



A Guide to Safeguarding and Supporting Young People



Co-produced with Evelyn Burke-Moore

1. Introduction

Swindon Safeguarding Partnership have developed this 'Guide to Safeguarding and Supporting Young People' to help professionals understand and value the lived experience and diversity of young people across Swindon. It hopes to offer best practice resources for when working with young people.

The guide recognises young people as adolescents and that this stage of development is not a fixed age range and takes adolescence to begin around age 10 continuing to at least age 25.

Although this guide refers to young people, it is crucial that we see adolescents as children first. It may be tempting to view/treat them as mini-adults especially those who act older or are older. Many children and young people prefer to be referred to as "young people" to avoid feeling patronised and belittled, however, it is important to remember that they are still children and remain entitled to the same protections under safeguarding legislation as any other child.

This guide is about working together across the local area **to promote a multi-agency, trauma-informed, and child-centred approach** to supporting young people ensuring that responses are consistent, coordinated, and focused on their safety and well-being.

It promotes the early identification of young people's need, timely intervention, and consistent practice across the local area. Above all, it is about making sure young people receive the right help, at the right time, in the right way at the earliest possible opportunity.



Our Vision

In Swindon, we aim to foster a culture of understanding and support for adolescents by recognising their unique experiences, strengths and developmental journey. We want to ensure they are heard, respected, and empowered as they grow towards independence.

1 SEE

See adolescents as children first, recognising their evolving capacity and ongoing need for support, guidance and care.



4 CONSIDER

how adolescents explore their identity and independence, and support them in navigating new experiences and responsibilities with confidence and safety.



2 MAINTAIN

building strong connections with adolescents and understanding the environments they move through, offering meaningful engagement and support when it matters most.

5 RECOGNISE

the challenges and pressures that may limit young people's choices, and help create environments that foster inclusion, opportunity and hope.

3 UNDERSTAND

- the developmental needs of adolescents
- the additional needs of young people with special educational needs or disabilities (SEND)
- the various influences that shape adolescent lives, both within and beyond the family.



6 VALUE

the diverse range of experiences of adolescents in Swindon and respond to the needs of adolescents of all genders, ethnicities, sexual identities and beliefs, and those who are disabled

2. Adolescent Development

Adolescence is the transitional phase between childhood and adulthood—a dynamic, complex, unique and critical stage of development. It's during this time that young people begin to form the foundations for lifelong health, relationships, and life opportunities. This period is marked by rapid growth across physical, cognitive, emotional, and social domains, all of which significantly shape how young people feel, think, make decisions, and relate to the world around them (WHO, 2022). Young people experience rapid growth physically, cognitively and psycho-socially (feelings and relationships).

Over the last decade, there has been significant progress in understanding of adolescent brain development. Scientific research has identified a number of key messages about brain development during this period (UNICEF). Recent findings show that for all children, and especially helpful for those who experienced adversity during early childhood, there is a 'second window of opportunity' for developmental progress and/or recovery during early adolescence (Dahl and Suleiman, 2017). This period roughly between ages 9 and 14 represents a time of intense learning and brain development.

It is a key opportunity for positive intervention and support, helping young people strengthen emotional regulation, build resilience, and form healthy attachments and identities.

Young Person's Lived Experience

"I didn't always know who I was becoming, but I remember who stood beside me. I was lucky to have incredible parents, but within the services I was part of, it was my key worker who made the difference. She didn't just see the child I was—she saw the potential in me, even when I couldn't. Her belief, her presence, and the little things she did gave me strength in moments of doubt. That support didn't just help me survive the uncertainty—it helped me grow through it. I'll carry that with me always."

During this stage, young people experience increases in:

Sensation-seeking

Motivation for social interaction

Sensitivity to social evaluation

Puberty initiates intense development, which leads to changes to important brain systems. These changes bring about an opportunity to invest extra support in young people to support their learning. However, the changes also mean that young people are more vulnerable to stress factors in their lives. A set of these opportunities for learning, and challenging vulnerabilities have been described by researchers as positive and negative 'spirals' (Dahl and Suleiman, 2017).

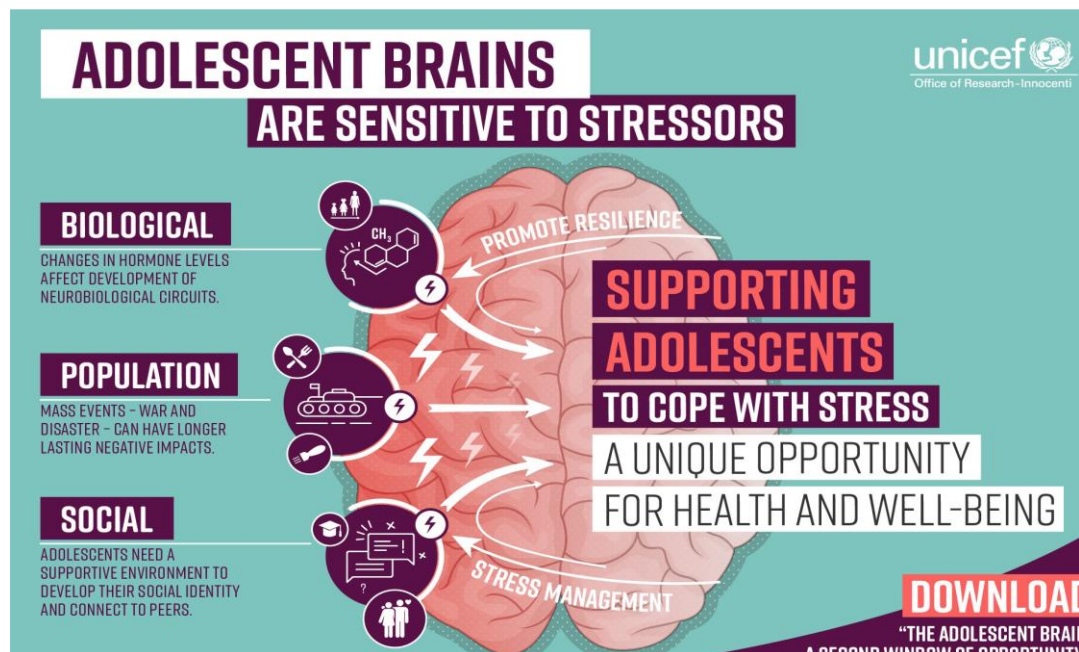
Positive spiral might include:

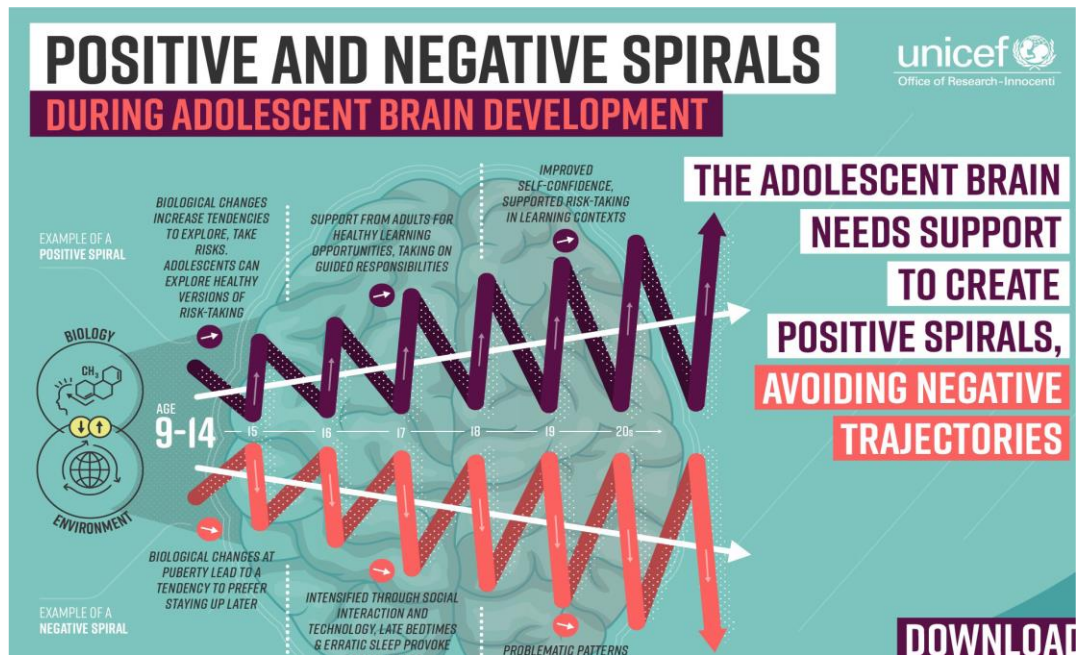
- Increase tendency to explore healthy versions of risk-taking
- Gain support from adults for learning opportunities and taking on guided responsibilities
- Improved self-confidence, further supported risk-taking in new learning contexts

Negative spiral might include:

- Biological changes lead to tendency to stay up late
- Intensified social interaction and technology, late bedtimes and erratic sleep provoke 'social jet-lag'
- Problematic patterns affect emotions, attention and health

The 'second window of opportunity' is summarised in these infographics published by UNICEF.





3. Social Cognitive Development

Another area of progress in understanding adolescence is social cognitive development. Studies have shown structural changes in the brain during this stage help young people to develop 'mentalising' (Blakemore 2007). This means that young people develop the ability to recognise and reflect on their own thoughts and emotions that underlie their own behaviours, as well as to consider the perspectives, feelings and intentions of others. This development allows the young person to perceive and interpret the intentions, desires and reasons behind the behaviour of other people, and therefore to reflect on how other people think (Fonagy et al 2019).

From a psychosocial point of view, adolescent development is a combination of exciting and anxiety-inducing internal and external experiences - of rapidly changing emotions and social interactions (Waddell 2018).

Professionals should be aware that young people are often managing:

- Relationships with immediate and extended families, any other kinship forms, and older generations.
- Coping with anxieties arising from change including body, emotions, thinking, faith, education, friendships, and professional relationships and so on.
- Young person's attempts to cope with developmental anxieties and the impact of these coping methods on relationships with families, friends, professionals and on their welfare, wellbeing, learning and safety.

4. Attachment Theory - Safety and Belonging

Attachment refers to the emotional bond between a child or young person with their primary caregiver (Bowlby, 1958). This bond plays a critical role in shaping not only early development, but also a child's long-term health, emotional wellbeing, and ability to build healthy relationships throughout life. Attachment continues to affect relationships in adult life.

When carers are responsive to a child's needs, a secure attachment style is more likely to develop. Children who are securely attached tend to have a greater capacity to manage distress, seek help when needed, and form trusting relationships. In contrast, insecure attachment can lead to patterns of behaviour where young people either exaggerate emotional responses in order to gain attention or withdraw emotionally, suppressing their needs and emotions. An attachment style will have a significant impact in childhood, adolescence and through to adulthood.

Attachment patterns established early on can influence how young people cope with stress, regulate emotions, and respond to relationships across their lifespan.

Research shows that babies and young children who have secure relationships with caregivers experience minimal stress hormone activation when exposed to frightening or unfamiliar events. Those with insecure attachments show significantly heightened stress responses (CDC Harvard 2022). The research shows us that if we can provide supportive, responsive relationships as early in life as possible, they 'can help to buffer a child from the effects of toxic stress' (CDC Harvard 2022). This highlights the importance of early, consistent, and attuned caregiving, underscoring the value of building trusting relationships with children and young people—and supporting the adults around them to do the same.

Attachment, safety and belonging

Professionals should be aware that the actions, emotional responses and relationships of young people are influenced by four key components that support feelings of security:



Safe Haven – When a young person is sad, upset or scared, they have somewhere to go. This does not need to be there all the time, but it is crucial that they have a consistent and accessible source of support to return to when needed.

Secure Base – Do young people get what they need when they get to their safe haven?

Proximity Seeking – Young people instinctively seek closeness to trusted individuals when they feel distressed or uncertain.

Separation Protection – How young people cope when they are away from their safe haven for too long. A picture of a thing associated with the safe haven provides reassurance.

Developing an understanding of these four components will contribute to relationship building as well as understanding safety and likelihood of harm in the lives of the young people. The four components may be made up of a combination of individuals, groups of people, places and online spaces.

Young people may establish new contexts outside of the family and home where they feel a sense of security and belonging, but where they may also be exposed to harm.

5. Early Help

Early help refers to the support offered to children, young people, and their families at the earliest possible stage, with the aim of improving outcomes, strengthening resilience, and reducing the likelihood of difficulties escalating. Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a whole-system approach, involving local authorities and their partners working collaboratively to deliver the right support at the right time. Some early help is provided through "universal services", such as education and health services and community-based provision-which are accessible to all families, regardless of individual need. They are universal services because they are available to all families, regardless of their needs. Other early help services are coordinated by a local authority and/or their partners to address specific concerns within a family and can be described as targeted early help. Examples of these include parenting support, mental health support, youth services, youth justice services and housing and employment services. These services play a key role in identifying emerging concerns and signposting to additional support when needed. Early help may be appropriate for children and families who have several needs, or whose circumstances might make them more vulnerable. It is a voluntary approach, requiring the family's consent to receive support and services offered. These may be provided before and/or after statutory intervention. (Working Together, 2023, Page 44)

Lived Experience: A Young Person's Voice

"If early help had been available to me, I truly believe some of the hardest things I went through could have been prevented. I needed someone to notice, to listen, and to step in before things got worse. The right support at the right time could have changed the direction of my life—and spared me from carrying so much, so young."

Graduated Response

The Right Help at the Right Time threshold guidance sets out how we aim to respond to the needs of young people in Swindon.

[Right Help at the Right Time Guidance](#)

6. Evidenced Based Approaches

Child First Approach

Key Principles

Age-Appropriate Support: Recognising that children differ from adults in their developmental stages, needs, and abilities. Services should be tailored to their age, development, maturity, and capacities.

Strength-Based Focus: Identifying and building upon the child's strengths and resilience factors to support positive outcomes.

Addressing Unmet Needs: Recognising and responding to the unmet needs of children, which may include emotional, social, educational, or physical aspects.

Creating Opportunities for Growth: Providing children with opportunities to realise their potential through supportive interventions and environments.

A Child First approach means putting children and young people at the heart of service provision and seeing the whole child, identifying/tackling the influences on behaviour and identifying/promoting the influences that help them to move to pro-social, positive behaviour. Child First recognises that children are different to adults – they have different needs and vulnerabilities, and they should not be treated in the same way. Furthermore, children should be treated according to their age, development, maturity and abilities. A focus is required on addressing children's unmet needs, overcoming any barriers, and identifying their strengths and creating opportunities for them to realise their potential (HMIP 2022).

Swindon Safeguarding Partnership have adopted a Child First approach based on HMIP's Child First model and principles.

As children

Building pro-social identity

Collaborating with Children

Diverting from stigma

Swindon Safeguarding Partnership has collaborated with Swindon's Young Changemakers, a diverse group of children and young people aged 12-25 with a range of experiences, passions and skillsets who seek to drive lasting change in our communities to adopt a Child First approach across Swindon.

The Changemakers are facilitated by WAY - a young-person led charity that co-produces and delivers high impact and sustainable projects for children and young people.

More information about 'Child First Swindon' and how you can commit your organisation to a 'Child First' Approach can be found here <https://wayuk.org/child-first-swindon/>



Adolescence is an intensive period for identity development, containing a number of important social transitions, and Child First promotes a focus on shifting potentially 'pro-offending' identities to those which are 'pro-social'. Developing a pro-social identity means helping young people to see themselves in ways that encourage positive behaviours. Positive relationships with young people are crucial for reaffirming their individual strengths and teaching them that they belong, while activities should be constructive and future-focused to help young people move forward. Swindon Youth Justice Service promote this with young people by focusing on identity development through positive activities, interactions and roles.

<https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-youth-offending-services/general-models-and-principles/child-first/>

Motivational Interviewing

Motivational Interviewing is a tool to improve engagement and encourage change. Motivational Interviewing (MI) is described as a “particular way of talking with people about change & growth to strengthen their own motivation and commitment.”

(Rollnick & Miller 2024)

The spirit of MI is based on three key elements

- Collaboration between the worker and the individual
- Evoking the individual’s ideas about change
- Emphasising the autonomy of the individual

"You are not the only wise person in the conversation. As a helper, you are a guest in the person's world." Prof S Rollnick.

Motivational interviewing requires the worker to be able to express empathy; develop discrepancy; roll with resistance and to support self-efficacy in their conversations.

Trauma Informed Approach

Trauma refers to life events or circumstances that are experienced as harmful or life threatening and that have lasting impacts on mental, physical, emotional and/or social well-being. **Trauma may be the result of a single overwhelming event, or it may develop over time through repeated exposure to adversity, known as complex trauma.**

Some young people will have a traumatic response to exposure to harm that they have experienced. Trauma can present a sense of psychological threat to a child or young person’s physical integrity, sense of self, safety and survival. Children and young people may experience trauma because of a number of different circumstances including adverse childhood experiences.

It can arise from a range of experiences, including:

- abuse
- neglect
- domestic violence
- family breakdown
- bereavement
- witnessing harm.

These are often referred to as Adverse Childhood Experiences (ACEs).

Lived Experience: A Young Person's Voice

"If the professionals around me had been trauma-informed, I wouldn't have been seen as the 'naughty child' who couldn't behave. I wasn't choosing to act out - I was overwhelmed, scared, and stuck in fight or flight. Instead of feeling judged, I needed someone to understand what was behind my behaviour and help me feel safe."

Additionally, environmental stress can add to children and young people's adverse experiences of:

- Inadequate social support
- Stigmatisation i.e. held responsible and to blame for abuse
- Social marginalisation and oppression including experiences of racism, ableism and homophobia are likely to exacerbate psychological symptoms

The young person's exposure to adverse conditions produces a range of symptoms that have a profound impact on the cognitive, emotional, physical, and social development of the individual. "Trauma-specific" services are designed to treat the actual consequences of trauma. Individuals who have experienced trauma become biologically conditioned to constantly anticipate further danger.

Their nervous, endocrine and physiological systems are programmed to be on permanent 'high alert'. As a result of this, the bodies of those who have experienced trauma are flooded with 'fight, flight or freeze' hormones such as cortisol and adrenaline (Linares et al, 2008).

This response is a functional one, as their bodies have learnt that it is necessary to adapt for short term survival, ensuring they can respond to immediate threats. This is often termed as being in a state of 'chronic hyper-arousal'. However, the product of being chronically hyper-aroused is toxic stress. Stress is quite unique in the way that it can impact on all the major parts of the brain.

During adolescence, the prefrontal cortex is not yet fully developed, and as such, young people who have experienced trauma are more vulnerable to hyper-arousal and the effects of toxic stress.

Six key principles of trauma informed practice:

- **Safety:** Ensure physical, emotional, and psychological safety for both young people and staff. This involves creating spaces where individuals feel secure and free from harm, and implementing policies that prevent re-traumatisation.
- **Trustworthiness and Transparency:** Build and maintain trust through transparency in policies and procedures. Professionals should clearly explain their actions and decisions, and consistently follow through on commitments.
- **Choice:** Empower young people by offering choices and involving them in decision-making processes. This fosters a sense of control and autonomy, which is crucial for those who have experienced trauma.

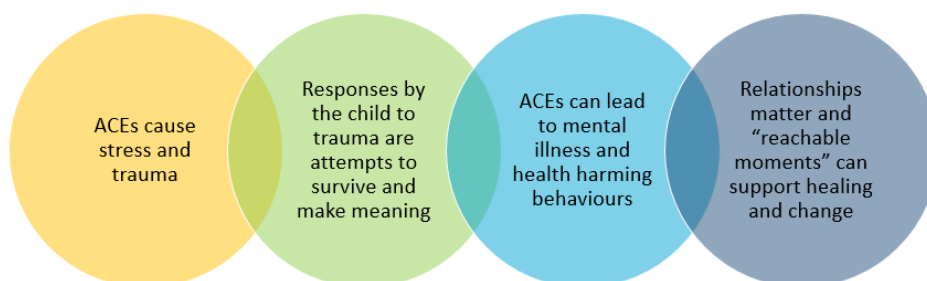
- **Collaboration:** Recognise the value of young people's experiences and perspectives. Work together with them, their families, and other professionals to co-create solutions and support systems.
- **Empowerment:** Focus on strengths and resilience, helping young people to build confidence and skills. This involves validating their experiences and supporting their capacity to heal and thrive.
- **Cultural, Historical and Gender considerations:** Acknowledge and respect the cultural, historical, and gender contexts of each individual. This includes understanding how these factors influence their experiences and responses to trauma.

Research has shown that experiences of trauma can have a significant impact on adolescent brain development. In general, trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.

Trauma can be thought of as an umbrella term under which Adverse Childhood Experiences (ACEs) belongs.

What are ACEs?

Adverse childhood experiences or ACEs are traumatic events occurring before the age of 18 years, that can have negative lasting effects on health and behaviour. High or frequent exposure to ACEs, without the support of a trusted adult can lead to toxic stress.



Some young people will have a traumatic response to risk and/or harm that they have experienced. Trauma is deeply subjective; an event that is traumatic for one person may not be for another. Individuals should be able to develop their own narratives. This process of meaning making is central to healing and empowerment.

An understanding of trauma helps practitioners to recognise that adolescents are not always able to make free and informed choices in the same way adults can.

Rather than being completely in control of their decision-making, many young people operate within constrained choices.

For young people who have experienced trauma such as abuse, neglect, violence, or grooming their capacity to make safe and considered decisions may be significantly impacted. Trauma can affect how young people perceive risk, trust others, assess safety, and regulate their emotions. In some cases, their trauma responses (e.g. fight, flight, freeze, or fawn) may override rational decision-making entirely, leaving them unable to exercise choice at all.

Young people with special educational needs and/or disabilities (SEND) may experience trauma in distinct and often less visible ways. This can include trauma linked to exclusion, failed educational placements, prejudice, or persistent lack of understanding from services. Crucially, some young people with SEND may struggle to recognise or communicate their experiences of trauma, making identification and response more complex.

Where communication is limited or unsupported, young people's choices may be even more constrained, for example, they may be unable to express discomfort with an activity, a relationship, or an environment associated with a peer. This increases their vulnerability and can perpetuate cycles of harm unless carefully addressed through tailored, accessible support. Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, **'What does this person need?'** rather than **'What is wrong with this person?'**

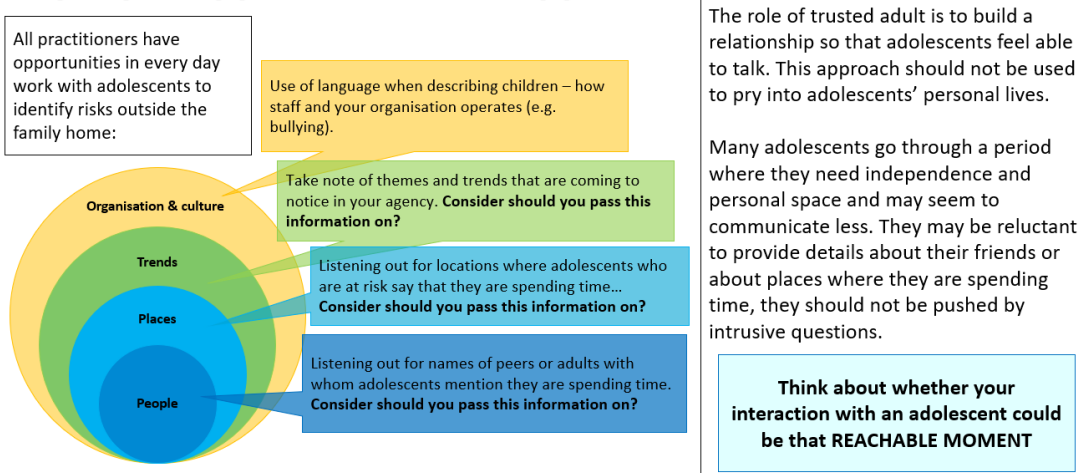
Useful resources for trauma informed practice can be found at:

<https://safeguardingpartnership.swindon.gov.uk/downloads/download/410/trauma-informed-practice-learning-from-reviews-practice-brief>

<https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

Reachable Moments: Creating Opportunities for Connection and Change

Top Tips: Opportunities to support



Reachable moments are those often brief but powerful opportunities when a young person comes into contact with a service or professional at a time of heightened vulnerability. These

are the moments when, due to distress, crisis, or emotional openness, a young person may be more receptive to support, understanding, or guidance. For professionals, these are not just touch-points—they are opportunities to build trust, validate experience, and begin to reshape how a young person sees themselves and the adults around them.

Why are reachable moments so important?

Making a connection in a reachable moment could potentially change the direction of travel for a young person and make a difference to their whole life. Think about whether your interaction with a young person could be that **REACHABLE MOMENT**.

Our role is to make sure that offer of support is about the...

Right conversation, with the right action, at the right time.

Lived Experience: A Young Person's Voice

"One day, in the middle of everything I was going through, my key worker looked at me and said, 'You'd make a brilliant social worker one day. In that moment, something changed. She saw something in me that I couldn't see in myself yet—and that one sentence gave me hope. Now, I work in the Youth Justice Service as a peer advocate, helping other young people who are where I once was. That was my reachable moment—and it changed my direction entirely."

Relationship Based Practice

When working with young people, especially those who have experienced adversity or are at risk, practitioners must establish meaningful professional relationships. Relationship-based practice (RBP) describes a way of working with young people that recognises the vital importance of building meaningful relationships.

Many young people experience anxiety as a natural response to distress and uncertainty (Munro 2011; Ruch, 2005). It is essential for practitioners to develop an understanding of the young person's situation and state of mind. Young people experiencing anxiety may have very self-critical thoughts and may be more likely to reject practitioner support. For young people with SEND, the key factors in Relationship Based Practice can be established through non-verbal means, such as visual communication, or through adapted language.

RBP has been shown to improve the outcomes of young people affected by Child Sexual Exploitation: "Relationship-based practice created a context for developing self-efficacy and this, in turn, helped children and adolescents to disclose abuse, be supported to leave unsafe 'relationships' and begin to recover from CSE." (Alexi project evaluation, Nov 2017).

<https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/01/KB-Practising-relationship-based-social-work.pdf>

7. Legal Responsibilities and the Mental Capacity Act for 16-17 year olds

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment.

These include decisions about whether or not to consent to care or treatment. This may be because of a lifelong learning disability or a more recent short-term impairment, for example due to drug or alcohol abuse and mental ill health or long-term impairment resulting from injury or illness.

However, just because a person has one of these conditions it does not necessarily mean they lack the capacity to make a specific decision.

Certain parts of the MCA **do not apply** to young people aged 16-17 years. These are:

- Only people aged 18 and over can make a Lasting Power of Attorney, (LPA);
- Only people aged 18 and over can make an advanced decision to refuse medical treatment;
- Making a will. The law generally does not allow people under 18 to make a will and the MCA confirms that the Court of Protection has no power to make a statutory will on behalf of anyone under 18.

Where the MCA applies to Children under the age of 16

In most situations, the care and welfare of children under 16 will continue to be dealt with under the Children Act 1989.

There are, however, two parts of the MCA that apply to children under 16:

- The Court of Protection can make decisions about a child's property or finances, (or can appoint a deputy to make these decisions), if the child lacks capacity to make to make such decisions within section 2(1) of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18.
- The criminal offence of ill treatment or wilful neglect of a person who lacks capacity applies to children under 16 as no lower age limit is specified for the person caused harm/victim.

[Mental Capacity Act learning events recordings - Swindon Safeguarding Partnership](#)

[Mental Capacity Act 16 to 17 year olds learning from reviews](#)

8. Transitional Safeguarding

Transitional safeguarding responds to safeguarding young people and young adults across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives. It focuses on safeguarding young people from adolescence into adulthood, recognising transition is a journey not an event, and every young person will experience this journey differently (DHSC 2021).

What is Transitional Safeguarding?

Over the last few years, new research and policy (2018, 2019, 2022) have highlighted that young people continue to be exposed to harm and poor outcomes as they transition to young adulthood beyond the age of 18 (Holmes & Smale 2018 p7).

In England, transitional approaches to support are standard in work with young people and young adults with SEND and for those who are care-experienced (Cocker and Cooper, 2022 p1). In these cases, some level of service is extended 'until age of 25, recognising that ongoing support may be needed into young adulthood' (Ibid).

Safeguarding systems do not typically feature transitional approaches for young people and young adults, and have not been designed to respond to adolescent development or extra-familial harm (Cocker and Cooper, 2022, p2). 'Children's safeguarding developed predominantly to address intrafamilial harms experienced by younger children (Corby, Shemmings, and Wilkins 2012) and adult safeguarding developed predominantly to protect older people and mostly works with adults over the age of 75 (Cooper, Cocker, and Briggs 2018)' (Cocker and Cooper, 2022, p2).

Transitional safeguarding is proposed not as a model (Holmes & Smale 2018 p10), but rather as 'a local and collaborative re-formulation of structures and services with the aim of life course-based 'whole systems' change' (Huegler & Ruch 2022 p30). This proposal for transitional safeguarding is based on the recognition that:

- Young people may experience a range of harms, and so may require a distinctive safeguarding response.
- Harm, and its effects, do not stop at the age of 18.
- Many of the environmental and structural factors that increase a child's vulnerability persist into adulthood, resulting in unmet needs and costly later interventions.
- The children's and adults' safeguarding systems are arguably conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing ongoing risk.
- Young people entering adulthood can experience a 'cliff-edge' in terms of support.' (Holmes and Smale 2018, p4)

Cocker, Cooper and Holmes have argued 'for a redesign of safeguarding systems for young people, and for that to start with a reconceptualisation of 'young people' which better reflects the fluid and individual process of transition into adulthood' (in Holmes 2022, p218).

[https://www.swindon.gov.uk/info/20049/children_and_young_people_with_disabilities/835/transitions - preparing for adulthood](https://www.swindon.gov.uk/info/20049/children_and_young_people_with_disabilities/835/transitions_-_preparing_for_adulthood)

<https://tce.researchinpractice.org.uk/wp-content/uploads/2020/02/Transitional-safeguarding-adolescence-to-adulthood-Strategic-briefing-1.pdf>

9. Neglect

The signs of neglect of young people may be more difficult to identify than signs of neglect in younger children, and older children may present with different risks. For example, young people may want to spend more time away from a neglectful home, and, given their experience of neglect, they may be more vulnerable to risks such as going missing, offending behaviour or exploitation.

When young people who have experienced neglect come to the attention of agencies, the most obvious risks of, for example, exploitation or offending behaviour may elicit an appropriate response from professionals initially. But without understanding and addressing the underlying impact of neglect, the effectiveness of any work to support these children will be limited.

Professionals and parents can sometimes view the presenting issues young people face as the problem: this is often an unconscious assumption. When a child's presenting issues become the sole problem, professionals do not always consider their behaviour in the context of the impact of neglect on the child and they can fail to take action with parents regarding any ongoing neglect.

The impact of neglect on young people can be significant and, in some cases, life threatening. Neglect can lead to problems in young people and adulthood including, but not limited to

- Poor mental and physical health
- Difficulties with interpersonal relationships
- offending behaviour
- Substance misuse
- A high propensity for risk-taking behaviour
- Suicide

[Adolescent neglect - briefing for professionals](#) (The Children's Society and Luton LSCB) is aimed at improving knowledge, understanding and confidence around identifying and responding to adolescent neglect. It is for anyone whose work brings them into contact with young people or with adults who are parents or carers.

The [Neglect framework and practice guidance](#) the [Neglect screening tool](#) and [Neglect - Swindon Safeguarding Partnership](#) provide guidance and tools for working with young people who are being neglected.

[Swindon Day in My Life Adolescent Final - Swindon Safeguarding Partnership](#)

10. Mental Health and Well-being

Mental health is a major concern for young people today, with a growing number experiencing challenges related to anxiety, depression, stress, and other emotional difficulties. Understanding young people's mental health involves recognising and identifying potential risk factors and warning signs, and knowing how to support their mental well-being. It's crucial to address the stigma surrounding mental illness and promote positive mental health practices.

How Can We Support Young People?

1. Encourage Open Conversations

- Normalise talking about emotions
- Reduce stigma by listening without judgment

2. School & Community Support

- Access to counsellors and mental health education
- Safe spaces for LGBTQ+ youth, neurodiverse youth, etc.

3. Digital Literacy & Boundaries

- Teach critical thinking around social media
- Encourage healthy screen time habits

4. Access to Professional Help

- Promote mental health services

5. Family Involvement

- Supportive parenting, active listening, and emotional education at home

In Swindon, support can be offered via BeU Swindon. They take referrals for 0-18 year age group with a defined mental health need such as anxiety, self-harm, or low mood. BeU Swindon is part of the Integrated Locality Service for children and young people and works with children and their families. The team includes clinical practitioners and outreach workers who are skilled in working with mental health more information can be found at www.beuswindon.co.uk.

The Child Safeguarding Review Panel Annual Report had a spotlight theme of safeguarding children with mental health needs: They found evidence of practitioners working tenaciously to engage and understand children's needs, which helped them be robust advocates in the context of care planning. The learning highlighted the need for awareness and assessment of demographic and situational characteristics that can impact a child's mental health and attendant risk. There were ongoing issues concerning suitable interventions, including confusion over the suitability of child and young people's mental health services (CAMHS) involvement, long waiting times without support, and tensions involving thresholds for services. There is a critical absence of early intervention services for children with emerging

emotional and mental health needs, and their families. [The Child Safeguarding Practice Review Panel - Annual Report 2023 to 2024](#)

Resources for working with young people

[Suicidal Feelings | Help And Advice For Young People | YoungMinds](#)

[Swindon | Oxford Health CAMHS](#)

https://www.swindon.gov.uk/info/20228/mental_health/1526/mental_health_support_for_children_and_young_people

11. Eating Disorders

Eating disorders are serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours.

Eating disorders are common in teenagers. Around 1% of young people have a diagnosis of either anorexia nervosa or bulimia nervosa. One in ten people with an eating disorder is male.

Even more have eating difficulties or concerns about weight and shape, which may not be diagnosed as anorexia nervosa or bulimia nervosa but are still a significant problem and may progress to a more serious eating disorder.

It's important to remember that eating disorders are not all about food itself, but about feelings. The way the person treats food may make them feel more able to cope, or may make them feel in control, though they might not be aware of the purpose this behaviour is serving. An eating disorder is never the fault of the person experiencing it, and anyone who has an eating disorder deserves fast, compassionate support to help them get better. (BEAT Website [Types of Eating Disorder](#))

The National Institute for Health and Care Excellence (NICE) gives evidence-based guidelines about how to treat different illnesses and recommends that if someone thinks they may have an eating disorder, they should immediately seek support and ask for a referral or refer themselves to an eating disorder specialist for further assessment or treatment. This will allow healthcare professionals to make decisions based on the individual's presentation and choose the right kind of treatment for them. There are a number of different eating disorders, and it is possible for someone to move between diagnoses if their symptoms change, there is often a lot of overlap between different eating disorders.

Importance of early intervention

There is evidence that if eating disorders are identified and treated early the outcome is very much better. If eating disorders are not treated, they can become entrenched and can start to affect the young person's physical and mental health making it hard for them to function normally.

Early warning signs of eating disorders

- **Physical:** weight loss, vomiting, dizziness, loss of energy and weakness, poor sleeping.
- **Psychological:** increased preoccupation with body size, weight and shape.
- **Behaviour change:** eating alone or missing meals, secretiveness, hiding food, frequent visits to the cloakroom, taking a long time to eat meals, cutting food into small pieces, restricting the range of foods eaten, over exercising, wearing baggy clothes.

Other non-specific signs, which often accompany them

- **Psychological:** low self-esteem, frequent negative comments about themselves, low mood, increased anxiety.
- **Social:** withdrawal from family and friends, loss of interest in friends and activities, poor concentration, difficult family relationships.
- **Behaviour change:** extreme perfectionism, obsessional rewriting or revision of homework assignments, taking excessive time to complete work (may lead to work not being handed in).

For further advice for young people concerned about eating disorders, advice on eating disorders for parents and carers, and information on the eating disorders services offered by CAMHS.

[Eating disorders | Oxford Health CAMHS](https://www.oxfordhealth.nhs.uk/camhs/self-care/ed/professionals/)

<https://www.oxfordhealth.nhs.uk/camhs/self-care/ed/professionals/>

12. Sexual Health

Sexual health is a crucial aspect of overall wellbeing for young people, encompassing education, access to services, and understanding of rights and responsibilities.

Supporting young people in this area means more than offering information, it means providing non-judgmental, trauma-informed care that considers their emotional, physical, and social experiences.

Young people may need help to ensure that their sexual relationships are safe, consensual, respectful and yes, enjoyable. However, the path to sexual well-being is not always straightforward. Many young people face barriers to accessing services, feel uncertain about what's "normal," or struggle with shame or fear about their developing sexuality.

Societal pressures and the constant exposure to unrealistic portrayals of sex and relationships via social media and online content can create confusion, anxiety, and internalised stigma. These challenges are compounded when a young person experiences a sexual health concern, particularly a diagnosis like a sexually transmitted infection (STI).

Receiving a diagnosis of a sexually transmitted infection (STI) as a young person can feel overwhelming. It can bring feelings of shame, isolation, and fear for the future. Some may think their lives or relationships are over. These reactions are common, especially if a young person lacks supportive adults to help them process what's happening.

That's why it's vital that professionals respond with calm, empathy, and clarity.

Reassure young people that

- STIs are common and treatable.
- They are not dirty, broken, or unlovable.
- A diagnosis does not define them or their worth.
- They are still entitled to love, connection, and confidence.

Support should include

- Clear, age-appropriate information about the condition and treatment options.
- Signposting to confidential services.
- Normalising sexual health as part of holistic health, not as a moral failing.
- Helping them rebuild confidence, especially around relationships, consent, and self-worth.

Lived Experience: A Young Person's Voice

"When I was diagnosed with herpes at 14, I thought my life was over. I genuinely believed no one would ever go near me again. I didn't have a support worker or anyone to talk to—I had to learn, on my own, how to build my confidence back up. Over time, I realised I wasn't alone. I educated myself, and I learned how to talk to partners honestly. What I needed back then was someone to tell me that this didn't make me less valuable, less loved, or less worthy. I want professionals to understand that how they react in those moments matters—it can shape how a young person sees themselves for years."

Pregnancy, Miscarriage and Abortion: Supporting Young People through Complex Experiences

For some young people, navigating sexual health may involve facing an unexpected pregnancy, experiencing a miscarriage, or making the decision to have an abortion. These are deeply personal events that can have physical, emotional, and social impacts. Young people must not go through them alone or in silence.

Pregnancy

An unplanned or early pregnancy can bring about a wide range of emotions—shock, fear, confusion, hope, or even excitement. Each young person will experience this differently. It is essential that professionals:

- Remain calm and non-judgmental, regardless of circumstances.
- Help the young person explore their options in a supportive way: parenting, adoption, or termination.
- Respect their autonomy, recognising that they have the right to make informed choices.
- Involve trusted adults or support workers where appropriate (and with consent).
- Ensure they access antenatal care early if they choose to continue the pregnancy.

Miscarriage

Miscarriage can be a physically and emotionally painful experience, especially for young people, who may not have the language or support systems to express their grief. They may feel shame, guilt, or confusion, even though miscarriage is common and rarely anyone's fault.

Professionals should:

- Recognise the loss, no matter how early in the pregnancy.
- Acknowledge the young person's feelings, without minimising or trying to "move them on."
- Offer supportive spaces to talk, and signpost to bereavement or counselling services.
- Avoid making assumptions about their maturity or emotional capacity.

Abortion

Young people may consider or undergo abortion for a range of personal and medical reasons. This decision is never taken lightly. It is vital that professionals offer:

- Clear, factual information about options, procedures, and aftercare.
- Reassurance that they are not alone, and that they will be supported before, during and after.
- A non-judgmental approach, even when personal beliefs differ.
- Support in managing potential stigma, especially from peers or family.
- Follow-up care, including emotional support, is essential: abortion is a healthcare issue, not a moral verdict.
- Recognise the loss

Abuse

For some young people, pregnancy can be a vulnerable time not just physically and emotionally, but also in terms of safety. Pregnancy may coincide with or reveal existing abuse, or increase the risk of sexual exploitation, coercion, or control.

Why might the risk increase?

Power imbalances: A young person may feel obligated to continue sexual activity in a relationship to keep the peace or avoid abandonment.

Coercion masked as care: A partner or adult may use the pregnancy to further isolate, monitor, or control the young person.

Shame and silence: Fear of judgement or misunderstanding from adults may prevent young people from disclosing abuse.

Lack of knowledge: Young people may not fully understand what constitutes abuse, especially if it's disguised as affection or "normal" in their lived experience.

Increased dependence: Being pregnant can heighten emotional and financial reliance on others, reducing a young person's sense of autonomy.

Signs to be aware of

The young person appears fearful or avoids talking about how the pregnancy occurred.

They describe sexual activity that does not sound fully consensual or age-appropriate.

A partner is significantly older or has authority (e.g. teacher, family friend, gang affiliation).

They express feeling "owed" or "stuck" in a relationship due to the pregnancy.

The young person has limited understanding of healthy relationships or sexual boundaries

Your role as a professional

- Ask open, non-judgmental questions in a safe, private space.
- Affirm their right to bodily autonomy and respectful relationships.
- Explore the context of how the pregnancy occurred if appropriate and safe to do so.
- Ensure they know that support is available, and that they are not to blame for being manipulated or abused.
- Be ready to safeguard, escalate concerns, or involve multi-agency support where needed.

Workers should always follow child protection procedures if they concerned that a young person is being abused via [Swindon Safeguarding Partnership](#).

Information and resources regarding child sexual abuse can be found at [here](#)

Lived Experience: A Young Person's Voice

"When I found out I was pregnant, my whole world collapsed around me. I was still in school, I was terrified. For a moment, I thought maybe my abuser would stop—but things only got worse. What I went through during that time will stay with me forever. I just wish someone had seen what was happening... maybe it could have been prevented."

Accessing Contraception

Supporting young people to access accurate information and non-judgmental advice about contraception is vital in safeguarding their sexual health, autonomy, and emotional wellbeing.

Professionals play a key role in:

- Creating safe spaces for open conversations about sexual health.
- Challenging stigma and misinformation.
- Empowering young people to make informed choices without fear or shame.

Why it matters

Many young people feel embarrassed or unsure about asking for contraception. Others may lack accurate information due to cultural stigma, gaps in education, or previous negative experiences with adults or services.

Key messages to reinforce with young people

- Contraception is about choice, not shame.
- They have a right to confidential advice and services even under 16, as long as they are deemed competent.
- There are many types of contraception, and professionals should help them explore what feels right for their body, lifestyle, and values.
- Emergency contraception is available and should be discussed without judgement.

Your role

Be proactive: don't wait for a young person to ask. Create natural openings for these conversations. Normalise contraception as part of general wellbeing, not just crisis response. Signpost clearly to services (e.g. school nurses, sexual health clinics, pharmacies, GP). Provide reassurance that their choices won't affect how they're treated

Consent & Healthy Relationships

Consent education goes beyond legal definitions; it's about equipping young people with the tools and confidence to form respectful, empowering relationships.

Consent is a complex issue for young people, particularly those who have experienced trauma, coercion, grooming, or power imbalance. For many, their early experiences of relationships are shaped by confusion, shame, and survival responses, not mutual respect or safety.

Promote the following messages

- Consent is about mutual agreement, given freely, without pressure.
- It can be withdrawn at any time—no matter what has happened before.
- Healthy relationships are built on respect, trust, and communication.
- Discomfort, fear, or guilt are not signs of consent.
- Power dynamics matter, adults, older partners, or those in positions of control may invalidate real choice.

Recognising red flags

Young people may:

- Normalise coercion as affection.
- Struggle to identify grooming behaviours.
- Confuse trauma responses (freeze, fawn) with consent.
- Have constrained choices due to fear, need, or dependency.

Promoting sexual health among young people involves comprehensive education, accessible services, and supportive environments that empower them to make informed decisions about their sexual well-being. By addressing these areas, we can help young people navigate their sexual health with confidence and responsibility.

Sexual Health support and resources can be accessed at the links below:

[Young people | Great Western Hospital](#)
[Sexual Health | Great Western Hospital](#)
[Overview - Swindon Sexual Health - NHS](#)
[Health for Teens](#)
[ChildLine](#)
[Healthtalk](#)

13. Identity

Race, Ethnicity and Racially Minoritised People

Race is a categorisation based mainly on physical attributes or traits, assigning people to a specific race simply by having similar appearances or skin colour (for example, Black or White). It is widely accepted that race is a social construct. However, having been racialised and shared common experiences of racism, racial identity is important to many young people and communities, and can be a basis for collective organising and support for racially minoritised individuals. (The Law Society 2022)

Ethnicity

Ethnicity is broader than race and is used to refer to long shared cultural experiences, religious practices, traditions, ancestry, language, dialect or national origins (for example, African-Caribbean, Indian, Irish). Ethnicity can be seen as a more positive identity than one forged from the shared negative experiences of racism. (The Law Society 2022)

Terms BAME (Black, Asian and minority ethnic) and BME (black and minority ethnic) are not used in this handbook, following the UK government, because they emphasise certain ethnic minority groups (Asian and Black) and exclude others (mixed, other and white ethnic minority groups). The terms can also mask disparities between different ethnic groups and create misleading interpretations of data.

Further information on writing about ethnicity at <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity/>

Disproportionality

Disproportionality refers to a group's representation in a particular category that exceeds expectations for that group, or differs substantially from the representation of others in that category. Research shows that the youth justice system treats children and young people from ethnic minority backgrounds differently. This means that ethnicity is over-represented in sentencing, custody and other parts of the system compared to the proportion of that group within the general population. School disproportionality encompasses disproportionately high rates at which children from certain ethnic groups are subjected to school sanctions, suspensions (previously known as fixed period exclusions), and/or permanent exclusions.

Intersectionality

Intersectional thinking invites professionals to explore how young people experience the world, how this affects relationships and how young people feel able to share their lived realities. These experiences are shaped and influenced by aspects of a young person's identity, such as their ethnicity, age, gender, sexuality, class, and disabilities. People's interactions with the world are not solely based on one aspect of their identity but instead are layered and multifaceted (Crenshaw 1991). As different aspects of a young person's identity interrelate, they are experienced simultaneously. For example, young people may experience racism, sexism, ableism, homophobia, transphobia and classism collectively or individually at different times and in different environments.

Adultification

Adultification is a form of racism and a bias, where children from minoritised ethnic communities are perceived as being more 'streetwise', more 'grown up', less innocent and less vulnerable than other children. This particularly affects Black children, who might be viewed primarily as a threat rather than as a child who needs support (Davis and Marsh, 2020).

In March 2022, a report was published regarding the experience of [Child Q](#) (CHSCP 2022), a black female child who was strip searched by police officers following a safeguarding referral made by a school. The report made urgent recommendations for anti-racist practice when safeguarding children, and including the need for better understanding of the impact of adultification bias. Further information and resources can be found at the links below.

[Adultification - September 2024](#)

[Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf](#)

While adultification is discussed across literature (Stephen, 1999; Burton, 2007; Goff, 2014; Ocen; 2015; Smitz and Tyler, 2016; Epstein et al., 2017), there is only one explanation, which explicitly defines adultification in the context of children's rights. Davis and Marsh (2020) define adultification as:

The concept of adultification is when notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. When adultification occurs outside of the home it is always founded within discrimination and bias.

There are various definitions of adultification, all relate to a child's personal characteristics, socio-economic influences and/or lived experiences. Regardless of the context in which adultification take place, the impact results in children's rights being either diminished or not upheld.

As indicated in research and literature, black children are most likely to experience adultification bias due to race, ethnicity and racism acting as compounding factors that hinder child protection responses and professional curiosity (Davis, 2019; Davis and Marsh, 2020, 2022; Farrer, 2022). This group of children are therefore at a heightened risk of their safeguarding needs being unmet.

To further extend Davis and Marsh's (2020) definition, the adultification of Black children is a manifestation of racism and must be situated within an historical context of devaluation and dehumanisation (Goff et al., 2014; Farrer, 2022). The preconditions of this form of bias are the legacies of racist tropes, which stem from slavery and colonialism.

Adultification may differ dependent on an individual's intersecting identity, such as their gender, sexuality, and dis/abilities. However, race and racism remain the central tenant in which this bias operates.

Key considerations are as follows:

- Black children are more likely to experience adultification bias
- Racism is the core issue influencing the adultification of Black children
- Black children are more likely to be met with suspicion, assumed deviance and culpability
- Adultification reduces professional and organisational responsibility to safeguard and protect children, yet increases a responsibilisation of children to safeguard themselves
- Adultification bias is a breach of child safeguarding legislation and guidance.

Young people who identify as LGBTQ+

LGBTQ+ is an acronym for Lesbian, Gay, Bisexual, Trans and Queer and more. LGBTQ+ is used as a shorthand. The full acronym recognises the diverse terms people identify with and use to describe their gender and sexuality, and the '+' recognises that there are more ways to identify and describe gender and sexuality beyond the acronym. While the above are common terms used to self-identify gender and sexuality in the English language, the world is a place of diverse sexualities and gender identities.

Further information about LGBTQ+ can be found at <https://www.stonewall.org.uk/>

While LGBTQ+ children and young people face the same harms as all children and young people, they are at greater risk of some types of abuse. For example, they might experience homophobic, biphobic or transphobic bullying or hate crime. They might also be more vulnerable to or at greater risk of sexual abuse, online abuse or sexual exploitation ([NSPCC 2022a](#)). Nicholas Marsh (Research in Practice, 2022), has noted that 'LGBTQ+ young people may well have to cope with feelings of shame and potential rejection from their family and friends, as well as being at increased risk of bullying and social isolation at school and online. Public deliberations about the acceptance of LGBTQ+ people in society are frequently internalised as shame and stigma (Todd, 2016) and societal values in regards to sexual orientation and perceived gender norms can feel highly restricting for young people.'

As a consequence, of feeling isolated, many LGBTQ+ young people believe there will be a lack of acceptance from others regarding their sexuality and/or gender identity ([Barnardos, 2016](#)). This can result in LGBTQ+ young people seeking support via adult-orientated groups, online or, in the case of boys and young men, in public sex environments such as 'cottages' or 'cruising grounds' or other spaces that could lead them to exposure to harm and different forms of exploitation.

14. Language

The importance of our use of language when working with children/young people and the words we use matter when working with children/young people. Resources to raise awareness of this can be found at the below links:

[Making words matter - A practice knowledge briefing](#)

[Using appropriate language for those subject to or at risk of exploitation](#)

[Practice brief: exploitation and language - words matter](#)

15. Substance Misuse

There are some young people who will drink alcohol or take substances and this does not impact on them or have any lasting damaging effects. Young people may enjoy the feelings of confidence, energy or relaxation that drugs and alcohol can bring, or it may be part of trying a new experience and fitting in socially.

However, for some young people, drugs or alcohol can be a form of self-medication or a coping mechanism. Young people may view substances as a means of managing difficult or painful feelings – for example, arising from early traumatic experiences, loneliness, family breakdown or difficulties engaging with school.

However, drugs and alcohol can make difficult feelings more painful, and can make existing mental health conditions worse. For example, as the effects of alcohol or drugs wear off, difficult feelings may feel more intense and painful. Drugs and alcohol could also interfere with existing prescribed medications.

Young people may experience peer pressure to engage in drug taking or drinking, to fit in as part of a social group. Substance use can affect young people's judgment leading to risky behaviours, putting an already vulnerable young person in greater danger.

Addiction to substances is also a risk. If a young person becomes addicted to alcohol or drugs, their focus moves to feeding their habits, rather than engaging with learning or socialising. <https://www.mentallyhealthyschools.org.uk/>

Uturn is a specialist service in Swindon that provides support, help and guidance to young people and their families, who have alcohol and/or drug-related problems. Further information can be found at [Uturn - Young Persons Substance Misuse Service](#)

16. Disabilities and SEND

Young people with SEND

We know that children with special education needs and disabilities (SEND) are more vulnerable to exploitation and need a targeted response, greater awareness of risk factors in schools, and attention to children who are educated outside of mainstream settings. Young people with learning disabilities are vulnerable to exploitation due to a range of factors that include overprotection, social isolation, professional lack of awareness, gaps in policy, gaps in multi-agency arrangements or fear of negative responses from professionals ([Barnardo's 2016](#)).

NSPCC, The Children's Society, and the Home Office have identified that children with physical and/or learning disabilities are more vulnerable to sexual exploitation, criminal exploitation and County Lines ([TCS 2019](#), [NSPCC 2022b](#), [Home Office 2018](#)).

[The Child Safeguarding Practice Review Panel - Annual Report 2023 to 2024](#) also stresses the need for practitioners to identify and support additional needs of children that may put them at greater risk of extrafamilial harm, such as disabilities and neurodiversity, as well as the frequent crossover between harm occurring inside and outside the home. Education continues to play a pivotal role in protecting children, while online activity has become an increasingly important factor facilitating extrafamilial harm.

The NSPCC have produced guidance ([NSPCC 2022](#)) on protecting disabled children from abuse <https://learning.nspcc.org.uk/safeguarding-child-protection/deaf-and-disabled-children>

Among other agencies, <https://ivisontrust.org.uk/> (formally PACE) have flagged that children are targeted for County Lines at special education, alternative education provisions, pupil referral units, and care homes. However, there is not yet substantial research or guidance on preventing young people with SEND from exposure to these harms. <https://www.swindon.gov.uk/sendlocaloffer>

17. Education

Safeguarding young people in education

Statutory safeguarding guidance for schools has been updated to include advice around extra-familial harm and exploitation [Keeping children safe in education 2025](#).

The harmful consequences of school absence, exclusion and education out-of-mainstream settings, particularly in relation to child criminal exploitation, have been set out repeatedly over the last few years.

18. Harm Outside of the Home

Some young people experience abuse and exploitation outside the home. This is often referred to as "extra-familial harm". Harm can occur in a range of extra-familial contexts, including school and other educational settings, peer groups, or within community/public spaces, and/or online. Young people may experience this type of harm from other children and/or from adults. Forms of extra-familial harm include exploitation by criminal and organised crime groups and individuals (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, teenage relationship abuse, and the influences of extremism, which could lead to radicalisation. Young people of all ages can experience extra-familial harm.

Where there are concerns that a young person is experiencing extra-familial harm, practitioners should consider all the needs and vulnerabilities of them. Some young people will have vulnerabilities that can be exploited by others and will require support appropriate to their needs to minimise the potential for exploitation. All young people, including those who may be causing harm to others, should receive a safeguarding response first and practitioners should work with them to understand their experiences and what will reduce the likelihood of harm to themselves and others (*Working Together to Safeguard Children, 2023*).

Practitioners will ensure that when a young person has been arrested, professional consideration is given to the potential impact of the arrest on them. Where a young person is known to services, a multi-agency professionals meeting should be held at the earliest opportunity to ensure information is reviewed, plans are updated and robust and the child/young person is offered more intensive intervention where needed.

Resources to support work with young people can be found at

https://safeguardingpartnership.swindon.gov.uk/info/15/for_professionals/37/child_exploitation

[Multi-agency Practice Principles for responding to child exploitation and extra-familial harm](#)
[Harm outside the Home Multi-Agency Practice Guidance 2024 - Swindon Safeguarding Partnership](#)

[Harm outside the Home Pathway 2024 - Swindon Safeguarding Partnership](#)

[Indicators of Harm outside the Home 2024 - Swindon Safeguarding Partnership](#)

[FINAL-Multi-agency-Practice-Principles-for-responding-to-child-exploitation-and-extrafamilial-harm-Designed-.pdf](#)

[Child Exploitation Risk Assessment Framework \(CERAF\) - Swindon Safeguarding Partnership](#)
[Swindon Safeguarding Partnership All Age Exploitation Strategy 2024-2027](#)

[Harm outside the home - Swindon Safeguarding Partnership](#)

Child Sexual Exploitation (CSE)

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. (DfE, 2017)

https://safeguardingpartnership.swindon.gov.uk/info/16/for_carers_and_relatives/56/child_sexual_exploitation

<https://ivisontrust.org.uk/>

Child Criminal Exploitation (CCE)

A form of child abuse, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim has been criminally exploited even if the activity appears consensual (Home Office, 2018).

County Lines

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Areas where drugs are taken to report increased violence and weapons related crimes as a result of this trend. A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. (NCA)

Debt bondage

Children are robbed by members of their own network or are encouraged to run into debt for commodities acquired from the network (e.g. drugs) in order to remain indebted to them.

Grooming

When someone builds an emotional connection with a child or young person to gain their trust so that they can be sexually abused, exploited or trafficked. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative (NSPCC).

Missing

Definition - As outlined in College of Policing's Authorised Professional Practice 2017:

'Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed'.

When young people go missing from home or care, this is a clear signal that something is wrong in their lives. Going missing has serious implications for a young person's welfare as it puts them at risk of harm in the short term and will affect longer term outcomes. Research also indicates that young people who go missing are more vulnerable to Child Criminal and Sexual Exploitation, substance misuse and involvement in crime.

In January 2014, the Department for Education published [statutory guidance for local authorities on children who run away or go missing from care.](#)

Swindon's Safeguarding Partnership and the Wiltshire Safeguarding Vulnerable People Partnership have produced the [Swindon and Wiltshire Missing from home and care protocol](#) this protocol compliments the statutory guidance to ensure that all agencies work together to:

- Prevent children from going missing
- Take action to safeguard the welfare of children who have gone missing
- Monitor and review patterns of children who go missing

Three key factors should be considered in a missing person investigation:

- Protecting those at risk of harm
- Minimising distress and ensuring high quality of service to the families and carers of missing persons
- Prosecuting those who perpetrate harm or pose a risk of harm when this is appropriate and supported by evidence.

Human Trafficking

The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons ('Palermo Protocol') provided (Article 3) the first internationally recognised definition of human trafficking: "Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the

giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.”

Child Trafficking, Slavery and Forced Labour

Child trafficking is the practice of transporting children into, within and out of the UK or any other country for the purposes of exploitation. The exploitation can be varied and include:

- domestic servitude;
- labour exploitation;
- criminal activity (e.g. cannabis cultivation, drug supply through county lines, petty street crime, illegal street trade, etc.);
- sexual exploitation (child abuse, closed community, child abuse images);
- application of residence;
- benefit fraud;
- forced begging;
- illegal adoption; and
- sham marriage.

Where there is an arrangement made to travel, or to facilitate travel with a view to child exploitation, section 2 of the 2015 Act should be used. In these circumstances, regard should be had to the victim’s age in determining their vulnerability. If the victim states they are a child, they should be viewed as such until their age can be verified by identification or an independent age assessment carried out by the local authority or a court determination. Section 51 of the 2015 Act provides for presumption about age. Until an assessment is made of the person’s age by the local authority, there is an assumption that the person is under 18.

The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support and protection. It is a particular process to be followed when it is suspected that an adult or a child might be a victim of trafficking. In the case of a child, the child’s best interests will be a primary consideration in the decision to make, or not to make, a referral into the NRM.

[SSP practice brief - Modern slavery human trafficking national referral mechanism \(NRM\) - October 2022](#)

Cuckooing

The process where adults and/or children are used to take over houses acquired from vulnerable adults or a young people including class A drug addicts.

Online Safety

https://safeguardingpartnership.swindon.gov.uk/info/15/for_professionals/46/online_safety

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm.

Extremism was defined by the Home Office in 2011 as a vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs (HM Government, 2011).

In 2024, the Department for Levelling Up, Housing and Communities published a new definition of extremism for **England** (DLHC, 2024). Extremism is defined as the support or promotion of an ideology based on violence, hatred or intolerance that aims to:

- deny or destroy the fundamental rights and freedoms of others
- undermine or overturn the UK's system of democracy and democratic rights
- intentionally create an environment that permits or enables others to achieve either of the above.

The new definition also set out types of behaviour, which could constitute extremism, including:

- using or excusing violence towards a group of people to stop them from using their legally defined rights and freedoms
- seeking to overthrow or change the political system outside of lawful means
- using or excusing violence towards public officials, including British armed forces and police forces, to stop them carrying out their duties
- attempting to radicalise and recruit others, including young people, to an extremist ideology.

Challenging and tackling extremism needs to be a shared effort (HM Government, 2013). For this reason, the Government has given some types of organisations in England, Scotland and Wales a duty to identify vulnerable children and young people and prevent them from being drawn into terrorism.

<https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation#:~:text=Radicalisation%20is%20the%20process%20through,be%20involved%20in%20extremist%20ideologies.>

Prevent

Prevent is one strand of the UK's wider counter-terrorism strategy known as CONTEST. The latest [CONTEST factsheet](#) was updated on 18 July 2023.

The strands of the strategy are:

- Prevent – aims to stop people becoming terrorists or supporting terrorism by safeguarding people and communities
- Pursue – is concerned with the apprehension and arrest of people suspected of being engaged in the planning, preparation or commissioning of terrorism

- Protect – seeks to strengthen our protection against a terrorist attack and reduce our vulnerability to an attack
- Prepare – mitigates the impact of a terrorist attack where an attack cannot be stopped

The purpose of Prevent is to safeguard and support people to stop them from becoming terrorists or supporting terrorism of any form.

It aims to:

- tackle the causes of radicalisation and respond to the ideological challenge of terrorism
- safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support
- enable those who have already engaged in terrorism to disengage and rehabilitate

What is Prevent and what does it do?

Prevent is a service which provides non-compulsory safeguarding support to people who have the final say of accepting support or not. Prevent is about safeguarding, in the same way support is provided to those at risk of becoming involved in gangs, drugs, exploitation, or other forms of harm. Individuals susceptible to being groomed into terrorism can also be offered support. Prevent operates within a non-criminal space, intending to pre-empt criminal activity. This ensures the protection of communities and not its criminalisation. Those who receive support from Prevent do not receive a criminal record.

https://safeguardingpartnership.swindon.gov.uk/info/20/community_safety/97/radicalisation_and_extremism

19. Domestic Abuse

In 2021, the Domestic Abuse Act became law and a new definition of domestic abuse is now in use. The act states that 'domestic abuse covers a wide range of behaviours that are used to control, threaten or intimidate victims'.

Behaviours are classed as domestic abuse if:

- both the individuals are over 16 years of age
- both the individuals are 'personally connected' to each other and the behaviour is abusive

Behaviour is considered abusive if it consists of one or more of the following:

- Physical or sexual abuse
- Psychological or emotional abuse
- Coercive or controlling behaviour – intimidation, threats, humiliation that is used to punish, harm, isolate a victim and prevent them from enjoying life
- Economic abuse – any behaviour that prevents a victim having the ability to acquire, use or maintain money, or obtain goods or services

It also recognises children as victims in their own right for the first time. This applies where the behaviour of a person (A) towards another person (B) is domestic abuse, as follows:

- Any child, under 18, who sees or hears or experiences the effect of domestic abuse
- Is related to A or B:
 - A child is related to a person, if that person is the parent of, or has parental responsibility for the child
 - Is related to a person (other family member)

[Domestic abuse - Swindon Safeguarding Partnership](#)

20. Harmful Sexual Behaviour

Harmful sexual behaviour (HSB) Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive (Hackett, 2014). Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected sexualised behaviour, which does not have an overt element of harm or abuse.

Advice for parents regarding sexual behaviour can be found at:

[Understanding Sexual Behaviour in Children | NSPCC](#)

Advice and resources for professionals including the use of the Hackett continuum can be found at:

[Understanding sexualised behaviour in children | NSPCC Learning](#)

https://safeguardingpartnership.swindon.gov.uk/downloads/file/1017/child_sexual_abuse_-_intra-familial_sexual_abuse_harmful_sexual_behaviour_peer-on-peer_abuse_and_consent

21. Youth Violence

Working with children and their families impacted by serious youth violence is a complex and multifaceted area of practice.

The Serious Violence duty requires agencies to work together to identify children who are at risk of or affected by serious youth violence including children who are exploited. Agencies should work together to intervene to reduce risk and provide timely and effective support for children. Workers should ensure that practice is child centred based on a good understanding of children's experiences, their background and identity including any barriers to them accessing help and support. Agencies should work together to ensure a strengths-based approach to working with children and their families based on their needs. Multiagency assessments should be dynamic and adapt to changing risks and needs of the children.

More information can be found at links below: -

[Serious Violence Duty](#)

The joint targeted area inspections (JTAs) report on the theme of serious youth violence highlighted that the extent and impact of serious youth violence are more far reaching than many adults realise. Too many children-some as young as 11 are carrying knives as they feel unsafe and see this as a form of protection. In some areas inspected carrying knives is the norm for some children. Serious youth violence has a wide impact across communities. A failure to consistently identify serious youth violence as a safeguarding issue leaves too many children at risk of serious harm.

The report highlighted that

- Partnerships worked well where they had a shared understanding of children's backgrounds/experiences including trauma and abuse. Effective initiatives focused on addressing the impact of trauma, supporting children to access education, giving children opportunities to develop interests and skills and helping them to stay safe.
- **Engagement with children, families and communities is essential.** Strong partnership practice was identified where partnerships worked together to build stronger community support for children. Risk was reduced when statutory partners, education and voluntary sectors worked collaboratively to build trust with local communities to identify needs and offer appropriate support
- The fear of knife crime among children is evident and has a significant impact on children's health and well-being. **Children's views need to be prioritised so that we can better understand their experiences, needs and concerns about violence.**
- There are factors which make children more vulnerable due to their experiences and wide range of needs which require a multi-agency response to meet their holistic needs not just a response to the harm of serious youth violence.
- Serious youth violence was not consistently recognised as a safeguarding issue
- The wider needs of children affected by serious youth violence were either not recognised or not met. This included needs related to exploitation, mental health and trauma
- There are tensions that exist in this work between establishing a relationship of trust with the child, while the child may be subject to external pressures. They may not be fully aware of all the harm they are exposed to, or able to understand it. Progress in working with the child may not be linear.
- Recognising and acknowledging that children can harm others is difficult. Some professionals appeared fearful of, as they saw it, of 'labelling' children. Risk of harm does need to be identified, but the context is important too. **Professionals need to ask, why is the child behaving in this way? Are they being exploited? What are their needs, particularly in terms of safeguarding and support for them and their family?** Shifting the focus to need is important, but this should not mean ignoring or minimising harm to others.

- Fundamental to an effective multi-agency approach is an understanding of the need to **engage with children's parents or carers and the wider family**. The inspections found too much variation in the approaches and lack of consideration of the wider needs of family and siblings. This finding was supported by the [Safer London](#) consultation work. Where multi-agency work was effective, all professionals engaged with, and took time to understand, the **whole family** when a child was at risk of serious youth violence. They understood the family's background and their strengths as a family. Professionals recognised the need to work in partnership with the family and think about the needs of and risks to all family members to prevent further harm.

The full JTAI report can be accessed via the link below:-

[Multi-agency responses to serious youth violence: working together to support and protect children - GOV.UK](#)

The Safer London Who Cares Report details the experience of children and families who are impacted by serious youth violence. The report can be found via link below

[Children and families' experiences of multi-agency support when impacted by serious youth violence - GOV.UK](#)

In summary, parents and children said that they experience or feel a distinct lack of empathy, with most agencies making children and families feels like "they don't care".

Many examples of blaming and judgement and assumptions made about children and families that has a significant impact on the safeguarding and support they receive. This leads to needs being misunderstood and left unmet or leading to more harm due to poor decision making.

Families and children felt agencies responses focused on building surveillance rather than building relationships of trust and compassion. Parents and children felt that nothing changes in the context where harm occurs and little is done to create safety in the places and spaces where children are experiencing harm, including schools and education settings.

When parents and children talked about more positive experiences, it is when agencies take the time to build trusting relationships and make the child or family feel seen and supported- this was mostly practitioners within the youth and voluntary and community sector.

The most valuable approaches that parents and children were when someone shows genuine care, does what they say they will do and creates space for the child or parents to talk. Parents and children spoke about the value of tangible and practical support and help to access the things they need. They spoke about the approach showing empathy, being non-judgemental, and ensuring that the child has agency and choice.

Where children and parent felt the multi-agency partners were working together, this was seen as powerful:

Lived Experience: A Young Person's Voice

"There was kind of like, creating a little team, to kind of help me...the fact that I talked to someone who was professional and helped me out and realise the bigger picture... it was amazing".

22. Working with Young People Who Are Care Experienced

Working with young people in care requires a multi-faceted approach that prioritises their safety, well-being, and development. Key aspects include building trust, providing consistent support, and ensuring their voices are heard. Effective support involves addressing their emotional and mental health needs, helping them develop essential life skills, and facilitating access to opportunities that promote independence and positive futures.

Key Considerations for Working with Young People in Care:

- **Building Trust and Relationships:**

Establishing a safe and trusting relationship is crucial for effective engagement. This involves being reliable, consistent, and non-judgmental.

- **Promoting Independence and Choice:**

Empowering young people to make choices about their lives, supporting their aspirations, and helping them develop skills for independent living are essential.

- **Addressing Mental Health:**

Many young people in care have experienced trauma and adversity, which can impact their mental health. Providing access to mental health support, including therapy and counselling, is vital.

- **Advocating for Their Needs:**

Advocating for young people's rights and ensuring they receive the support they need, such as access to education, healthcare, and housing, is a crucial part of the role.

- **Understanding Their Experiences:**

Recognizing the unique challenges and experiences of young people in care is important. This includes understanding their past experiences, current needs, and future aspirations.

- **Promoting Positive Transitions:**

Supporting young people as they transition out of care, whether to independent living or other placements, is a critical phase. This includes providing practical and emotional support to help them navigate this transition successfully.

- **Collaboration and Communication:**

Effective teamwork and communication between professionals, including social workers, foster carers, and other support staff, are essential for providing comprehensive support.

- **Training and Professional Development:**

Professionals working with young people in care should receive training on relevant topics, such as child protection, trauma-informed care, and communication skills.

Specific areas of support include:

- **Emotional and Mental Health:** Addressing issues like anxiety, depression, and self-harm, and providing access to mental health services.
- **Education and Employment:** Supporting young people to access education, training, and employment opportunities that align with their interests and goals.
- **Financial Literacy:** Providing support with budgeting, managing finances, and accessing benefits.
- **Housing:** Assisting young people in finding safe and stable housing options.
- **Relationships and Social Networks:** Helping young people build positive relationships with family, friends, and other supportive adults.
- **Advocacy:** Supporting young people in advocating for their own needs and rights.

23. Parenting Young People

Parental engagement and family support

SPACE (Stop and Prevent Adolescent Criminal Exploitation) <https://www.bespaceaware.co.uk/> have noted that many parents feel totally unaware of child criminal exploitation and County Lines. Parents often receive advice on child safety planning and action from children's social care and/or police that is focused on parenting and family life (2021). SPACE urgently recommends a shift in thinking from 'beyond parental control' to 'in perpetrators' control'. This means a professional culture shift from blaming children and their families for criminal exploitation toward recognising the pull factors, intervening in the spaces where extra-familial harms take place, and working in partnership with parents to build safety and support wellbeing for and with young people.

Working in partnership with families and communities there are circumstances where professionals can leave parents and/or their family members feeling as though they are blamed for safety issues in the lives of young people, including extra-familial harms. Professionals working directly with families need to see the situation from the perspective, circumstances and feelings of parents and carers, and to build a no blame, partnership approach. The criminal justice system and the statutory child protection framework can contribute to professional cultures where parents and carers feel they are blamed for vulnerability and extra-familial harm (SPACE 2021). Reinforcing blame will not help to safeguard young people from harm, and it is important to refocus conversations with young people and families on what works to build safety, and to understand the control, influence and harm caused by perpetrators, including complex safeguarding situations and organised criminal groups.

The Child Safeguarding Practice Review Panel found that services can sometimes be slow to respond to parental concerns about child exploitation and other extra-familial harms.

[The Child Safeguarding Practice Review Panel - It was hard to escape - report](#)

However, where professionals provide support for parents to understand young people's experiences, for example through CAMHS support or youth professionals trained in whole family working, parents can feel confident to take part in non-judgemental safety and welfare planning for children to prevent serious harms.

24. Working with Families to Support Young People

Parents and carers will sometimes need help to understand that attachment continues to be important as young people develop and go through the transitions that are normal during adolescence. Professionals can work with families to understand responses like conflict and rebellion as opportunities to build their relationships with children and young people. Some parents will need extra support to develop negotiation skills to sustain their connection with young people as they experience development and transition.

Direct work with parents can help to improve family relationships, and equip the whole family with the knowledge they need to help keep young people safe. Wherever possible, parents and carers should be included as partners in safeguarding their children".

Parents and carers know their children and this knowledge and active involvement is central to developing a robust plan to safeguard the child.

25. Top Tips: Opportunities to Support Young People

Top Tips: Effective Engagement

The starting point for all practitioners if they are concerned about an adolescent should be a quality conversation. Here are some top tips to support effective engagement with adolescents:

ACKNOWLEDGEMENT:
Thank adolescents for being able to talk to you. Listen to what they have to say, and later support them

ADJUSTMENTS:
Adapt your communication accordingly to needs of adolescents with SEND or work with an advocate who knows them well

ENVIRONMENT:
Give time and space. Pick the right place

ACTIVE LISTENING



SENSITIVITY:
Describe areas of concern sensitively with adolescents. Consider the pace and number of questions

AWARENESS:
Stay alert! Keep your eyes, ears and body language open to what the adolescent has to say, without judging, being shocked, commenting or advising (in the first instance)

LISTEN, LISTEN, LISTEN:
The single most important principle is to really hear what the adolescent has to say

Top Tips: Effective Engagement

SEE READINESS TO CHANGE:

Approach early engagements with curiosity and look for signs that they are ready to change.

CURIOSITY:

Find out what matters to them.
What are their hopes and dreams?
Their personal strengths?
Learn about the assets around them such as peers, family, friends, activities they enjoy or networks they are part of.

AVOID CORRECTION: Instead of questioning the decision, question how they arrived at their thinking.

IDENTIFY STRENGTHS & ASSETS



START NEUTRAL: Don't discuss the consequences of their behaviour during early stages of engagement, unless there are clear and immediate child protection concerns.

CUT THE JUDGEMENT:

Avoid phrases like 'I'm disappointed with you'.

FEEDBACK:

Give feedback that is specific and focused on desired behaviours.

WHAT'S IN IT FOR THEM?

Listen out for motivation to gain an understanding of what they want.

TOP TIPS: Effective Engagement

We often fall into the habit of doing an assessment to an adolescent rather than with them. Adolescents who are more involved in making decisions about their care and the services supporting them are more likely to engage meaningfully, develop positive relationships with professionals and improve outcomes.

THEIR VIEW:

Seek their perception of their behaviour rather than talking about your perceptions.

Adolescents with SEND should be given opportunities to communicate their views, with support. There will be valuable information about them in Education, Health and Care Plan's (EHCP) and school or college support plans.

THEY TAKE THE LEAD



SOLUTION-FOCUSED:

Ask questions that lead to solutions, rather than remaining on problems, issues, and mistakes.

OFFER A WAY OUT:

Explain to adolescents that they can end a discussion or engagement.

FOLLOW UP!

Make sure that anything you put in place actually happens and they are kept informed of this.

EMPOWER:

Resist the urge to "solve the problem" for adolescents but rather enable them to reflect and set goals to which they are more likely to be committed to.

The role of trusted adult is to build a relationship so that young people feel able to talk. This approach should not be used to pry into young people's personal lives.

Many young people go through a period where they need independence and personal space and may seem to communicate less. They may be reluctant to provide details about their friends or about places where they are spending time, they should not be pushed by intrusive questions.

The starting point for all practitioners if they are concerned about a young person should be a quality conversation.

- ✓ Relationships are the key to all interventions with children/young people
- ✓ These take time to develop for trust to be established
- ✓ Engaging children and parents in the planning process is essential

Don't forget...

