qualifications, identity checks, and vetting details (DBS reference number, disclosure date, and verifier).
- Identification documents are securely stored in personnel files.

### Disqualification under the Childcare Act

During induction, all staff, students, and volunteers are informed of their responsibilities under the Childcare Act 2006. All staff, students and volunteers must provide up-to-date information regarding any **convictions, cautions, court orders, reprimands, or warnings** that may impact their suitability to work with children, regardless of whether these occurred before or during their employment at the setting.

### Disclosure of Relevant Information

Additionally, staff are expected to inform the setting of any relationships or associations, both within and outside the workplace (including online), that may pose

a risk to the safety of children in the setting.

This includes any circumstances where personal connections or behaviours could have an adverse effect on the welfare of children under their care. The Management Committee oversees the *Conflict-of-Interest Risk Register*.

### Visitors and non-DBS checked staff

- Staff (who have not been DBS checked due to their age) **cannot be left alone** are on restricted duties and can be identified by their red lanyard.
- Visitors or workshop volunteers or visitors have not been DBS checked **cannot be left alone** and can be identified by their red lanyard.

For further details, refer to our *Safer Recruitment Policy*.

### Staff Induction

All new starters receive induction training to help them understand their roles and responsibilities. At induction, all staff and volunteers receive internal training on:

- Safeguarding and child protection training;
- Missing Child Policy and procedures;
- Prevent and Online safety training;
- Staff and Volunteers Code of Conduct and the [Guidance for Safer Working Practice for Adults who Work with Children](#) (Safer Recruitment Consortium)
- Acceptable IT Use Agreement (for use of technology and devices)
- Behaviour Policy and Procedures
- Reporting inappropriate behaviour displayed by other members of staff or volunteers, or any other person working with children.
- The Voice of the Child: empowering children to express their needs, feelings and opinions and involving them in decision-making, co-design and co-production.

The DSL will keep a record of the Induction process for all new starters.

## Staff Training

### Core Training

The DSL manages staff CPD and ensures that essential training for service delivery, as well as relevant training for specific roles and skills coverage, is provided.

All direct delivery staff and managers complete Core and Specialist SSP modules

every two years. Regular volunteers are encouraged to do the same. New Deputy DSLs complete *Identifying Safeguarding Concerns and Making Referrals (Children)* (SSP) and are advised to complete Core and Specialist modules at least once per year as they gain experience in their role.

All regular volunteers and administrative staff complete Safeguarding Basic Awareness training every three years. This training enables staff to identify signs of possible abuse and neglect at the earliest opportunity and to respond in a timely and appropriate manner.

### Visitor Conduct and Briefings

Before the visit, we ask visitors to sign our *Visitors Code of Conduct*. All visitors must sign in upon arrival and receive a briefing from the Session Leader or Manager covering:

- Housekeeping procedures
- Incident management
- The importance of reporting concerns

All visitors are directed to our Safeguarding Display, which includes a simplified Code of Conduct and the Report a Concern Flowchart. A hard copy of the Safeguarding Policy is available at the front desk.

Regular visitors receive electronic copies of the Safeguarding Policy and **Code of Conduct**.

Any individual who is not known or identifiable will be challenged for clarification and reassurance.

### SEND Training

All staff and volunteers receive specialist SEND training, covering SEND legislation, challenges faced by families, and the barriers children with SEND face. The training also focuses on inclusion, co-production, advocacy, understanding Education, Health and Care Plans, multidisciplinary team roles, and accessing the local offer.

### Continued Professional Development

Staff and volunteers receive ongoing and regular safeguarding training and updates. These are delivered in-house through our annual Staff Safeguarding Training Away Day, staff development sessions, staff meetings, peer supervision sessions,

safeguarding scenario examples, safeguarding quizzes, newsletters, emails, our website, and a safeguarding display.

The annual Staff Safeguarding Training Away Day focuses on the signs and indicators of abuse, neglect, and exploitation. It also covers other safeguarding issues outlined in *Keeping Children Safe in Education* (KCSIE), Annex B, as well as risk and protective factors, risky behaviour in adolescents, the importance of language used by professionals, Early Help performance monitoring, and SEND-specific training.

Staff and volunteers also have the opportunity to attend external conferences on safeguarding issues and are supported in developing their practice through external training in:

- Parent Group Leader Training (*10-week Nurturing Programme for Parents*)
- Systemic Family Therapy (funding dependent)
- The Theory and Practice of Nurture Groups
- Understanding Children and Young People's Mental Health
- Understanding Adverse Childhood Experiences
- Core/Specialist modules through [Swindon Safeguarding Partnership or other external agencies](#)
- Motivational Interviewing
- Therapeutic Arts for Wellbeing

## **Signatures to confirm understanding**

When the Safeguarding Policy or other relevant policy is updated due to legislation/guidance updates, staff are asked to re-sign electronically to confirm their understanding and accept responsibility for following up any questions or queries they have with a member of our safeguarding team.

## **Workforce Planning**

When planning workforce development and organisational structure, training and development pathways are key. Key professional training may include apprenticeships in:

- Level 3 Youth Worker
- Level 3 Youth Voice Facilitator
- Level 4 Children, Young People and Family Practitioner
- Level 5 in Leadership for Health & Social Care and Children & Young People's Services
- Level 5 Learning and Skills Teacher / Level 5 Education and Training

## **Staff Supervision**

Staff and volunteers receive regular supervision, either individually or as a team, to support their professional development and the quality of their work.

Supervision is a two-way process designed to enhance knowledge, skills, and values while improving outcomes for children and achieving agreed objectives. It also provides a space to discuss sensitive issues, including safeguarding concerns and any issues related to individual or colleague practice.

## **Safeguarding Supervision**

Safeguarding supervision is planned for all staff and volunteers to support their safeguarding responsibilities and reflective practice. Through supervision, we ensure staff:

- Understand their roles and responsibilities.
- Possess the necessary skills, knowledge, behaviours, values, and attitudes to fulfil their duties.
- Have opportunities for reflection and analytical thinking as part of the decision-making process.
- Engage in constructive challenge, addressing assumptions and resolving differences in a restorative and respectful manner.
- Feel fully supported and effectively managed in their roles.

Supervision also plays a key role in the Multi-Agency Process for Resolving Professional Disagreements in Safeguarding, promoting clarity, skill development, reflective practice, informed decision-making, and respectful challenge. See policy section on [Escalation](#).

Safeguarding supervision is compulsory for employees and is typically delivered one-to-one every 6-8 weeks. Volunteers usually receive safeguarding supervision in group sessions, either in person or online. While general peer supervision is optional, learning reviews for serious incidents and safeguarding concerns are mandatory.

## **Supervision for Early Help Staff and Social Work Students**

We uphold high professional standards by embedding the Professional Capabilities Framework (PCF) into Early Help staff and social work student development. While all staff, volunteers, and visitors adhere to a strict Code of Conduct, Early Help staff follow a Behaviours and Values Framework aligned with the PCF, emphasising integrity, respect, professionalism, and empathy. These frameworks, alongside robust risk assessments (both centre-wide and individual), ensure the delivery of safe, child-

centred services.

For further details, refer to our *Supervision and Appraisal Policy*.

## Online Safety

See [Teaching Online Safety in Schools \(non-statutory guidance\)](#).

Technology plays a significant role in many safeguarding and well-being concerns. Children are at risk of abuse both online and in person, and in many cases, abuse happens simultaneously in both environments.

Children and young people may also abuse their peers online through:

- Abusive, harassing, and misogynistic messages
- The consensual or non-consensual sharing of indecent images
- The distribution of abusive images and pornography to individuals who have not consented to receive them

## Responding to Online Safety Concerns

Staff follow our safeguarding procedures as outlined in this policy. Additional guidance on **child-on-child abuse** and responding to concerns about the sharing of indecent images via mobile devices can be found in [Keeping Children Safe in Education \(KCSIE\), Part 2](#).

## Our Online Safety Responsibilities

Rebel Training recognises:

- The growing role of technology in education, skill development and children's daily lives
- The wide range of online content accessible to children
- The risks that accompany technological advancements
- The importance of delivering a broad, relevant, and progressive online safety curriculum
- The need for regular online safety lessons throughout each term
- The necessity of staying updated on the tools, apps, and devices children use to ensure relevant education
- That online safety must be reflected across all relevant centre policies
- Its duty to comply with Filtering and Monitoring Standards

## Online Safety Curriculum Offer

Our curriculum addresses **four key areas of online risk**:

- **Content** – Exposure to harmful material
- **Contact** – Risks of online interactions with others
- **Conduct** – Personal behaviour and digital footprints
- **Commerce** – Financial exploitation and scams

Key elements include:

- Teaching critical thinking to assess online materials and content
- Reinforcing key safety messages, such as Childnet's SMART rules, across the curriculum and in RSHE lessons
- Supporting children in building resilience to radicalisation, providing a safe space for debate, and encouraging civic engagement

## Online risks for professionals

Staff and volunteers are aware of the professional risks associated with the use of social media and electronic communication (email, mobile phones, texting, social network sites etc.) and must follow the procedures outlined in the Online Safety Policy [currently under development] and the *Acceptable Use Policy*.

## Use of Reasonable Force

Our approach aligns with the guidance in [\*Reducing the Need for Restraint and Restrictive Intervention \(DfE, 2019\)\*](#). We prioritise **de-escalation** and **positive behaviour support** to minimise the need for restrictive practices.

## Key Principles

- Restraint and restrictive intervention are a last resort and should only be used when there is an immediate risk of harm to the child, others, or staff.
- Any intervention must be proportionate, necessary, and in the child's best interests.
- Staff are trained in de-escalation techniques to manage behaviour safely and effectively.
- Emotional well-being and trauma-informed care are central to our approach, recognising the impact of restrictive practices on children.
- Post-incident reviews ensure that interventions are reviewed, and lessons are learned to reduce future need for force.



We are committed to fostering a safe, respectful, and inclusive environment. Physical intervention is only used **only when absolutely necessary** - if the child is endangering themselves or others. Such events are recorded and signed by a witness.

For more details see *Behaviour Management Policy*.

## Whistleblowing

Read our full *Whistleblowing Policy*

At Rebel Training, we are committed to the highest standards of integrity and transparency. We take any concerns about illegal, unethical, or unsafe practices seriously and encourage staff, volunteers, and stakeholders to report them.

The law protects individuals who raise legitimate concerns in the public interest. These '**qualifying disclosures**' include concerns about:

- Criminal activity
- Miscarriages of justice
- Risks to health and safety
- Environmental damage
- Breaches of legal obligations
- Concealment of any of the above

You do not need proof to report a concern - having a **reasonable belief** is sufficient. Investigating concerns is the organisation's responsibility, not the responsibility of the individual raising them.

## Raising Concerns

Concerns about poor or unsafe practices or failures within the organisation must be raised and should be raised by following the guidance in:

- Staff Handbook
- Staff Code of Conduct
- Visitor/Volunteer Code of Conduct
- Low-Level Concerns (Worries About an Adult)
- Complaints Policy

In most cases, concerns should be reported to Managing Director who is also the Centre's DSL and Managing Allegations Lead. If the concern involves this individual, it should be raised with a member of the Management Committee.

For those who feel unable to report internally, the **NSPCC Whistleblowing Helpline** is available. In exceptional cases, concerns may be raised with external regulatory bodies - these are listed in our Whistleblowing Policy.

We are committed to ensuring that whistleblowers are protected, listened to, and supported when raising concerns in good faith.

NSPCC Whistle-blowing Helpline <a href="mailto:help@NSPCC.org.uk">help@NSPCC.org.uk</a>	NSPCC Helpline - 0808 800 5000 10am–4pm Monday to Friday.
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We are committed to ensuring that whistleblowers are protected, listened to, and supported when raising concerns in good faith.

## Support for Children and Young People

At Rebel Training Group, we recognise that our staff and volunteers are in a key position to identify emerging concerns, provide help for children and young people, promote their welfare, and prevent issues from escalating. We are committed to offering the necessary support to children and young people, fostering a positive environment that prioritises their safety, well-being, and development.

### Key Support Strategies

#### 1. Safe and Supportive Environment

We provide a safe, secure, and non-threatening space where children and young people can feel supported and cared for. This environment ensures that they feel safe to express their thoughts and concerns.

#### 2. Inclusive Culture and Respect

We cultivate an inclusive culture where respect, kindness, and diversity are celebrated. Staff and volunteers are trained to approach all situations with sensitivity, understanding the impact of a child's experiences on their mental health, behaviour, attendance, and progress.

#### 3. Trained and Sensitive Staff

Our team is specially trained to recognise and respond to the unique needs of children and young people. This training empowers them to provide timely and appropriate support, ensuring children feel heard and understood.

#### 4. Therapeutic Arts for Well-being

We incorporate therapeutic arts into our approach, supporting children's well-being through creative expression. This method aids in emotional regulation and offers a non-verbal outlet for feelings, fostering healing and resilience.

#### 5. Opportunities for One-to-One and Small Group Support

Children and young people are given the opportunity for regular one-to-one or small group discussions, which provide a safe space for them to explore their feelings and receive personalised support.

**6. Liaison with Schools and External Agencies**

We ensure appropriate communication with the child's school SENCO/ANCO (Special Educational Needs/Additional Needs Coordinator), where necessary, to ensure a coordinated approach to the child's welfare. We also facilitate outside agency support when required.

**7. Giving Children a Voice**

We ensure that the child's voice is heard in any meetings or discussions concerning their welfare. We use child-friendly methods like '3 Houses' to give children the opportunity to express their thoughts, ensuring they feel empowered in decisions about their care and support.

**8. Coordinating Outside Support**

We facilitate collaboration with outside agencies to provide comprehensive support for any child or young person in need, ensuring all aspects of their welfare are addressed.

- 9. Youth Participation:** We place a high value on youth participation, ensuring children and young people have choice, flexibility, and control over their session delivery. They have opportunities to co-design and co-produce new services, allowing them to shape their learning experiences and contribute meaningfully to the development of the programmes that support them.

## **Rebel Training Safeguarding Practices**

### **Promoting Respect and Kindness**

We foster an environment where respect, kindness, and positive behaviour are at the heart of all interactions. By upholding these values, we create a safe and welcoming space for learning and personal growth, helping children and young people to thrive. Our commitment to treating every individual with dignity encourages them to express themselves freely while ensuring their well-being is always prioritised.

### **Challenging Harmful Behaviours**

Our staff and volunteers are fully committed to challenging harmful behaviours or attitudes that contribute to abuse. We actively intervene to prevent any form of discrimination, bullying, or mistreatment, promoting a culture of respect and inclusion at all times. Through training and clear safeguarding practices, we ensure that harmful actions are addressed promptly and effectively, allowing for a safer environment for all.

## **Relationships, Sex, and Health Education (RSHE)**

We provide comprehensive Relationships, Sex, and Health Education across all youth programmes, covering essential topics such as healthy relationships, safety, and personal boundaries. Our goal is to equip young people with the knowledge and skills they need to make informed decisions about their well-being. We also emphasise the importance of consent, emotional intelligence, keeping safe in a digital world, and how to seek support if needed, promoting a culture of respect and responsibility.

## **Promoting British Values**

At Rebel Training Group, we uphold the fundamental British values of democracy, the rule of law, individual liberty, mutual respect, and tolerance of those with different faiths and beliefs. These values are embedded in our approach to education, empowering young people to be responsible, active citizens who understand and appreciate the diversity of modern British society. We encourage young people to respect and challenge prejudice, advocating for equality and fairness in all aspects of their lives. Through discussions, activities, and community projects, we instill a sense of belonging and social responsibility, helping young people to develop a strong moral compass that aligns with these core values.

## **Supporting Victims and Perpetrators of Child-on-Child Abuse**

We provide appropriate, tailored support for both victims and perpetrators of child-on-child abuse. Our restorative approach focuses on healing and understanding, helping both parties to learn from the experience and fostering an environment of accountability and compassion. We work collaboratively with external agencies, ensuring that all involved receive the support they need to recover and grow.

## **Children's Rights and Respectful Relationships**

We ensure that all children are aware of their rights, as well as the importance of maintaining respectful and healthy relationships. This education builds self-awareness, self-esteem, and mutual respect, enabling children to develop the skills to navigate relationships positively. By focusing on these values, we help young people understand their role in building a compassionate society, where kindness and respect for others are paramount.

## **Evidence-based Interventions**

At Rebel Training Group, we are committed to providing high-quality, evidence-based interventions to support the emotional, mental, and educational needs of children and young people. Our service delivery designed with government plans and local strategies such as:

- [SEND and Alternative Provision Improvement Plan, Gov.UK, March 2023](#)
- [SEND, Inclusion and Alternative Provision Strategy 2023-28, SBC](#)
- [Early intervention, youth and community strategy, 2023 –27, SBC](#)

We utilise a range of evidence-based, trauma informed practice, including:

**1. Nurture Groups (Nurture UK)**

Nurture groups are a highly effective intervention designed to support children who are experiencing difficulties with social and emotional development. These groups provide a safe and nurturing environment where children can build trust, develop self-esteem, and learn key skills such as communication, emotional regulation, and conflict resolution. By using a small-group, therapeutic setting, we create a space where children can feel valued and understood, enabling them to thrive both emotionally and academically.

**2. Trauma-Informed Approaches (Polyvagal Theory, PACE Framework)**

We apply trauma-informed practices to support children who may have experienced adverse childhood experiences (ACEs). By understanding the impact of trauma on brain development and behaviour, we adapt our approach to ensure children feel safe, supported, and empowered.

1. **Polyvagal Theory** helps us recognise the importance of the nervous system in regulating emotions and behaviour. We incorporate techniques to help children regulate their physiological responses, reducing anxiety and promoting a sense of safety.
2. **PACE Framework** (Playfulness, Acceptance, Curiosity, and Empathy) focuses on building trusting relationships through a compassionate, non-judgmental approach. This framework helps children feel understood and valued, fostering a strong emotional connection and facilitating positive behavioural changes.

**3. CBT-informed Interventions**

Cognitive Behavioural Therapy (CBT) informs many of our therapeutic practices, helping children to identify and challenge negative thought patterns that may contribute to anxiety, depression, or disruptive behaviour. Through CBT-informed interventions, children learn to reframe their thoughts and develop healthier coping strategies. By addressing the cognitive aspects of emotional distress, we equip children with the tools they need to improve their mental well-being and develop more positive outlooks on life.

**4. Scaffolding Theory**

Scaffolding is an essential component of our teaching and support strategies. Based on the work of Lev Vygotsky, scaffolding theory emphasises the importance of providing temporary support to children as they develop new skills or understandings. This support is gradually reduced as children gain competence and confidence, allowing them to become more independent. Through carefully tailored interventions, we ensure that children are challenged within their zone of proximal development, enabling them to build on existing strengths while receiving the guidance and encouragement they need to

succeed.

#### **5. Maslow's Hierarchy of Needs**

We understand that children cannot fully engage in learning or emotional development unless their basic needs are met. Drawing on Maslow's Hierarchy of Needs, we ensure that children's fundamental needs – such as safety, belonging, and self-esteem – are prioritised before we can focus on their academic or social development. By addressing these needs first, we create an environment where children feel secure, valued, and capable of achieving their full potential. Our approach supports the child as a whole, taking into account both their immediate and long-term needs.

#### **6. Solution-Focused Coaching/Mentoring**

Solution-focused coaching and mentoring empower children to focus on their strengths and develop practical solutions to challenges they may face. This approach encourages children to set achievable goals, fostering a sense of agency and control over their own development. By using a strengths-based, future-oriented approach, we help children build confidence in their ability to overcome difficulties and achieve their personal and academic objectives. This method promotes resilience, self-efficacy, and positive thinking, encouraging children to see challenges as opportunities for growth.

#### **7. Reintegration Strategy (Alternative Provision)**

For children who have been out of mainstream education, our reintegration strategy focuses on supporting their successful return to school or their next phase of their learning. By working closely with schools, families, and external agencies, we ensure a smooth transition that takes into account the child's individual needs, including social, emotional, and academic support. This may involve tailored interventions to address gaps in learning, alongside emotional and behavioural support to help young people feel confident and motivated. Our goal is to create a positive and supportive reintegration process, empowering children to re-engage with education and reach their full potential.

## **Record Keeping**

### **How we maintain our records**

Any member of staff, visitor, or volunteer who has a concern about a child's welfare, or who receives a disclosure of abuse, will make an accurate record as soon as

possible. This record will include what was said or seen, putting the event into context, and noting the full date, time, and location. The record will be logged on our digital safeguarding and child protection concern/incident log.

If injuries or marks are observed which cause concern, these should be recorded on a **body map outline**, indicating the size and shape of the mark or injury.

**Photographs should not be taken.**

Any handwritten notes (not captured on the digital safeguarding and child protection concern/incident form) will be retained, even if later written up.

## Chronologies

- **Individual child and young person chronologies** will be securely stored on our digital management system and kept up to date, reviewed regularly.
- All **significant events** are recorded in the chronology, including attendance at meetings, phone calls, and emails related to safeguarding and/or child protection.
- The chronology also includes headline information on actions taken and outcomes, with a focus on whether the situation is improving for the child.

## Case File Review

- Safeguarding and child protection files for individual children and young people should be **reviewed regularly** to ensure any risks are being reduced and appropriate action is taken.
- An overview document will be maintained to track all children and young people with safeguarding or child protection concerns. This **live document** will reflect the number of children and young people subject to child protection, child-in-need, or receiving early help support.

## Record Retention

At Rebel Training, we are committed to adhering to the UK General Data Protection Regulations (GDPR) and Data Protection Law to ensure the secure management of personal data.

We have the necessary human and technical resources to fully comply with these regulations and to safeguard the rights of data subjects. Our organisation is registered as a Data Controller with the [Information Commissioner's Office \(ICO\)](#).

Our Designated Data Protection Officer is Joanne Vertannes (Managing Director and DSL).

Our Data Protection and GDPR Policy outlines the strict procedures we follow for the handling, storage, and retention of personal data. These procedures are regularly

reviewed and updated to ensure continued compliance with data protection laws and to align with best practices in safeguarding personal data.

We maintain Data Retention Schedules that ensure personal data is not kept longer than necessary, with a standard retention period of two years post-intervention. After this period, data will be securely disposed of in accordance with our *GDPR and Data Protection Policy*.

## Consent

At Rebel Training, we are committed to ensuring that consent is sought before sharing information for all referrals, except in circumstances where obtaining consent would place the child at risk of harm or compromise an ongoing police investigation (e.g., in cases involving allegations of parental sexual abuse or suspicions of fabricated or induced illness).

In situations where consent is withheld for a **Level 4 referral**, we will carefully assess whether there are sufficient grounds to override the need for consent in order to protect the child. In such cases, we may seek advice from **Contact Swindon** or other relevant authorities to guide our decision.

We are fully aware that, in cases where a referral is necessary to safeguard the child, we have a **legal obligation** to share information without parental consent to ensure the child's safety and wellbeing.

## Confidentiality and Information Sharing

We acknowledge our professional responsibility to share information with other agencies to safeguard children. In line with the "Information Sharing Advice for Safeguarding Practitioners" (2018), we will maintain accurate records and share necessary information with parents/carers, health professionals, the police, social services, schools, and Ofsted (if registered) when appropriate.

We are committed to facilitating a regular, two-way flow of information with parents and carers to keep them informed and involved in their child's welfare.

All confidential information and records about staff and children are securely stored and accessible only to those who have a legitimate professional need to view them.

We are fully aware of our responsibilities under the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) 2018. These regulations do not restrict the sharing of information when necessary to protect children, including sharing information without consent where required for safeguarding purposes.



As part of our induction process, all staff will electronically sign our Confidentiality Policy to confirm their understanding. Records related to individual children will be retained for an appropriate duration in accordance with our retention policy.

We recognise that all matters concerning child protection are confidential. The Designated Safeguarding Lead (DSL) will only share information about a child with other staff members on a "need-to-know" basis.

We never promise a child to keep secrets if it compromises their safety or well-being.

## Security

All staff and volunteers are responsible for maintaining awareness of the safety and security of our buildings and grounds and reporting any concerns immediately.

We take all reasonable precautions to ensure staff and children are not exposed to risks. When risks are identified, we conduct risk assessments to manage and mitigate potential harm.

Staff are familiar with site evacuation and lockdown procedures, which are practiced regularly, with a log kept of all drills. When children are taken on outings, risk assessments will be conducted to evaluate any potential hazards and manage them effectively. See *Health and Safety Policy*.

For child/young people, an initial risk assessment is completed at referral/registration point to help us assess any current behavioural concerns or flight risks. For more information see our ***Behaviour Policy***.

In some cases, a full ***Individual Child or Young Person Risk Assessment*** ([Appendix 8](#)) may be required before service delivery to further evaluate risks and ensure the safety of the group. This is always required where there is a risk of Child on Child Abuse ([Appendix 2](#)).

Staff and volunteers follow procedures on incident management, business continuity and recovery and resumption as outlined in our *Business Continuity Plan*.

## Complaints

We actively seek and carefully analyse feedback from children, parents, carers, and others, valuing both suggestions for improvement and positive comments. This feedback forms a crucial part of our continuous improvement process, ensuring that we consistently enhance our practice and service delivery.

Our Complaints Procedure is available for parents, carers, children, and staff who wish to raise concerns. The procedure clearly outlines the steps for making both informal

and formal complaints. It can be accessed at the Centre or via our website.

All concerns are taken seriously and addressed according to the relevant procedures. Any allegations against staff or volunteers will be managed in line with our *Worried about an Adult* and *Managing Allegations* procedures.

## Children Missing

### Immediate response where a child is missing

- All reasonable efforts to locate the child should be made. This should include searching the local area, contacting friends and family members, and trying to contact the child directly.
- If the child cannot be located within a reasonable timescale for the child's age and taking into account any vulnerabilities, they should be reported as missing to the police immediately.
- If the child has an allocated Social Worker, they should be notified (via the Emergency Duty Service out of hours). Residential homes should also notify their registration authority as appropriate.
- The police will prioritise missing children reports.

The following information needs to be provided to the police when a child is being reported as missing:

- Details about the child's family or care placement, including names of parents/carers, address and any contact details for the child, and the child's legal status
- A physical description of the child
- Information on friends and family and/or other possible locations
- Details of the circumstances of the child going missing, including the time and whom they were last seen with
- A recent photograph of the child
- Details of any mobile phone numbers/email addresses
- Any safeguarding concerns
- Any health issue which may increase the child's risk e.g. diabetes or epilepsy

## Understanding Missing Incidents as a Safeguarding Concern

Children and young people who go missing from home or care are at an increased risk of harm, and every missing episode should be treated as a serious safeguarding concern. Going missing may indicate underlying vulnerabilities, including abuse, exploitation, neglect, or mental health difficulties.

Staff must always follow the **Children Missing from Home or Care Procedures** outlined in our ***Children Missing Policy*** for further guidance.

### **Children Missing Education**

Staff are trained to recognise that poor attendance may signal safeguarding concerns or indicate a need for early help support.

Staff must always follow the **Children Missing Education Procedures** outlined in our ***Children Missing Policy*** for further guidance.

### **Preventing and Responding to Missing Incidents**

Rebel Training upholds strict supervision procedures, as outlined in our ***Health and Safety Policy***, to minimise the risk of children going missing from our care.

Some children and young people may be a flight, in which case an Individual Behaviour Risk Assessment ([Appendix 8](#)) will be required. This may include specific actions, such as restricting off-site activities.

If a child runs off, and staff ratios allow, a staff member may:

- Follow the child while maintaining supervision at a safe distance.
- Physically intervene if the child is in immediate danger (e.g., running into traffic).

Staff must always follow the **Children Missing from Our Care Procedures** outlined in our ***Children Missing Policy*** for further guidance.

### **Intimate care.**

This includes any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area. See also ***Intimate Care Policy***.

Staff administering intimate care will have received additional training are required to record this using the agreed protocols laid out in our intimate care policy, with the procedure logged and parents notified as appropriate.

## Early Help

Our safeguarding practice is grounded in early help intervention, with a paramount duty to safeguard and promote the welfare of children.

All families experience challenges that can make parenting difficult. Many can navigate these difficulties independently or with support from relatives, friends, and community services like schools, youth programs, health visitors, and mental health services. However, some families may face more complex issues that require additional, targeted support.

### What is Early Help?

*Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse.*

*The Early Help System is not a single service. It is a network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity.*

[Early Help System Guide, 2022](#)

Early Help is support for children, young people, and families who need support when challenges first arise, before things escalate into bigger problems. It's about getting the right help at the right time to prevent more serious issues down the line.

This can include things like:

- Support with parenting, school attendance, or behaviour
- Help for families going through difficult times, like relationship breakdowns or financial struggles
- Guidance for children with additional needs, such as SEND (Special Educational Needs and Disabilities)
- Emotional support for young people dealing with anxiety, bullying, or mental health concerns

Early Help for children and their families is made up of three types of services that combine in different ways to form a local area's Early Help offer to its citizens. These are universal services, community support and acute and targeted services.



Early Help is voluntary and tailored to each family's needs. It brings together different services - like schools, health visitors, youth workers, and social care - to work as a team and find the best way to support a child and their family.

The term early help, most commonly used in England, often covers universal services aimed at improving outcomes for all children, such as:

- Children's centres
- Open access youth services
- Health visiting.

Early intervention is often used to talk more specifically about targeted and intensive services addressing individual risks and protective factors, such as:

- Behaviour change programmes
- Relationship support for parents
- Mentoring schemes for young people.

## **Why are early help and early intervention important?**

Providing timely support is vital. Identifying and addressing a child or family's needs early on can increase protective factors that positively influence a child's wellbeing and decrease risk factors that may be impacting a child's life negatively.

Research suggests that early help and intervention can:

- protect children from harm
- reduce the need for a referral to child protection services
- improve children's long-term outcomes
- improve children's home and family life
- support children to develop strengths and skills to prepare them for adult life.

[About early intervention: why it matters.](#) Early Intervention Foundation (EIF) (2021)

## **Who is Early Help for?**

Early Help is available to any family who needs extra support, especially if they're struggling with mental health, parenting, school issues, or difficult relationships. It aims to offer timely help to ensure children stay safe, healthy, and can thrive.

Some groups of children may be more likely to need early help than their peers. These include children who:

- have special educational needs (with or without a statutory Education, Health, and Care plan)
- are disabled
- are young carers
- are showing signs of being encouraged into anti-social or criminal behaviour
- experience difficulties at home, such as domestic abuse, parental substance

- abuse or parental mental health problems
- are at risk of being affected by organised crime and county lines
- are in care, leaving care or preparing to leave care
- have poor attendance at, or are excluded from, school
- are young parents (or about to become young parents)
- are experiencing housing issues
- misuse drugs or alcohol
- are viewing harmful online content or experiencing inappropriate or unsafe online relationships
- are being bullied or bullying others
- have poor general health
- have mental health issues

## Who provides Early Help?

Early Help is provided by a range of professionals working together to support children, young people, and families as soon as challenges arise. These include:

- **Designated Safeguarding Leads (DSLs)**: Staff in schools or nurseries who manage child protection concerns and ensure children's safety.
- **SENCOs**: Special Educational Needs Coordinators who support children with additional learning needs.
- **Family Support Workers**: Professionals who assist families with practical advice and access to services during difficult times.
- **Targeted Youth Workers**: Professionals who engage with young people to provide guidance, mentorship, and prevent antisocial behaviour.
- **Health Professionals**: Including health visitors, school nurses, and GPs, who identify and address health concerns.
- **Social Workers**: Professionals who support families and children to prevent issues from escalating.
- **Police and Youth Justice Workers**: Involve
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Other professionals in the early help system include:

<ul style="list-style-type: none"> <li>• Housing and Tenancy Officers</li> <li>• Homelessness Advisors</li> <li>• Young People's Substance Misuse Services</li> <li>• Adult Substance Misuse Workers</li> <li>• Child and Adolescent Mental Health Workers</li> <li>• Midwives</li> </ul>	<ul style="list-style-type: none"> <li>• SEN Support Staff and Caseworkers</li> <li>• Universal Youth Workers</li> <li>• Allied Health Professionals</li> <li>• Probation Officers</li> <li>• Prison Officers</li> <li>• Offender Managers (Custody and Community)</li> <li>• Reactive Police Officers</li> </ul>
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<ul style="list-style-type: none"> <li>• Careers Advisers</li> <li>• Youth Offending Officers (Prevention/Whole Family Focus)</li> <li>• Neighbourhood Police Officers/PCSOs</li> <li>• Supporting Families Employment Advisers</li> <li>• Education Welfare Officers</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Mental Health Workers</li> <li>• Adult Social Workers</li> <li>• Domestic Abuse Workers</li> <li>• Voluntary, Community, and Faith Sector Workers and Volunteers</li> <li>• Work Coaches</li> <li>• GPs and Practice Nurses</li> <li>• Library Staff</li> </ul>
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## Effective Early Help

As outlined in *Working Together to Safeguard Children (2023)*, effective Early Help depends on strong collaboration between local agencies to:

- **Identify** children and families who would benefit from early intervention.
- **Assess** the needs of the whole family, ensuring tailored, holistic support.
- **Communicate** effectively through regular meetings between practitioners working with the family.
- **Coordinate** and provide support as part of a personalised plan, co-designed with the family and regularly updated to reflect changing needs.
- **Engage** families and their wider networks through structured decision-making, ensuring the child's voice is central to planning.

Children have told us they want to stay with their families where it is safe to do so, to be loved and cared for, and to have a say in decisions about their lives. Families, in turn, seek support that is non-intrusive, practical, and empowering - yet some may feel hesitant about accepting help due to stigma or past experiences.

[\*The Right Help at the Right Time Guidance, Swindon Borough Council\*](#)

## Early Help Conversation and Plan

In Swindon, the Early Help Conversation (EHC) and Plan is a process designed to support children, young people, and families facing additional needs. It focuses on early identification, quick intervention, and a coordinated response to provide the right support at the right time. This process is used across all levels of need, including cases involving Special Educational Needs and Disabilities (SEND).

The goal is to empower families and keep the family at the heart of the support process while considering the child's needs from the Child First, Think Family, and Community perspective. This helps ensure that all children, regardless of their circumstances, have the best start in life and are supported to grow up safe, stable, and healthy.



## **How the Process Works**

The process begins when a practitioner identifies the need for early help. With the consent of the young person, parent, or carer, the practitioner will initiate an Early Help Conversation and Plan, and if needed, arrange a Team Around the Family (TAF) meeting.

A TAF meeting brings together professionals with the appropriate expertise to address the child's needs and develop a tailored support plan. During the meeting, families (including the child where appropriate) collaborate with professionals to agree on the Lead Professional, a trusted person who will coordinate support and maintain regular reviews.

## **Goals of the EHC and Plan**

The purpose of the process is to:

- Provide early, proactive support that focuses on the whole family.
- Ensure positive engagement with the family and build a plan focused on outcomes.
- Encourage community involvement and collaboration between services.
- Avoid the need for escalation by offering appropriate, timely intervention.

## **Statutory Needs Assessment**

The Early Help Conversation and Plan is also a crucial tool for early years settings, schools, and colleges in managing children and young people with SEND. It helps record, monitor, and assess interventions and progress toward the outcomes set for the child or young person.

This process ensures that children receive consistent, well-coordinated help, enabling them to meet their potential in a supportive and collaborative environment.

## **Rebel Training Early Help Offer**

At Rebel Training, we are committed to identifying needs at the earliest opportunity, empowering families to set their own goals, and preventing unnecessary escalation to statutory services. Our targeted early help services are referral based and include targeted groups for children and young people such as nurture groups, emotional literacy and arts for wellbeing, family support work, and parenting groups.

We are committed to working with children and their families based on principles that ensure high-quality, compassionate, and effective support.

We will:

- Deliver trauma-informed, evidence-based practice
- Prioritise the child's voice and needs
- Make informed, evidence-driven decisions
- Focus on meaningful, long-term outcomes
- Treat everyone with respect, honesty, and transparency
- Actively listen to families and value their perspectives
- Recognise and build on strengths, not just challenges
- Communicate concerns clearly and outline steps to address them
- Acknowledge the vital role of family, community, and cultural identity
- Provide early intervention, ensuring support remains at the lowest effective level

We recognise the crucial link between the health and stability of individual family members and that is why it is important to work with the whole family to produce the best outcomes, with all agencies involved with family members working together, and families only telling their 'story' once. This describes a Team Around the Family.

## **Team Around the Family**

At Rebel Training, we bring family members and professionals together through Team Around the Family (TAF) meetings. Using the Child First, Think Family, Community approach, alongside their EHC and Plan, we focus on building strengths and working with multiple agencies to create and review practical support plans based on the child's needs.

- Children and young people's voices matter – their input shapes decisions and support.
- Families are key partners – we work alongside them to build strength, resilience, and independence.
- Support is based on what works – our approach is evidence-based and outcome-focused.
- A shared vision for all practitioners – everyone involved is committed to putting families at the centre of finding and implementing solutions.

A Team Around the Family (TAF) meeting is a supportive and solution-focused meeting that brings together the family and professionals working with them. The goal is to identify needs, build on strengths, and create a clear plan to help the child and family thrive.

During the meeting:

- ☒ Parents, carers, and children (where appropriate) share their views and experiences.
- ☒ Professionals from different services (e.g., education, health, social care) offer

support and discuss how they can work together.

- ☒ A lead professional is agreed upon to coordinate help and ensure the plan is followed.

- ☒ The team creates a personalised action plan to address concerns and build on family strengths.

TAF meetings are **collaborative, non-judgmental, and focused on positive change**. They ensure families get the right support at the right time, preventing issues from escalating.

## Working with Parents and Carers

### Safeguarding Children Through Collaboration

At Rebel Training, we believe that safeguarding is most effective when done in partnership with parents and carers. In line with Working Together to Safeguard Children (2023), we adopt a strengths-based approach, fostering open and honest communication while ensuring that the wishes and feelings of children and young people remain central to decision-making.

The Children Acts of 1989 and 2004 emphasise that children are safest and happiest within their families unless child protection is absolutely necessary. Our commitment is to support families as a whole, helping them build the resilience and stability children need to thrive.

That's why our staff and volunteers work closely with parents, carers, and extended family members - building trusting relationships that create practical, engaging, and effective pathways for support. This foundation also improves communication when safeguarding concerns arise.

### Principles for Working with Parents and Carers

A child-centred approach requires practitioners to work in partnership with parents and carers whenever possible. To do this effectively, parents and carers should have a clear understanding of:

- ☒ What is happening
- ☒ What support is available to them
- ☒ What is expected of them

☒ How they can share their views

This is particularly important when there is reasonable cause to suspect a child is suffering, or at risk of significant harm—whether inside the home, outside of it, or online.

By working collaboratively, parents and carers have the best opportunity to make positive changes, while practitioners can make fair, informed decisions to support and safeguard children.

While strong relationships with parents and carers are important, the child's best interests must always remain the priority.

## **Engaging Hard-to-Reach Families**

Practitioners must be skilled in engaging families who may be harder to reach, such as:

- Parents and carers of disabled children
- Parents whose children are at risk of harm outside the home
- Fathers and male carers
- Neurodivergent parents and carers
- Parents and carers who are reluctant or unable to engage with services

## **Four Key Principles for Working with Parents and Carers**

### **Building Trusting and Collaborative Relationships**

Effective partnerships are built on empathy, respect, and compassion. Practitioners work best with families when they:

- Avoid reinforcing shame, blame, or distress
- Take a strengths-based approach, helping parents recognise and build on their capabilities
- Understand and address the impact of adversity and trauma sensitively
- Adapt responses to meet diverse needs, including those of fathers, male carers, and parents of disabled children
- Consider cultural, financial, and personal circumstances, identifying barriers to support and finding solutions
- Stay alert to neglect, abuse, or exploitation, ensuring child safety remains the priority
- Make fair, evidence-based decisions, avoiding assumptions based on stereotypes
-

## Clear and Inclusive Communication

Effective communication ensures parents and carers feel informed and involved. Practitioners should ensure all communication - whether verbal, non-verbal, or written - should be:

✓ **Respectful, clear, and non-blaming**

- ✓ **Jargon-free** and appropriate for different levels of understanding
- ✓ **Accessible**, considering literacy levels, neurodiversity, and language needs
- ✓ **Translated into a family's first language**, where necessary
- ✓ **Supported by professional interpreters** (including British Sign Language), rather than relying on family members or partners

## Empowering Parents and Carers in Decision-Making

- Parents and carers are key partners in decisions affecting their children. Practitioners support this by:
- Creating a culture of openness, ensuring parents understand meeting structures, participants, and discussion formats.
- Allowing parents and carers to bring a family member, friend, or supporter to meetings.
- Providing adequate preparation, relevant information, and a safe, appropriate space for participation.
- Signposting families to local support services and resources (See [Swindon Local Offer](#)).
- Clearly explaining concerns, potential impacts on the child, required changes, decision-making processes, timescales, and expected outcomes.
- By embedding these principles, we enable families to transition to universal services with confidence and independence.
- 

## Family voice and experience

We actively gather and act on feedback from families, ensuring those with lived experience play a central role in the design, governance, and quality assurance of our Early Help services. This systematic approach keeps us responsive to the evolving needs of those we support.

We are committed to co-creating services with families, fostering collaboration, and empowering them with choice, control, and active participation. Through peer support initiatives such as the Youth Well-being Leaders Forum and Family Connectors, we help families build life, community, and leadership skills, boosting confidence and fostering a sense of agency.

## Sharing Concerns

### Team Communication

If concerns arise regarding a child's welfare or safety, we **usually** discuss them with their parent or carer, unless we have sought external professional advice that indicates that sharing this information could place the child at greater risk.

Whenever appropriate:

- A member of the Safeguarding Team may reach out to the parent or carer to discuss concerns.
- If a Key Practitioner or another relevant staff member has an established relationship with the family, they may be best placed to initiate contact.

### Reports

When reports are written about children, young people, and family members:

- Parents and carers are usually pre-informed of any concerns verbally, before reading it in report form.
- Parents and carers will usually have the opportunity to review the content before a Team Around the Family (TAF), Early Help, Child in Need, or Child Protection Conference.
- This will only be withheld if advised otherwise by professionals.

### Social Care Referral

If a referral to Children's Social Care is required, a member of the Safeguarding Team will usually:

- Inform the parent or carer about the referral and its contents.
- Provide clear information about the reasons for the referral.
- Our **priority is always the child's safety**, and in some cases, guidance from external agencies will be required before direct contact is made

# Recognising Abuse & Safeguarding Concerns

## Introduction

Concerns about a child's welfare can arise in many different contexts; children may be abused in a family, by those known to them. They may be abused by an adult or adults, or another child or children within their family network; this is also referred to as familial abuse.

See also '[What To Do If You're Worried A Child Is Being Abused](#)' - DfE March 2015 and the national multi-agency practice standards included on pages 82-84 of [Working Together 2023](#).

## Recognising Abuse

Abuse is a form of maltreatment of a child and can be caused through either inflicting harm, witnessing harm to others or failing to prevent harm. Working Together 2018 lists four categories of abuse:

- Physical,
- Emotional,
- Sexual and
- Neglect.

See [Appendix 1](#) for definitions and possible indicators of abuse and neglect.

Staff and Volunteers at Rebel Training are aware that;

- Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label, in most cases; multiple issues will overlap with one another.
- Child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. Children may be abused by their peers, family members, in an institutional/ community setting, by those known to them, by a stranger or via the internet.
- In the case of honour-based abuse, including child marriage and female genital mutilation, children may be taken out of the country to be abused.
- Abuse and neglect can happen over a period of time or be a one-off event. This can have major long-term impacts on all aspects of a child's health, development and well-being.
- The warning signs and symptoms of abuse and neglect can vary from child to child. Children develop and mature at different rates, so what appears to be

- worrying behaviour for a younger child might be normal for an older child.
- Parental behaviours may also indicate child abuse or neglect, so staff will be alert to parent-child interactions or concerning parental behaviours; this could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.
- It is important to respond to problems as early as possible and provide the right support and services for the child and their family and recognise that a warning sign does not automatically mean a child is being abused.

### **Other Safeguarding Concerns to be Aware of:**

Staff and Volunteers must read in full [Appendix 2](#) to have an understanding of these specific safeguarding concerns and possible indicators:

- Child on Child Abuse (sexual violence and sexual harassment).
- Radicalisation and extremism.
- Female genital mutilation (FGM).
- Child sexual exploitation (CSE).
- Child criminal exploitation (CE).
- Domestic abuse (DA).
- Children with family members in prison.
- Homelessness.
- Private Fostering.
- Bruising or non-explained injury in non-mobile children.
- Mental Health.

### **Harm outside the home**

We are committed to protecting children and adults from all types of exploitation. We recognise there is a lot to do to ensure that we deliver a consistently robust and integrated response to children and adults at risk of exploitation in Swindon. [Harm Outside the Home, SBC](#)

The [All Age Exploitation Strategy](#) (PDF) outlines the partnership approach we are taking and is aimed at professionals who are working to reduce exploitation in Swindon.

It is vital that all partners working with children, adults, and the wider public understand what exploitation is, how it differs from other forms of abuse, and how to identify and respond to concerns early. Harm outside the home (extra-familial harm) includes exploitation, such as grooming, sexual exploitation, criminal exploitation (e.g., county lines), modern slavery, and harmful sexual behavior. This harm can occur in various settings, including public spaces, online, and within peer groups.



## What you might be worried about

- You may have concerns about a student's welfare for various reasons:
- You have seen or heard something that raises concerns.
- You have noticed a change in their behaviour, mood, or engagement.
- You have seen an unexplained mark or injury that worries you.
- You are concerned about the safety or well-being of a student who is absent from the centre.
- You have overheard a conversation that suggests a student may be at risk.

Being aware of the signs of abuse and other safeguarding concerns helps you stay vigilant. It is important to remember that **children and young people may not always know how to disclose abuse**, may not recognise their experiences as harmful, or may feel unable to speak out.

## Additional Considerations for Children with SEND

Children with special educational needs and disabilities (SEND) face additional safeguarding challenges. They may:

- Have communication difficulties that make it harder to express concerns or others what is happening to them.
- Have an impaired capacity to resist or avoid abuse
- Be more reliant on others for care, increasing their vulnerability.
- Be more likely to experience social isolation or have fewer trusted adults to turn to.
- Find it harder to understand safeguarding risks or recognise inappropriate behaviour.

Extra care should be taken to communicate in a way that is accessible, taking into account their age, level of understanding, communication needs, and preferred language. Staff should also be mindful of behavioural changes that may indicate distress, as some children may express concerns non-verbally.

## The Importance of Professional Curiosity

Even if you are unsure, or if a child has not made a direct disclosure, **you should always trust your instincts** and report any concerns to the Designated Safeguarding Lead (DSL). Your professional curiosity can help safeguard a child who may not yet be able to ask for help themselves.

# Reporting Concerns: What Staff Must Do When Worried About a Child

## Responding to a disclosure

When a service user directly confides in you, sharing information that might indicate they are at risk of abuse, neglect, or exploitation, this is referred to as a disclosure. It may be helpful for staff, especially those working outreach or offsite, to have a printed copy of *Responding to a Disclosure of Abuse Prompt Sheet* ([Appendix 5](#)) in their Staff Folder.

### STEP 1: Keep your response in check

If a child, young person or family member discloses to you, you should:

- **Reassure** the student that they being taken seriously and that they will be supported and kept safe;
- **Listen** to what the student is saying, without displaying any signs of shock or disbelief;
- **Allow** the student to talk freely without interrupting;
- Reassure the student but do not make promises about keeping the information a secret.
- **Reassure** the student that this is not their fault;
- Ask questions only if you need to clarify, take care not to put words in their mouth by asking leading questions;
- **Explain** to the student that they have done the right thing by telling you and explain what you will do next, in line with the procedures outlined below.

### STEP 2: Record as soon as possible

- During a disclosure or soon after, record your concerns using the most appropriate method.
- If you already have a notebook in front of you or are completing an arts-based activity, you may write notes down on a piece of paper as the disclosure is being made or as soon as possible after.

- This will help you Use the student's own words where applicable and later enclose any direct quotes in quotation marks in the full report;
- Then follow the next steps below.

## Action that you **must** take when you have a concern

### **STEP 1: You have a responsibility to follow through with your concerns:**

- Do you need to take **immediate action** to secure the safety of the child or vulnerable adult?
- If you are concerned that a child might be in immediate danger or at risk of significant harm you must act immediately and before the end of the session. A decision may need to be taken about whether it is safe for the student to return home;
- **Report your concerns directly** to a member of the safeguarding team, as soon as possible in the most appropriate way e.g. face to face, telephone, or if lone working with the service user it may be more appropriate to complete a digital concern form (on SharePoint) with a text to say form completed to the DSL/DDSLs;
- In the first instance, report your concern to our Designated Safeguarding Lead Joanne Vertannes, 07392331817.
- If the DSL is unavailable, please report to our deputy DSL's: *To be appointed, insert number*;
- If no-one from the safeguarding team is available, speak to the most senior member of staff on site. If this is you, please refer to 'Role of DSL';
- If your concern relates to child-on-child abuse, refer also to Part 2 of this document and see also Part 5 of Keeping Children Safe In Education (September 2023).

## STEP 2: Recording the incident:

- Record your concerns using our Digital Safeguarding Concern Report Form on the Digital Workspace on SharePoint or our paper-based Safeguarding Concern Report Form ([Appendix 3](#)) as soon as possible.
- This form is located in the Centre and blank copies (of Page 1 only) should be kept in your Staff Folder for outreach and off-site work.
- All staff will have received training on this during induction, however detailed instructions on submitting a digital or paper-based safeguarding concern/incident form are provided in the Staff and Volunteers Handbook.
- If marks or injuries have been observed, these must be marked on a body map; **photographs will never be taken** ([Appendix 4](#)).
- Record the full date and time, location, your name and role and keep your record as factual as possible;
- Use full names, not initials as we need to be able to identify who individuals are;
- Use the student's own words where applicable and enclose any direct quotes in quotation marks;
- Include what it is that you have seen/heard/noticed which concerns you? Has the student communicated that something is wrong? Verbally? Behaviour?
- Ensure your record is clear and factual. If you have included your opinion in your report, have you made it clear that this is your opinion?
- Include why what you have seen/heard/noticed concerns you? What are you worried will happen if this concern/incident is not responded to?
- Is there any context you may be aware of?
- Is this concern the first or have you had other concerns?
- Include any actions you have already taken;
- If a Safeguarding Concern Form (digital or paper copy) is unavailable, typed notes on a word document (then password protected) or handwritten notes can be made on a piece of paper. (Handwritten notes must be retained by the employer, even if the notes are subsequently written up / typed up onto a form);

- Remember that records can be accessed by parents/carers and may also be used in multi-agency meetings and in criminal proceedings. Records should be clear, comprehensive and professionally written.

### **Step 3: Talk with Parents and seek advice if deemed necessary:**

- Include whether you have spoken to parents/carers about the concern/incident.
- Remember, you may need to seek advice from a member of the safeguarding team if you are unsure about whether speaking to the parent may increase the risk to the child.
- If the parent is the alleged perpetrator, you must always seek advice from the safeguarding team before speaking to the parent/carer;
- The original concern form (if paper-based) should be passed, in person, to the DSL/Deputy DSL;
- Information should always be kept secure and confidential;
- Copies should not be retained by you.

### **Step 4 : Follow through and receive appropriate feedback:**

- You should receive feedback about what action, if any, is being taken in response to your concern. A recommended timescale for this is within 24 hours.
- If you do not receive feedback or you feel that the situation is not improving for the student, **you have a duty to follow up your concern** with the DSL / deputy DSL.
- To have an understanding of the Safeguarding Team's decision making, see Page 2 & 3 of the paper based Safeguarding Concern Form and read the [The Right Help at the Right Time Threshold Guidance 2024](#)
- You may wish to request an additional debrief safeguarding supervision thereafter.
- If you feel your concerns need to be escalated further, please refer to Escalation Procedures.

# Safeguarding Response Process: Steps to Protect a Child at Risk

Once a concern or disclosure is reported to the Safeguarding Team, the **Designated Safeguarding Lead (DSL) or Deputy DSL** will follow these steps to **respond appropriately and safeguard** the child, young person, or vulnerable adult.

## Step 1: Assess Immediate Danger

- If the child or young person is in immediate danger call **999**
- In serious cases with significant risk of harm, refer to Children's Social Care immediately.
- See policy section [Making a Referral to Social Care](#) for further guidance.
- 

## Step 2: Discuss with Parent/Carer

- Contact the parent/carers unless advised otherwise by Children's Social Care.
- If there is evidence that sharing information may increase the risk of harm, seek advice first before informing parents.
- If a decision is made not to inform parents, this must be clearly documented.
- In most cases, informing parents will not increase risk.
- If appropriate, ask parents for any additional information that may support the safeguarding process.
- Ensure the parent/carers understands that a **record** will be kept by the organisation.

## Step 3: Assess Level of Risk

- Refer to the Right Help at the [Right Help at the Right Time threshold guidance](#) to determine the appropriate action.
- Consider:
- **Who poses the risk?** (Familial or extra-familial threats, e.g., peers, adults outside the home).
- **Is this a new concern or an ongoing issue?**
- **Child's age, vulnerability, and SEND needs.**
- **Any previous concerns?** Check safeguarding records and discuss with internal professionals (DSL or Deputy DSL).

- **Are other professionals involved?** (e.g., School DSL).
- If immediate referral to Children's Social Care is **not required**, consider:
- Is the child already engaged in **Early Help**?
- Have the family engaged at **Team Around the Family (TAF) level**?
- Would an **Early Help Conversation (EHC) and Plan** be appropriate?

### Step 4: Feedback to the Concern Referrer

- Ensure the **staff member or volunteer** who reported the concern receives feedback on:
- **Actions taken**
- **Next steps** (if applicable)
- 

### Step 5: Update Records

- Record:
  - Actions taken and completed.
  - Decision-making process (if applicable).
  - Outcomes of the safeguarding concern.
- Use appropriate documentation, including:
- **Safeguarding Concern Form** ([Appendix 3](#))
- **Body map** ([Appendix 4](#)) (if appropriate)
- Digital Safeguarding Chronology
- **Safeguarding Chronology** (Paper-based) ([Appendix 7](#))
- Set follow-up tasks in the **Safeguarding Project Management Tool** to ensure continued monitoring.

## Safeguarding Levels of Need

We deliver a graduated response, including Stepping Up and Stepping Down from statutory services. This means moving from Universal Support to Early Help, Early Help to Statutory

Our Safeguarding Team uses the [Right Help at the Right Time threshold guidance](#), professional judgement, risk analysis, and protective factors to assess immediate and escalating complex needs and risks of abuse, neglect, or harm.

The "Continuum of Need" in safeguarding children is a framework that helps professionals identify and address the needs of children and families, guiding them through a spectrum of support, from universal services to specialist interventions, based on the level of risk and need.



## Level Descriptors

### Early Help – Additional Needs (Level 2)

- With parental consent, a single agency will coordinate an assessment and develop a support plan to prevent issues from escalating.
- Support may be short-term but is crucial to prevent the need for more intensive intervention.
- Professionals from universal services (e.g., schools, health professionals) work together to provide additional support.
- A Lead Professional (potentially the DSL) is responsible for coordinating a Family Plan, which is regularly reviewed through Team Around the Child/Family (TAC/F) meetings.
- Once completed, Early Help Assessments and reviews are securely submitted to Children's Services as outlined in the process.

### Early Help – Complex Needs (Level 3)

- With parental consent, support is coordinated across multiple agencies due to complex needs, including support for children with SEND.
- Services collaborate to assess, plan, and work with the family to bring about positive change.
- While support may be short-term, without intervention, concerns could escalate to require statutory involvement.
- The child's needs may be discussed at a multi-agency Locality Panel, where a Lead Practitioner is identified to oversee the support plan.
- Professionals requesting Level 3 support must demonstrate existing interventions through an Early Help Plan or relevant assessments.



## Specialist/Statutory Support (Level 4)

### Child in Need (Section 17)

- **Children Looked After (CLA) and privately fostered children** – CLA are under the care of the local authority, but they may not necessarily be at immediate risk of harm. Privately fostered children may need additional support but are not always at risk.
- **Children involved in the criminal justice system or experiencing acute mental health crises** – These children may require intensive multi-agency support to meet their needs but are not always at risk of significant harm.
- **Unaccompanied asylum-seeking children** – These children often need social care support due to their circumstances, but their cases may not always involve significant harm.

### Child Protection (Section 47)

- **Children subject to an Emergency Protection Order, Interim Care Order, or full Care Order** – These legal orders are only made when there is reasonable cause to believe a child is suffering or likely to suffer significant harm, meaning they fall under **Section 47**.

At this level, intervention is statutory and involves specialist services to ensure the child's safety and well-being. Some situations could **initially** fall under **Section 17** but escalate to **Section 47** if there is evidence of significant harm or risk.

## Escalating Concerns: When Early Help is Not Enough

While Early Help can be effective in supporting children and families, it is important to recognise that:

- Some children and families may not experience improved outcomes or increased safety despite Early Help interventions.
- Families may **choose not to engage** with Early Help support, leading to escalating concerns.
- A child may be at **risk of significant harm**, requiring a **statutory safeguarding response**.

At this stage, safeguarding teams should consult [Right Help at the Right Time threshold guidance](#) to determine whether a referral to **Children's Social Care** is necessary.

# Making A Referral to Children's Social Care

[RF1: Referral From to Children's Social Care, Swindon.](#)

Printed copies are also kept in the Business Continuity Folder.

## What to consider when completing an RF1

When completing a referral form, the referrer will consider the following points:

- **Include the 'voice' of the child:** Capture any behaviors or statements made by the child that may indicate unmet needs.
- **Provide a picture of the child's lived experience:** What is life like for the child? What challenges do they face in their daily environment?
- **Assess the source of risk:** Is the risk familial (from within the family) or extra-familial (from outside the family)? Have you considered the wider family dynamics, environment, and context in which the child lives?
- **Identify concerns from the educational setting:** What specific worries do you have about the child's well-being or safety?
- **Consider safety factors:** Are there times when you feel less worried about the child? What interventions are in place to ensure safety?
- **Early Help Assessment:** An Early Help Assessment is not a prerequisite for a referral, but if one has been undertaken, it should be included when making a referral to Children's Social Care.
- **Other frameworks to consider:** Consider additional frameworks such as the Hackett Continuum, the Brook Tool, the Neglect Framework, and the Graded Care Profile, which may provide further insight into the child's needs and risks.

The completed referral will be shared with the child's parents or carers, who will be asked to consent to the information being shared with Social Care. If consent is not given, or if sharing the referral would place the child at risk, the information can still be shared where there is a valid reason to do so.

## Outcome of Referral

Rebel Training safeguarding team will follow the statutory guidance in **Chapter 3 of [Working Together to Safeguard Children \(December 2023\)](#)** and adhere to the local multi-agency safeguarding procedures, which outline the next steps and decision-making following a referral to Children's Social Care.

- **Strategy Discussion:** If there is reasonable cause to suspect that a child is suffering, or likely to suffer significant harm, a strategy discussion should take

place, involving Children's Social Care, the police, health services, and a representative from Rebel Training Group (or the child's current educational setting).

- **No Formal Assessment:** If Children's Social Care decides that no formal assessment is required, Rebel Training Group will explore increasing pastoral support, accessing universal services, or completing an Early Help Assessment.

## Escalation Procedure

Escalation is the process of formally challenging decisions made by another professional or organization. This policy ensures that professionals have a clear, efficient means of resolving disagreements in order to safeguard the well-being of children and young people.

In our work with children and families, professional disagreements can be constructive. Challenging decisions allows for review and encourages innovative ways of working. However, unresolved disagreements can harm working relationships and affect our ability to safeguard children effectively. It is crucial that all professional disagreements are resolved promptly.

Disagreements typically arise when professionals believe that decisions made are not in the best interests of the child. If there is a disagreement regarding the provision of an assessment or service that could negatively impact a child, professionals should refer to the [Swindon Safeguarding Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding and Protection of Children.](#)

When addressing professional disagreements, the safety and welfare of the child must always be the top priority. Unresolved issues should be addressed quickly and with consideration of the risks to the child. All professionals should feel empowered to

challenge decisions, seeing it as both a right and responsibility in order to protect the child and promote effective safeguarding practices.

This policy provides a framework for professionals to raise concerns about decisions made by other agencies or individuals, ensuring that:

- Professional disagreements do not jeopardize the safety of children or divert attention from the child's needs.
- Issues are resolved openly and quickly within and between agencies.
- Areas of practice that may require clarification or review are identified and addressed.

## **Reporting Concerns: What Staff Must Do When Worried About an Adult**

### **What to do if you have concerns**

If you have concerns about an adult who works/volunteers with children, you will need to report this confidentially.

You may be worried about the actions of an adult who is working/volunteering with children. The adult may be:

- An employee of Rebel Training;
- A student, supply teacher or tutor;
- An adult working with the organisation, employed by a third party (including staff working in universal clubs/settings, alternative provision and contractors);
- A volunteer.

You may have seen or heard something which makes you feel uncomfortable. You may be concerned that the adult's actions are contravening the Centre's *Staff and Volunteer Code of Conduct*.

You may be aware of a situation the adult is involved in, outside of the Centre, which suggests they may not be safe to work/volunteer with children and young people.

All concerns must be reported following the steps below.

### Step 1

- If you are concerned that a child might be in immediate danger or at risk of significant harm you must act immediately. Do you need to take immediate action to secure the safety of the students?
- Report your concerns directly to the Managing Director, Joanne Vertannes as soon as possible;
- If the Managing Director is not contactable, report to the most senior member of staff on site;
- If your concerns are about the Managing Director, report to a member of the Management Committee or directly to LADO (Local Authority Designated Officer).

### Step 2

- Record your concerns using the **Staff Concern Form** ([Appendix 6](#)), as soon as possible;
- Staff should NOT record allegations or concerns about adults working or volunteering with students on electronic (student) record systems.
- Remember to record the full date and time, your name and role and keep your record as factual as possible;
- If a concern/disclosure form is unavailable, handwritten notes can be made on a piece of paper. (This must be retained, even if the notes are subsequently written up onto a form).

### Step 3

- Record what action you are taking, for example record the name of the member of staff you have reported to;
- The original concern form should be passed to the Managing Director or a member of the Management Committee. Copies should not be retained by you;
- **If the person you have reported the concern to does not take your concern seriously, you must escalate your concern to LADO;**
- Ultimately anyone can report a safeguarding concern about an adult working with children in the local authority, asking to speak to the Local Authority Designated Officer (LADO). See Quick Reference Contact Guide on page 2;
- The Managing Director, Joanne Vertannes must be informed by telephone, and followed up by email with the (password protected) concern form for all low level concerns and allegations.

### Role of the Managing Allegations Lead

The Managing Director/ Allegations Lead or member of the the Management Committee will assess reports of low-level concerns or allegations involving adults working or volunteering with children. Initial consideration will focus on whether the individual poses a risk of harm if they continue in their current role.

They will consider whether there is evidence to suggest that the harms threshold has been met:

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

### Allegations that do not meet the harm threshold

Creating a strong safeguarding culture requires that all concerns about adults working with children are shared responsibly, recorded, and addressed appropriately. Low-

level concerns may include feelings of unease or noticing behaviors like over-friendliness with students or isolating them. Staff, volunteers, and visitors must report all concerns, even if they don't meet the harm threshold.

Actions may include seeking advice from the LADO, providing additional training, or issuing warnings. All concerns should be recorded, and patterns of behavior may trigger further action, including LADO referrals.

4o mini

## **Allegations that meet the harm threshold**

If initial information in the report suggests that the threshold has been met, the Managing Director will take the following steps:

Where the allegation relates to an adult externally employed/contracted, the Managing Director will inform the employer of the allegation. Here are the steps involved:

### **Step 1**

The Managing Director will contact the LADO immediately, before commencing any form of investigation. Education settings are permitted to conduct basic enquiries, (*see page 83 of KCSIE*) to establish the facts, however care should be taken not to jeopardise any future police investigation.

### **Step 2**

The LADO will decide on further action, which will include:

- Strategy discussion/meeting;
- Advice and follow up from LADO;
- No further action by the LADO after initial consideration and closure.

### **Step 3**

If further action is agreed, the LADO will agree with the police whether or not a strategy discussion/meeting needs to take place. The following might happen:

- If it is agreed that the threshold has been met for a strategy discussion/meeting, an allegations management meeting may be held.
- The main purpose of this is to ensure the safety of the children and ensure the process is concluded promptly, ensuring the accused staff member has adequate support.

## **Supporting the Welfare of the Adult at the Centre of the Concern/Allegation**

Employers have a duty of care to support adults involved in concerns or allegations. The Managing Director should ensure appropriate support is in place, following the guidance in "Keeping Children Safe in Education" (KCSIE) under the section "Supporting those involved." This ensures the well-being of the adult while also managing the concern or allegation appropriately.

## **Conclusion of investigations**

At the conclusion of investigations an outcome will be agreed by the LADO which will usually lead to one of these categorisations:

### **Substantiated:**

There is sufficient evidence to prove the allegation;

### **Unsubstantiated:**

There is insufficient evidence to either prove or disprove the allegation;

### **Malicious:**

There is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive or cause harm to the person subject of the allegation.

### **False:**

There is sufficient evidence to disprove the allegation;



## Unfounded:

To reflect cases where there is no evidence or proper basis which supports the allegation being made.

At the end of the allegation process if a member of staff or volunteer is removed from their position for causing harm or posing a risk of harm or they leave whilst investigations are ongoing, Rebel Training has a duty to inform the Disclosure and Barring Service via a referral.

Where a decision is made to dismiss or cease to use the services of a teacher (alternative provision service) because of serious misconduct, or they might have been dismissed or their services ceased had they not left first, the centre will consider whether to refer to the Teaching Regulations Agency.

We understand, as a centre, that if we know or have reason to believe that an individual is barred, we are committing an offence if we allow the individual to carry out any form of regulated activity.

## Record-keeping

Records are stored confidentially and securely and comply with the data Protection Act 2018 and the UK GDPR Act.

For Allegations which meet the threshold, the following information is kept on file:

- A clear and comprehensive summary of the allegation;
- Details of how the allegation was followed up;
- Details of action taken, decisions reached and the final outcome;
- A declaration on whether the information will be referred to in any future reference.

For Allegations which do not meet the threshold, the following information is kept on file:

- The concern and its context
- Action taken
- Whether advice was sought on contacting the LADO

This information is retained until the individual leaves their role. If a pattern of concerns emerges, it should be documented in a chronology and reviewed to determine if it meets the harm threshold, triggering referral to the LADO.

Following any allegation or concern:

- Assess the need for addressing safeguarding practices or wider cultural issues.
- Revise policies or provide additional training as necessary to mitigate future risks.

## **Preserving Records**

Further education institutions have an obligation to preserve records which contain information about allegations of sexual abuse for the Independent Inquiry Into Child Sexual Abuse (IICSA) for the term of the enquiry.

All other records should be retained at least until the accused has reached normal pension age or a period of 10 years from the date of the allegation if that is longer. Further information can be found on the ICO website.

# **Review and Testing**

## **Regular Review**

- At minimum, this Safeguarding Policy will be reviewed annually.
- Feedback from data analysis, lessons learned, staff, volunteers, and stakeholders will be incorporated.
- The senior leadership team will be responsible for overseeing reviews and ensuring necessary updates are made.

# Appendices

## Appendix 1 – Possible Indicators of Abuse and Neglect

### Physical Abuse

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

#### ***Signs that MAY INDICATE Physical Abuse***

- Bruises and abrasions around the face
- Damage or injury around the mouth
- Bi-lateral injuries such as two bruised eyes
- Bruising to soft area of the face such as the cheeks
- Fingertip bruising to the front or back of torso
- Bite marks
- Burns or scalds (unusual patterns and spread of injuries)
- Deep contact burns such as cigarette burns
- Injuries suggesting beatings (strap marks, welts)
- Covering arms and legs even when hot
- Aggressive behaviour or severe temper outbursts
- Injuries need to be accounted for; inadequate, inconsistent or excessively

plausible explanations or a delay in seeking treatment should signal concern.

### ***Failure to Thrive***

- Child's weight/height falling below expected centile
- Skin dry and pale and hair thin and straw like
- Lack of energy, listless and lack of concentration
- Refuses food but drinks a lot of juice, vomiting and diarrhoea
- Failure to meet developmental milestones
- Behavioural problems

### **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### ***Signs that MAY INDICATE Emotional Abuse***

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

## Sexual Abuse

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

**Child sexual exploitation** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### ***Signs that MAY INDICATE Sexual Abuse***

- Sudden changes in behaviour and school performance
- Displays of affection which are sexual and age inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults e.g. anxiety of being left with relatives, a child minder or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Fear of undressing for PE
- Sexually transmitted disease
- Fire setting

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a

child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment;

Respond to a child's basic emotional needs.

### ***Signs that MAY INDICATE Neglect***

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

## **Appendix 2 – Possible Indicators of Specific Safeguarding Concerns**

### **Child-on-Child Abuse**

Staff and Volunteers at Rebel Training are aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of the setting. All staff need to be familiar with the setting's policy and procedures around child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

It is essential that all staff and volunteers understand the importance of challenging inappropriate behaviours between children that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse.

#### Types of Child-on-Child Abuse

Child-on-child abuse includes, but is not limited to:

- **Bullying**, abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- (physical, verbal, or psychological)

- **Physical abuse** such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- **Sexual violence**, such as rape, assault by penetration and sexual assault; (this may include an online element), sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- **Consensual and non-consensual sharing of nude and semi-nude images and/or videos** (also known as sexting), upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm ([see Sharing nudes and semi-nudes: advice for education settings working with children and young people \(updated March 2024\)](#));
- **Initiation/hazing type violence and rituals** (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

## Harmful Sexual Behaviour

Harmful Sexual Behaviour refers to sexual behaviours in children under 18 that are developmentally inappropriate, potentially harmful to themselves or others, or abusive. (Hackett, 2019). Working Together to Safeguard Children acknowledges that abuse can be perpetrated by both children and adults.

### Risks

- Two-thirds of contact sexual abuse is committed by peers.
- A history of abuse, especially sexual abuse, can contribute to HSB.
- Both the instigator and the victim should be considered as needing support.
- Increased access to sexual content online influences attitudes and behaviours.
- Exposure to pornography can lead to unrealistic expectations about sex and relationships, desensitisation, and increased risk-taking behaviour.
- Early intervention reduces the likelihood of offending in adulthood.
- HSB cases require a coordinated, multi-agency child protection response.
- Unmet developmental needs, attachment issues, SEND, and family context may contribute to HSB.

### Possible indicators

While there are no definitive predictors of sexual offending, some associated factors include:

- Attachment disorders
- Poor parental guidance

- Domestic abuse.
- Prior sexual victimisation
- Social isolation
- Poor empathy skills.

There is a significant minority of young people who display this behaviour who have a level of learning need - up to 40% in some studies. Their needs must be carefully assessed as some assessment tools are not suitable. Also, the intervention may need to be extended and involve a high degree of coordination between agencies.

Technology-assisted HSB (TA-HSB) includes inappropriate use of pornography, exposing others to explicit content, grooming, and sexual harassment. Prolonged exposure to pornography can distort perceptions of healthy relationships and increase the likelihood of problematic behaviours.

Sexual behaviours exist on a continuum from healthy to abusive. The Brooks Traffic Light Tool helps professionals assess concerns but should not replace a full AIM3 assessment.

### **Protection & Action**

It is essential that all victims are reassured that their allegations are taken seriously, and they will be safeguarded. Where the disclosure is to a professional, a designated safeguarding lead should undertake and record an initial risk assessment and consider three factors:

- The victim, especially their protection and support
- The alleged perpetrator
- The risk to any other children and, if appropriate, adults

Incidents may be disclosed directly or via third parties and must be accurately recorded using the Centre's safeguarding procedures.

Concerns about the behaviour and the welfare and safety of the children should be discussed with Children Social Care which may require a [referral and further assessment](#).

### **Useful Links**

- [NSPCC – Sexual Behaviour in Children](#) – signposting for parents/carers
- [Brooks Traffic Light Tool](#)
- [AIM Project – HSB Assessments](#)

## **Child Sexual Exploitation (CSE)**

Staff and Volunteers at Rebel Training identify that CSE involves exploitative



situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) because of engaging in sexual activities.

Staff recognise that children at risk of CSE need to be identified and issues relating to CSE should be approached in the same way as protecting children from other risks. Staff are aware that sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation may involve varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexting, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse or recognise this as abusive. **This may apply to children, parents/carers, older siblings, staff or other members of the setting community.**

Identifying and disrupting perpetrators is a central part of multi-agency work to protect children from exploitation. The [Swindon and Wiltshire CSE disruption toolkit](#) sets out the deterrent and enforcement tools available and includes advice on how to share information and intelligence with the Police.

## Child Criminal Exploitation (CCE)

Staff and Volunteers at Rebel Training recognise that that criminal exploitation of children and vulnerable young adults is a form of harm, County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

These cases will be referred to children's social care through the usual channels. Boys and girls being criminally exploited may be at higher risk of sexual exploitation.

If you have intelligence or any other concerns relating to Child Sexual Exploitation, Criminal Exploitation (gangs), trafficking, for example, a suspicious car or activity, these can be shared with Police using the [online reporting form](#).

## **'Honour Based' Violence (HBV), Female Genital Mutilation (FGM) and Child Marriage**

Staff and Volunteers at Rebel Training will be aware that HBV encompasses a range of crimes that have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), child marriage, and practices such as breast ironing. It may also include non-violent forms of abuse. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

### **Female Genital Mutilation**

Female Genital Mutilation (FGM) is defined as "all procedures which include the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

FGM is abuse of the human rights of girls and women and is therefore a child protection issue. FGM is illegal in the UK and it is illegal to prepare, send or take a child to another country.

If you suspect that any girl in Swindon is at risk of being subjected to any form of FGM you must take action to report it immediately to Children's Social Care.

### **Swindon FGM toolkit**

Swindon Safeguarding Partnership has developed a toolkit for practitioners who may be working with women who are victims of FGM and children who may be at risk of FGM.

The toolkit includes:

- [FGM multi-agency guidance](#)
- [Forced marriages, honour based abuse and FGM training](#)
- [FGM facts and figures poster](#)

Swindon Safeguarding Partnership has developed a pocket guide giving key information on FGM. Copies can be obtained free of charge by contacting the SSP Business Unit at: [safeguardingpartnership@swindon.gov.uk](mailto:safeguardingpartnership@swindon.gov.uk)

Other FGM resources

The [National FGM Centre's](#) vision is to keep children and young people safe from FGM and other harmful practices, including ending new cases of FGM by 2030.

## Child Marriage

Child marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Settings can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email [fm@fcdo.gov.uk](mailto:fm@fcdo.gov.uk).

Staff and Volunteers at Rebel Training are alert to the risks and indicators of HBV/FGM and child Marriage and they are aware that they are all forms of abuse (regardless of the motivation) with long-lasting consequences and cases must be reported and escalated through the usual channels.

## Modern Slavery

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the [National Referral Mechanism](#).

## Radicalisation and Extremism

Staff realise that they have a duty to protect children from radicalisation and any form of violent extremism in line with the [Prevent Duty Guidance \(2015\)](#). Any concerns will be reported to the DSL.

In fulfilling this duty, Rebel Training will work closely with the SSP and will have regard to:

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate;
- Staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas

which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children for further help;

- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering;

Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are implicitly embedded into our youth provision curriculum.

Additional information about responding to online radicalization and extremism can be found in the settings **Online Safety Policy**.

## Domestic Abuse (DA)

Staff and Volunteers at Rebel Training recognise that all children who witness domestic abuse are being emotionally abused and this can cause "significant harm." Domestic abuse will always be referred to MASH.

DA is defined as any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship. Children can witness DA in a variety of ways, they may be in the same room and get caught up in an incident, perhaps trying to defend the victim, they may be in a different room but able to hear abuse taking place and witness injuries caused by the abuse, or they may be asked to take part in verbally abusing the victim.

## Children with Family Members in Prison

Staff and Volunteers at Rebel Training recognise that there are negative consequences for these children and they are at risk of poor outcomes so appropriate support will be put in place (<https://www.nicco.org.uk/>)

## Homelessness

Staff and Volunteers at Rebel Training will be aware that being homeless or being at risk of being homeless presents a real risk to a child's welfare. The DSL will direct families to the Local Housing Authority for support and a referral will be made to children's social care if deemed necessary.

## **Private Fostering**

Private fostering is defined as an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'

Private fostering arrangements, where a child lives with someone other than their parent without a court order, can pose risks to children, including potential abuse or neglect, if not properly monitored or supported, and can be hidden from local authorities

Staff and Volunteers at Rebel Training will be aware that they have a mandatory duty to report any child in a "private fostering" arrangement, to the Local Authority.

## **Bruising and injuries to non-mobile children**

Bruising is the most common injury in physical child abuse and a common injury in non-abused children, the exception to this being in non-mobile infants where accidental bruising is rare (<1%).

Any bruising, fractures, bleeding and other injuries such as burns in a non-mobile should be treated as a matter of concern and reported to the DSL.

## **Mental Health**

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff need to be aware that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

At Rebel Training we support staff to grow their knowledge in this field and help them identify children in need of extra mental health support, this includes working with external agencies. Free resources to support the curriculum and parents/carers can be found on the Anna Freud, website: [Resources \(annafreud.org\)](https://www.annafreud.org)

## **Child abduction and community safety incidents**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such

as neighbours, friends and acquaintances); and by strangers. Other community safety incidents can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation. As children get older and are granted more independence it is important they are given practical advice on how to keep themselves safe.

See our **Missing Children Policy** for further details.

## Cybercrime

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as either 'cyber-enabled' (crimes that can happen off-line but are enabled at scale and at speed on-line) or 'cyber dependent' (crimes that can be committed only by using a computer). Cyber-dependent crimes include:

- Unauthorised access to computers (illegal 'hacking'), for example accessing a school's computer network to look for test paper answers or change grades awarded
- 'Denial of Service' (Dos or DDoS) attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources, and,
- Making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above. Children with particular skills and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime.

If there are concerns about a child in this area, the designated safeguarding lead (or a deputy), should consider referring into the [Cyber Choices programme](#).

## Children absent from education

Staff are aware that children's non-attendance, particularly repeatedly, can be a vital warning sign of a range of safeguarding possibilities. See our **Missing Children Policy** for further details.

### Appendix 3 - Safeguarding Concern Form

Date:		Time:	
Location (if applicable)		Date and time read by DSL/Deputy DSL	
Child/ YP name:		DOB:	
Name and role of person completing this form			

**What am I worried about?**

*What have I seen/heard/noticed which concerns me?*

**Is this concern linked to any previous concerns I have reported?**

**Any action I have taken:**

*Do you have original handwritten notes that must be stored secured? YES/NO*

**CONFIDENTIAL** Rebel Training Safeguarding Concern Form (Page 2/3)

**To be completed by a member of the safeguarding team**

*Include reference here to other members of the safeguarding team you may have discussed the case with*

**Discussion of next steps agreed with:**

**Record of discussion with another professional, external to the centre  
(giving full name/ role and agency)**

**Detail of decision / action agreed by DSL or deputy:**



Has the local authority threshold guidance been referred to at this point?: Yes/No

*Does the Centre have evidence that the threshold for significant harm has been met? (child protection): Yes/No*

*Is a referral to children's social care required? Yes/No*

*Is Early Help intervention/support appropriate? Yes / No*

*Had the concern been discussed with parents/carers? Yes/No*

*What has been said? If not, why?*

*Further details on Actions made*

**Reason(s) for this decision or action by DSL or deputy:**

*Does the child/young person/vulnerable adult need to be monitored? Yes/No*

*If yes, when will the case be reviewed?*

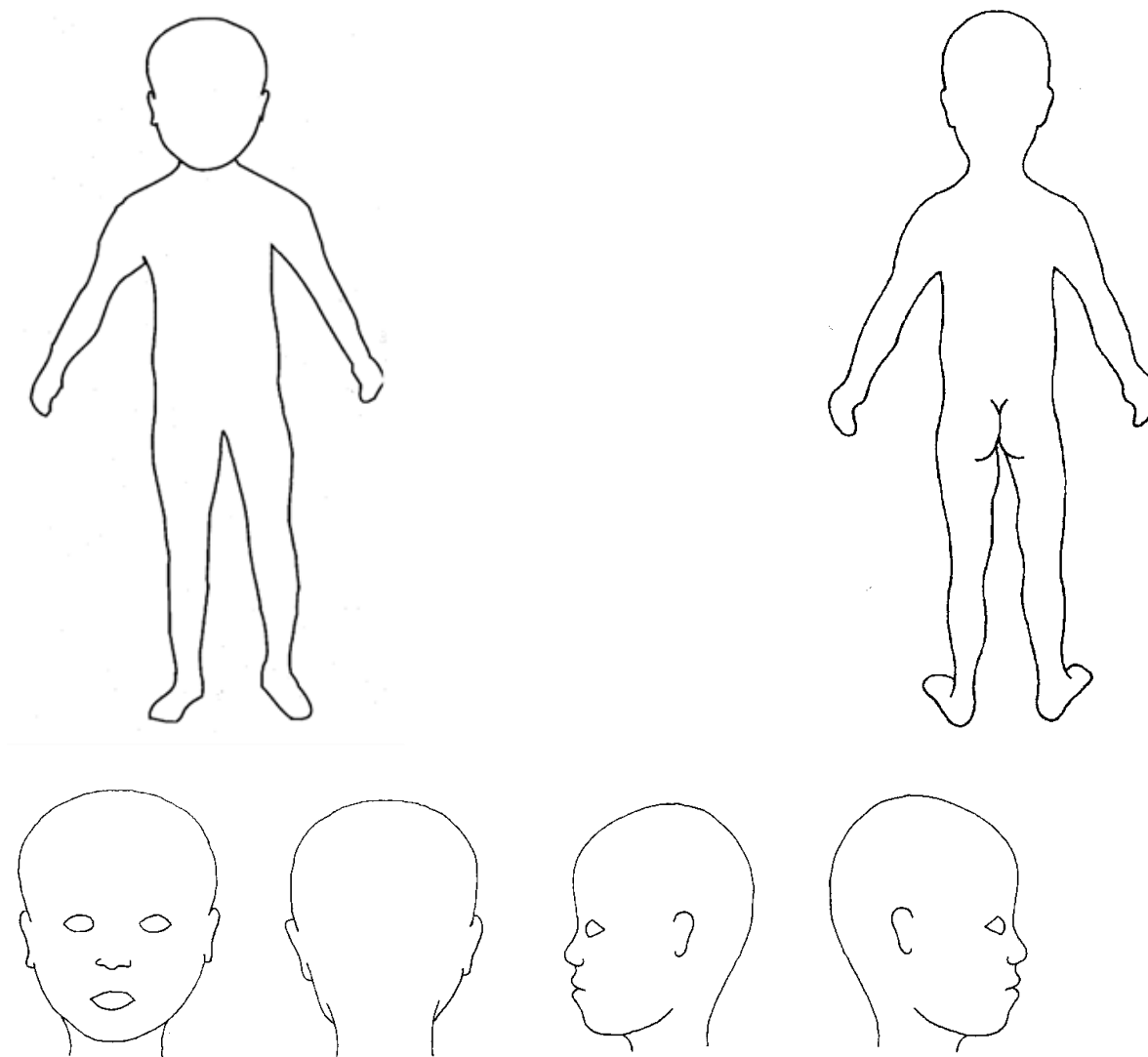
*If Early Help support is appropriate, what are the next steps?*

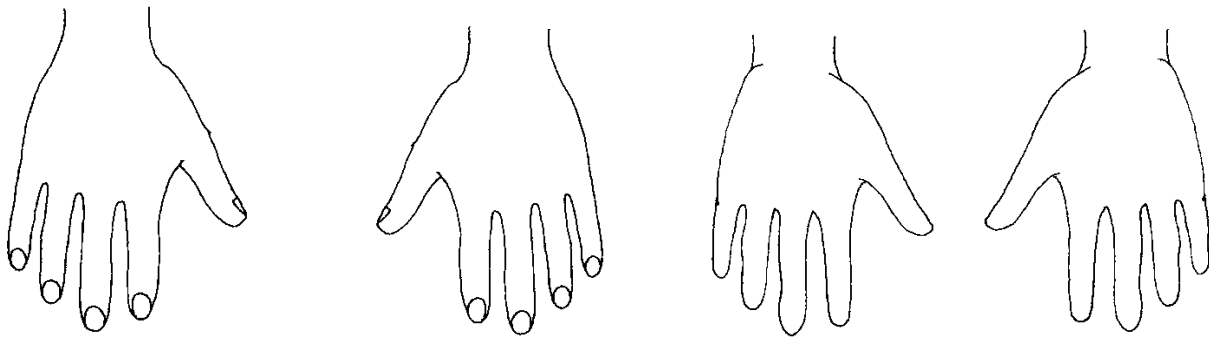
*Has the person who reported the initial concern been provided with feedback? Yes / No*

<p><u>Further Details on Reasoning</u></p>	
<p><b>Tick to confirm added to student's chronology and copy placed on file</b></p>	

**CONFIDENTIAL** Rebel Training Safeguarding Concern Form (Page 3/3)

## Appendix 4 - Body Map: Recording Physical Injuries





## Appendix 5 - Safeguarding and Child Protection Prompt Sheet

This prompt sheet is intended to be used, alongside the concern/incident form, to support staff with the recording of safeguarding and child protection concerns/incidents.

Have you remembered to include:

**1. What is it that you have seen/heard/noticed which concerns you?**

Remember if you have noticed a mark on the student, it is really important to complete an attached body map, giving an indication of the shape, size and location of the mark. DO NOT TAKE PHOTOS.

Has the child communicated that something is wrong? Verbally? Change in behaviour?

**2. Clear and factual information about what you have seen/heard/noticed?**

If you have included your opinion in your report, have you made it clear that this is your opinion?

**3. Full names of those involved and where possible, reference to staff roles?**

**4. Why does what you have seen/heard/noticed concerns you?**

What are we worried will happen if this concern/incident is not responded to?

**5. Any actions you have already taken?**

**6. Whether you have spoken to parents/carers about the concern/incident?**

Remember, you may need to seek advice from a member of the safeguarding team if you are unsure about whether speaking to the parent may increase the risk to the student. If the parent is the alleged perpetrator you must always seek advice from the safeguarding team before speaking to the parent/carer.

--

## Appendix 6 - Staff Concern Record

(Page 1/3)

**CONFIDENTIAL** Concern about an adult or volunteer working with children

Name of adult at centre of concern/allegation		Role	
Name of person completing form		Role	
Date of concern/allegation		Date record made	
Name of child /children involved if applicable:			
Has concern/allegation arisen during the adult's time on centre site or outside of Centre?			
<b><u>Details of the concern/ allegation</u></b>			
<b>Is the adult aware of the concern/allegation?</b>			
<b>Action taken by person(s) completing the form:</b>			

<b>Who has the concern/allegation been shared with?</b>

(Page 2/3)

**CONFIDENTIAL** Concern about an adult or volunteer working with children

<b>To be completed by the Managing Director:</b>
<b>Does the information provided suggest that the adult has:</b> <ul style="list-style-type: none"><li>• Behaved in a way that has harmed a child, or may have harmed a child;</li><li>• Possibly committed a criminal offence against or relating to a child;</li><li>• Behaved towards a child or children in a way that indicates that he/she may pose a risk of harm to children</li><li>• Behaved or may have behaved in a way that indicates they may not be suitable to work with children.</li></ul>
<ul style="list-style-type: none"><li>• <b>Has the LADO been contacted? Yes/No</b> If yes, has a local authority referral form been completed and submitted?</li><li>• <b>Has advice been taken from any other professionals? Yes / No</b> <i>Include details of professionals spoken to</i></li></ul>
<b>Details of decisions and actions taken</b> <i>Include here details of</i> <ul style="list-style-type: none"><li>• <i>strategy discussion</i></li><li>• <i>allegations management meeting</i></li><li>• <i>no involvement by LADO – low level concern to be dealt with internally</i></li><li>• <i>disciplinary procedures</i></li><li>• <i>no further action</i></li></ul>

**Include here any safeguards which have been put in place in response to the report**

*Include here details of*

- *additional adult supervision implemented*
- *risk assessment required*
- *additional staff training required*
- *duties away from children*
- *suspension during investigation*

**If a child or children has been involved, have parents or carers been informed?**

**Yes / No**

**If Yes, what action would they like to see?**

**Outcome**

If it is agreed that the LADO needs to conduct an investigation, has the centre been informed of the final outcome at the end of the process?

**Substantiated/ Malicious/ False/ Unsubstantiated/ Unfounded**

## Appendix 7: Safeguarding Chronology Template

The purpose of a chronology is to provide a record of significant events that have had or continue to have a significant impact (positive or otherwise) on the child. The usual chronology used is digital based however the paper-based form is used for BCP.

Name of Child or Young Person:  
Date of Birth:

[illegible]



## Appendix 8 - Individual Child/Young Person Risk Assessment

<b>CYP:</b> _____ (Page 1/7)				
<b>BEHAVIOUR RISK ASSESSMENT</b>				
<b>Student:</b>	<b>Completed by:</b>	<b>Date:</b>	<b>Reviewed</b>	<b>Reviewed</b>
The following codes are used to complete the attached risk assessment.	<b>Target:</b> <b>T</b> = Themselves <b>S</b> = Staff <b>C</b> = Children, in or out of school, vulnerable or otherwise <b>V</b> = visitors to the school or members of public in the community <b>P</b> = Property and physical environment	<b>Probability:</b> <b>HL</b> = Highly likely; existing evidence leads staff to conclude that the behaviour is more likely than not to occur again. <b>L</b> = Likely; there is a possibility that the behaviour will occur again <b>U</b> = Unlikely; although the behaviour has occurred before, the context has changed or can be changed to make it unlikely to happen again.	<b>Seriousness:</b> A. This would include physical injury requiring medical attention beyond that of basic first aid; extensive property damage; significant distress to self or others; or lengthy disruption to the normal school routines. B. This includes physical injury requiring basic first aid within the school; minor damage to property; some distress to self or others; or brief disruptions to the normal school routines. C. No physical injury or damage to property; minor distress or disruption.	
<b>Behaviour / Risk:</b>	<b>Target:</b>	<b>Probability :</b>	<b>Seriousness:</b>	<b>Influencing Factors/ Other :</b>
Head-butting				
Kicking				
Punching /Hitting				
Physical intimidation/pushing				
Biting				

Damage to property				
Spitting				
Running away / pacing/ absconding				
Sexual inappropriate remarks				
Sexual assault				
Climbing				
Self-harm				

**Possible Influencing Factors:**

Periods of unstructured activity	Transition times	Availability of dangerous equipment	Changes to routine/circumstances/ home/ school/ other	Environment/ noise/crowds/ other etc.	Particular CYP/ adults (specify)	Other
----------------------------------	------------------	-------------------------------------	---	---------------------------------------	----------------------------------	-------

(Page 2/7)

Preventative Measures		
<b>P</b> = currently in place	<b>A</b> = currently being actioned the particular risk presented	<b>I</b> = felt to be inappropriate to
<b>Proactive Measures:</b>		

(Page 3/7)

	P	A	I	Additional Measures/Comments:
Where appropriate, eliciting student view in planning and reviews				
Staff have seen and have access to the and Risk Assessment				
Where appropriate, providing regular feedback and pastoral support to student.				
Involving parent/carer in decision making and planning				
<b>Involving outside agencies (e.g. EP / EWO/ Social Care/CAMHS / TAMHS/ YOT/Other) – please specify:</b>  Social Worker – Name: CAMHS Worker – Name: Other – Name:				
Establishing an individual plan e.g. individualised timetable etc.				
Providing regular supervision for the member(s) of staff who work with the student				
Adapting curriculum arrangements to reflect challenge, choice and structure levels which are appropriate to the student's assessed needs.				

Adapting group arrangements to promote positive peer models and minimise inappropriate contact				
Providing frequent breaks or change of activity opportunities				
Establishing a positive teaching programme to increase the student's range of appropriate skills				
Providing an appropriate reward system which the student can earn by demonstrating the skills defined in the teaching programme and through other appropriate behaviour				
Identifying the message communicated by the students behaviour				
Agreeing key reactive strategies for handling incidents of complex / challenging behaviour with all staff likely to be in contact with the student, and ensuring that these plans are shared with the parent/carer				
Providing staff support at difficult times such as start of day /break times/lunch times/other times during transitional periods throughout the school day/end of day.				
Systematically reviewing difficult incidents in order to improve upon practice and learn from experience.				

(Page 5/7)

**Reactive strategies to respond to early warning signs in an escalating situation.**

**P** = currently in place

**A** = currently being actioned  
presented

**I** = felt to be inappropriate to the particular risk

**U** = This strategy has been tried in the past and has been inappropriate or unsuccessful for C/YP

<b>Reactive Strategies:</b>					
	<b>P</b>	<b>A</b>	<b>I</b>	<b>U</b>	<b>Additional Strategies /Comments:</b>
Active listening					
Humour					
Good choice / Bad choice reminder					
<b>Distraction / diversion to preferred activity – state which activity :</b>					
Change of task					
Planned ignoring					
Reflection					
Environmental adaption (removing triggers / changing peers/ changing staff)					
Options explained					
Negotiation					
Verbal advice					
<b>Comfort (e.g. arm around shoulder) - please specify:</b>					
Step away / change of face					
Informed of new appropriate behaviour (Positive reinforcement)					
Remind of rights/responsibilities					
Remind of consequences					
<b>Non-verbal communication - specify</b>					
Physical Intervention					

**Safety Plan:**

***What needs to be put in place to ensure safety? e.g. number of staff/ clothing/ equipment***

- INSERT HERE

**Emergency Procedures When on-site:**

- INSERT HERE

**Emergency Procedures – Off-Site (Swindon Area)**

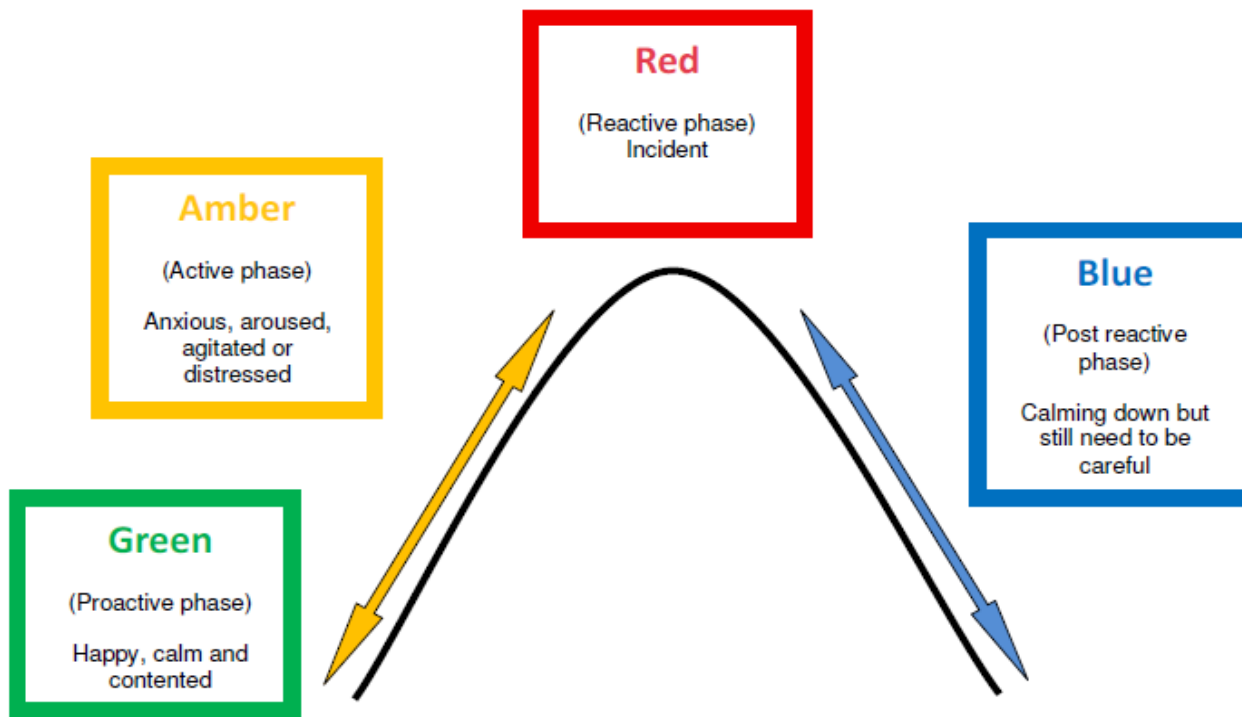
- INSERT HERE

**Safety Plan signed of by** \_\_\_\_\_ **Role:** \_\_\_\_\_ **Date**\_\_\_\_\_

**Different stages of behaviour**

Challenging behaviour is unlikely to come ‘out of the blue’, or happen without warning, but it can happen very quickly or with signals that are hard to spot. Behaviour develops in stages as shown in the ‘arousal curve’ diagram below.

Figure 1: Arousal curve showing different stages of behaviour:



For more information see our ***Behaviour Policy***

## Appendix 9: National Support Organisations

- NSPCC: Provide advice and support if you're worried about a child [www.nspcc.org.uk](http://www.nspcc.org.uk)
- Child Line: Provide Information, advice and support for children [www.childline.org.uk](http://www.childline.org.uk)
- Family Lives: Provide support for families that are struggling [www.familylives.org.uk](http://www.familylives.org.uk)
- Crime Stoppers: Report information to prevent [www.crimestoppers-uk.org](http://www.crimestoppers-uk.org)
- Victim Support: Support for victims of crime [www.victimsupport.org.uk](http://www.victimsupport.org.uk)
- Kidscape: Parent Advice Line [www.kidscape.org.uk](http://www.kidscape.org.uk)
- The Samaritans: 24 hours support helpline [www.samaritans.org](http://www.samaritans.org)



- Mind: Provide support with mental health [MIND support](#)
  - NAPAC Support for People Abused in Childhood [www.napac.org.uk](http://www.napac.org.uk)
  - A guide for parents supporting your child with sexual abuse <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/abuse/>
  - Respond: supports people with learning disabilities, autism or both [www.respond.org.uk](http://www.respond.org.uk)
  - Mencap: Advice and support for people with learning disabilities [www.mencap.org.uk](http://www.mencap.org.uk)
  - Refuge: Help for women and children who have experienced domestic abuse [www.refuge.org.uk](http://www.refuge.org.uk)
  - Women's Aid: Help and support in relation to domestic abuse link not working <https://www.wiltshire-pcc.gov.uk/my-office/opcc-news/2019/october-2019/swindon-womens-aid-24-hour-support-service/>
  - Men's Advice Line: Support for men who experience domestic abuse [www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)
  - Forced Marriage Unit: Forced marriage guidance <https://www.gov.uk/guidance/forced-marriage>
  - Lucy Faithfull Foundation: Advice and guidance around preventing child sexual abuse [www.lucyfaithfull.org.uk](http://www.lucyfaithfull.org.uk)
  - Stop it Now!: Advice and guidance around preventing child sexual abuse [www.stopitnow.org.uk](http://www.stopitnow.org.uk)
  - Parents Protect: [www.parentsprotect.co.uk](http://www.parentsprotect.co.uk)
  - CEOP: Advice and guidance in relation to online sexual abuse or child exploitation [www.ceop.police.uk](http://www.ceop.police.uk)
  - Marie Collins Foundation: Support for children who suffer online abuse or exploitation [www.mariecollinsfoundation.org.uk](http://www.mariecollinsfoundation.org.uk)
  - Internet Watch Foundation (IWF): Report online crimes [www.iwf.org.uk](http://www.iwf.org.uk)
  - Child net International: [www.childnet.com](http://www.childnet.com)
  - UK Safer Internet Centre: support for professionals, parents/carers and children to make the internet a safer place. [www.saferinternet.org.uk](http://www.saferinternet.org.uk)
  - Parents Info: Help and advice for families in relation to the digital world [www.parentinfo.org](http://www.parentinfo.org)
  - Net Aware: NSPCC keeping children safe online [www.net-aware.org.uk](http://www.net-aware.org.uk)
  - Get safe Online: Free advice in relation to staying safe online [www.getsafeonline.org](http://www.getsafeonline.org)
  - Professional Online Safety Helpline: [www.saferinternet.org.uk/helpline](http://www.saferinternet.org.uk/helpline)
1. Educate against Hate: Government advice in relation to safeguarding children against radicalisation [www.educateagainsthate.com](http://www.educateagainsthate.com)
  2. Counter Terrorism Internet Referral Unit: Report online material promoting terrorism or extremism [www.gov.uk/report-terrorism](http://www.gov.uk/report-terrorism)
  3. True Vision: Report hate crime [www.report-it.org.uk](http://www.report-it.org.uk)
  4. Anna Freud website: free online network for early years practitioners. It provides easy to read and easy to use guidance on supporting the mental health of babies, young children and their families. <https://www.annafreud.org/early-years/early-years-in-mind/about-eyim/>

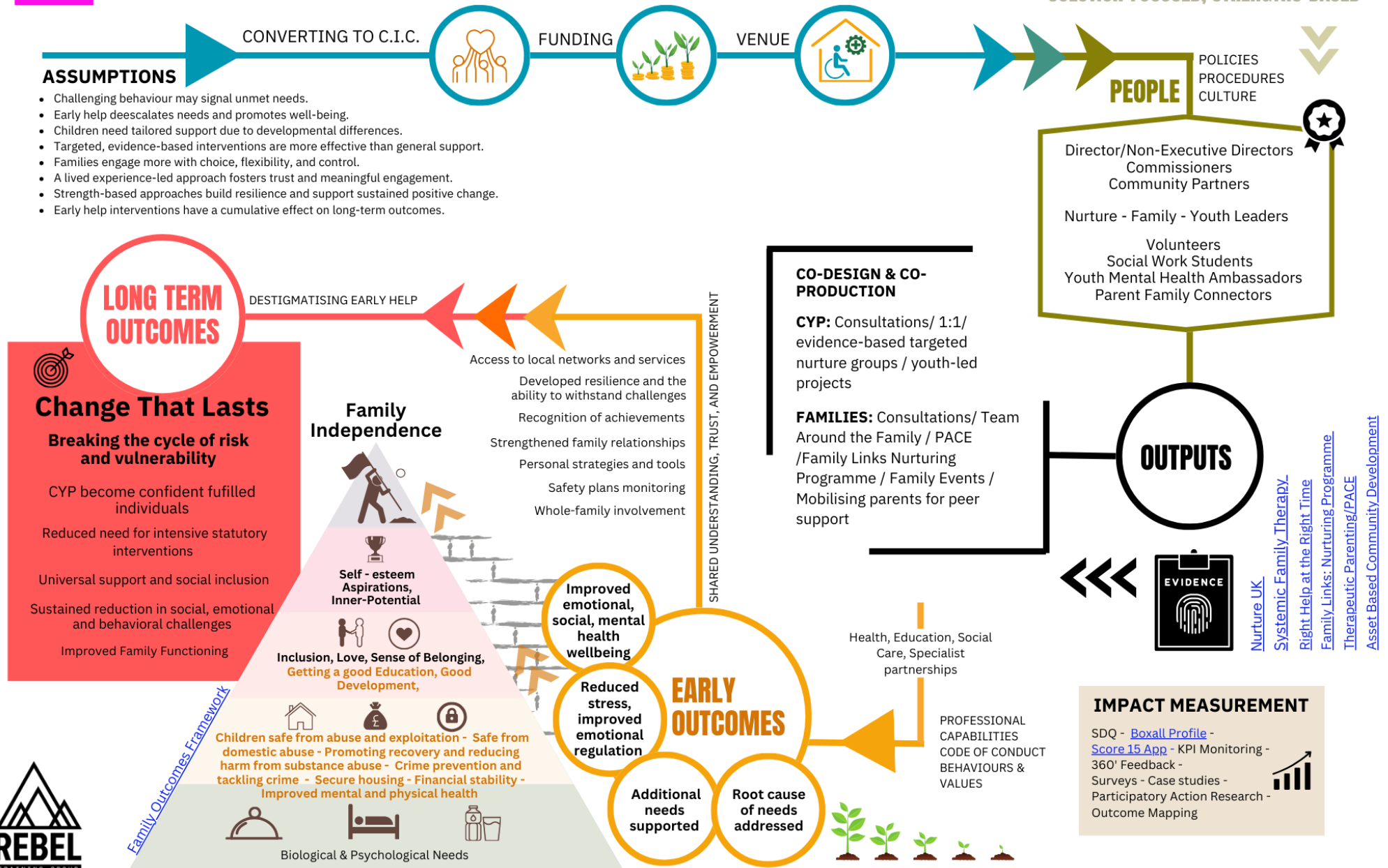
## Appendix 10: Early Help Theory of Change



Rebel Training  
Created by Joanne Vertannes  
January 2025

# Theory of Change

CHILD FIRST, THINK FAMILY, COMMUNITY  
SOLUTION-FOCUSED, STRENGTHS-BASED



## Appendix 11: Version History

Version	Date Published	Changed made	Signed off by
1.1	30 March 2024	Created	Jo Vertannes
1.2	27 March 2025	Updated minor updates, formating, links to other policies e.g. Missing Children and Business Continuity Plan in responsibility section.	Jo Vertannes
1.3	31 March	Added in Physical Activity and updated Mental Health support for service users. Added in Equality Impact Assessment (appendix 12) and Quick Procedure Guide (appendix 13)	Jo Vertannes

## Appendix 12 Full Equality Impact Assessment

## **Introduction**

This Equality Impact Assessment (EIA) evaluates the potential impact of our safeguarding policy on individuals with protected characteristics under the Equality Act 2010. The assessment highlights concerns, identifies barriers, and outlines our commitment to inclusion, accessibility, and equitable education for all students, particularly those with Special Educational Needs and Disabilities (SEND), disadvantaged backgrounds, and those at risk of exclusion

## **Identified Concerns and Barriers**

An initial EIA has identified significant concerns regarding discrimination under the Equality Act 2010, particularly for students with SEND, who are disproportionately excluded from education. This includes temporary and permanent exclusions, as well as systemic barriers that hinder access to appropriate education, alternative provision (AP), and early help services.

### ***Barriers to Engagement and Learning***

#### **Individual Barriers:**

- Trauma, childhood adversity, low self-esteem, low aspirations, developmental immaturity
- Poor mental health, insecure attachment, poor social skills, rebelliousness
- Early substance use, head injury

#### **Family Barriers:**

- Parental mental health or disability, poor parenting/neglect, parental substance misuse
- Domestic violence, inconsistent care, parental history of abuse/neglect

#### **School, Neighbourhood, and Community Barriers:**

- Peer rejection, stressful events, poor academic achievement, poverty
- Community violence, peer-on-peer abuse, criminal exploitation
- Association with drug-using peers, lack of restorative justice practices in schools

#### **National Barriers:**

- The COVID-19 pandemic significantly impacted access to learning, even for vulnerable pupils
- Schools prioritising Progress 8 measures over inclusive practice, incentivising exclusions

#### **Systemic Barriers to Alternative Provision (AP) and Education Inclusion:**

- Lack of early interventions, non-inclusive practices, undiagnosed conditions
- Schools withholding or failing to provide accurate information to AP providers
- Inconsistent risk assessments, unrealistic expectations, insufficient transitional planning

- Lack of inclusive practice in schools and colleges, impacting reintegration post-AP
- Limited flexibility in post-16 education for students with complex needs
- Insufficient mental health support for young people within education settings

## **Addressing Barriers and Promoting Inclusion**

Our organisation actively campaigns for an inclusive education system that prioritises student support over exclusions. We advocate for:

- The elimination of permanent exclusions in favour of alternative, restorative solutions.
- Policies that embed inclusive practices within mainstream education settings.
- Strengthening early interventions to prevent students from requiring AP.
- Raising awareness of potential root causes of behaviour that challenges, advocating for young people by promoting safeguarding and professional curiosity as everybody's business.
- Training for school staff in SEND, SEMH needs, trauma-informed practice, and de-escalation techniques.
- Transparent collaboration between schools, alternative provision, early help providers, and families to ensure student needs are met.
- Strengthened early help advice and support in schools to prevent escalation to crisis points.
- Increased investment in youth mental health and wellbeing support, ensuring accessibility for all students.
- Policy reforms that hold schools accountable for maintaining inclusive education practices.

## **Organisational Measures to Address Barriers**

### **Inclusive Education Practices:**

- Clear Service Level Agreements (SLAs) defining roles and responsibilities
- Staff training in mental health, safeguarding, and de-escalation techniques
- Attendance improvement plans with reward incentives
- Structured lessons with regular brain breaks
- Adaptations and adjustments including multi-sensory teaching methods
- Online distance learning options for flexible access
- Campaigning for national policy changes to prioritise inclusion over exclusion

### **Embedding Inclusive Pedagogy:**

- Maslow's Hierarchy of Needs as a framework for addressing developmental needs
- Nurture Ethos principles, recognising the impact of trauma and adversity
- Low-arousal approaches and inclusive communication strategies
- Recognition of both personal and academic achievements through AQA Unit Award Scheme/ Qualifications

### **Parent and Carer Engagement:**

- Initial meetings to set expectations and explain support services
- Induction booklets outlining safeguarding staff and attendance procedures
- Regular communication between key tutors and parents
- Home visits for absent students and attendance monitoring
- Reflect and Restore meetings post-incidents to facilitate positive change
- Accessible information formats: Braille, large print, subtitled videos, and interpreters
- Open-door policy for parental engagement
- Adjusted communication methods for parents and carers with learning needs, ensuring they receive clear and accessible information

### **Commitment to Equality and Next Steps**

This BIA will be considered in the creation of future Policy and Procedures and will also inform our strategic planning at Rebel Training. To address systemic barriers. We are committed to:

- Strengthening advocacy efforts for inclusive education reform.
- Enhancing training for education professionals on SEND and SEMH needs.
- Improving accessibility measures for parents and carers with learning needs.
- Ensuring all students, regardless of background or ability, have equitable access to education and support services.
- Continuing to campaign for strengthened early help services and investment in youth mental health and wellbeing support within the education system.

**ACTION:** This document needs to be checked for accessibility (missing alt text etc).



## Appendix 13 Quick Procedure Guide

Rebel Training  
March 2024

