

SARSVL Child Protection Policy and Procedures



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SARSVL Child Protection Policy

Everyone who comes into contact with children and families has a role to play in safeguarding and promoting the welfare of children. For the purposes of this document that is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Child Protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. There is a list of useful definitions to be found at **Appendix 4** to this document.

Introduction

1. SARSVL is a feminist organisation that exists to provide free and confidential support to women and girls whose lives have been affected by rape and sexual violence, to promote their needs, and to work towards the elimination of sexual violence.
2. SARSVL achieves these aims by providing a service which offers confidential listening, support, information, advocacy, counselling and signposting, within a women-centred safe space.
3. SARSVL is fully committed to safeguarding and promoting the welfare of children and young people. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect children from neglect, harm, abuse and exploitation. SARSVL acknowledges its duty to act appropriately when responding to reports or suspicions that cause concern for the protection, welfare or safety of a child or young person.
4. This policy has been informed by the 'Working Together to Safeguard Children 2023' document.
5. While there is no single piece of legislation that covers 'child protection' or 'safeguarding' in the UK there are a number of laws that are continually being amended, updated or revoked. The Children Act 1989 provides a comprehensive

framework for the care and protection of children. It centres on the welfare of children up to their 18th birthday. It defines parental responsibility and encourages partnership working with parents. Interagency co-operation is encouraged. The Children Act 2004 supplemented the 1989 Act and reinforced the message that all organisations working with children have a duty in helping safeguard and promote the welfare of children. As such SARSVL recognises its responsibility to safeguard and promote the welfare of children and young people within the legal frameworks of the Children Acts 1989 and 2004 and other legislation, regulations and guidelines relating to the protection, welfare and safety of children and young people.

6. The SARSVL Child Protection Policy and Procedures sets out the duties, obligations, responsibilities and actions that SARSVL will adhere to when responding to allegations, reports or suspicions that cause concern for the protection, welfare or safety of a child or young person.
7. The SARSVL Child Protection Policy and Procedures have been designed to ensure the protection, welfare and safety of the children and young people who access SARSVL's services or otherwise come to SARSVL's attention.
8. The SARSVL Child Protection Policy and Procedures applies and will be made available to employees, volunteers, directors/trustees and other such persons who work with or for SARSVL on a temporary or permanent basis and whose role requires that they share responsibility with SARSVL for the protection, welfare and safety of children and young people.

Duties and Obligations

9. In implementing this Child Protection Policy, SARSVL will ensure that:
 - a. the legal and moral responsibility to protect children and young people from neglect, harm, abuse or exploitation is understood;
 - b. the responsibility to work to the standards detailed within the Child Protection Policy and Procedures is understood;
 - c. at all times high standards of practice in relation to children and young people are adhered to;
 - d. information is provided on the duty to report concerns about children or young people or concerns about the conduct of another person in relation to children or young people;
 - e. Safeguarding Lead(s) (see **Appendix 1**) exist to whom concerns about a child or young person can be reported;
 - f. Safeguarding Lead(s) understand their responsibilities to refer concerns about a child or young person to statutory agencies, including the Police and/or Children and Young People's Social Work Services;
 - g. internal procedures relating to reports or suspicions of improper, inappropriate, abusive or illegal behaviour or conduct are implemented in a consistent and equitable manner;

- h. opportunities are provided for the development of skills and knowledge in relation to the protection, welfare and safety of children and young people, including through training;
- i. children and young people are provided with the opportunity to express their ideas and views on a wide range of issues, in a variety of ways (for example, in sessions directly with workers and in writing), and these are recorded in our monitoring systems;
- j. children and young people have access to SARSVL's Complaints Policy and Procedure and this Child Protection Policy and Procedures; and
- k. knowledge of national developments relating to the protection, welfare and safety of children and young people is kept up to date.
- l. SARSVL will seek to recruit a Safeguarding/Child Protection expert to the SARSVL Board of Trustees to assist with a – k above.

Recruitment and Checks

10. To attempt to minimise the risk posed by SARSVL to children and young people, employees and volunteers who directly provide services and directors/trustees will not be appointed without:
 - a. the satisfactory completion of an application form;
 - b. two satisfactory references, completed by persons unrelated to the applicant;
 - c. a satisfactory Enhanced Disclosure and Barring certificate; and
 - d. the completion of any relevant procedure, process or check required by the Independent Safeguarding Authority or other such body with responsibility for the protection, welfare and safety of children and young people.
11. SARSVL will ensure that procedures, processes and checks are carried out at regular intervals in line with any guidance, regulation or protocol that may be in place.
12. Where other persons may have access to children or young people through their work with or for SARSVL on a temporary or permanent basis and where their role requires that they share responsibility for the protection, welfare or safety of children and young people, SARSVL may deem it appropriate that the checks as described above apply to such a person before any appointment can be made.
13. An employee, volunteer, director/trustee or other person working with or for SARSVL and to whom the Child Protection Policy and Procedures applies must immediately notify the person responsible for their management, supervision or delegation of responsibility if:
 - a. under investigation for or suspicion of improper, inappropriate, abusive or illegal behaviour or conduct in relation to a child, young person or adult at risk; or

- b. arrested or cautioned for, charged with or convicted of an offence relating to the neglect, abuse, harm or exploitation of a child, young person or adult at risk.

A failure to immediately notify the relevant person may result in immediate dismissal from the relevant person's position as employee, volunteer, director/trustee or opportunity to work with or for SARSVL. This applies to both contracts of employment and commercial contracts.

- 14. Where possible and where legally permitted to do so, SARSVL will aim to recruit women to employee, volunteer, director/trustee positions and other opportunities to work with or for SARSVL.

Management, supervision and training

- 15. SARSVL is committed to the appropriate management, supervision and training of employees, volunteers, directors/trustees and others who work with or for SARSVL.
- 16. To ensure the protection, welfare and safety of children and young people, all employees, volunteers, directors/trustees and others who work with or for SARSVL, will be appropriately managed and supervised and will have clear lines of accountability in place in relation to SARSVL's work with and responsibilities towards children and young people.
- 17. Where an employee, volunteer, director/trustee or other person who works with or for SARSVL has responsibility for the protection, welfare and safety of children and young people, these matters will be discussed as part of formal and informal management and supervision processes and/or through peer support and debriefing.
- 18. SARSVL will ensure that there is access to training and/or information on child protection for all employees, volunteers, directors/trustees or other people who work with or for SARSVL and have responsibility for the protection, welfare and safety of children and young people.
- 19. Trustees / directors will ensure all employees of SARSVL are competent to carry out their responsibilities for protecting and promoting the welfare of children including but not restricted to, frontline staff working directly with children or indirectly via adults that use their services.
- 20. Training and/or information on child protection should have the aim of increasing awareness of the signs and indicators of child neglect, abuse, harm and exploitation and of external safeguarding processes and procedures. SARSVL will ensure that training and/or information is provided on internal processes and procedures relating to the protection, welfare and safety of children and young people.
- 21. The Safeguarding Lead(s) should complete additional training on the processes and procedures of recording and reporting the neglect, abuse, harm and exploitation of children and young people. The Safeguarding Lead(s) should also keep up to date with procedural and legislative changes relating to the protection, welfare and safety of children and young people by taking part in regular training and information exchange from local Safeguarding Board(s) linked to statutory bodies.

22. SARSVL will set out risks in relation to child protection and how they will be managed, in a risk register, which will be regularly updated.

23. This policy will be reviewed at least every two years or sooner if there are developments or changes internally or externally which affect the policy or procedures involved in the protection, safety or welfare of adults at risk and in need of safeguarding. Amendments to this policy are subject to the approval of and ratification by the Board of Directors/Trustees.

(end)

SARSVL Child Protection Procedures

Introduction

Everyone who comes into contact with children and families has a role to play in safeguarding and promoting the welfare of children. For the purposes of this document that is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Child Protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. There is a list of useful definitions to be found at **Appendix 4** to this document.

Recognising and identifying the neglect, abuse, harm and exploitation of a child or young person

1. SARSVL will come into contact with individuals in a variety of ways, including through its advocacy service, telephone, text and email helpline services and counselling service, as well as at training sessions, presentations, conferences and other events. SARSVL may become aware that a child or young person is being neglected, abused, harmed or exploited in a number of different ways.

The following list is not intended to be exhaustive but outlines the ways in which SARSVL is most likely to learn that a child or young person is being neglected, abused, harmed or exploited:

- a. a child or young person informs SARSVL that they have been neglected, abused, harmed or exploited;
- b. a child or young person informs SARSVL that they are at risk of or are concerned about being neglected, abused, harmed or exploited;
- c. a person tells SARSVL that they have neglected, abused, harmed or exploited a child or young person;
- d. a person tells SARSVL that they will or are likely to neglect, abuse, harm or exploit a child or young person;
- e. a person tells SARSVL that someone else has or is suspected to have neglected, abused, harmed or exploited a child or young person;
- f. a person tells SARSVL that someone else is or is suspected of neglecting, abusing, harming or exploiting a child or young person;
- g. a person tells SARSVL that they suspect that someone else will or is likely to neglect, abuse, harm or exploit a child or young person;

- h. a person tells SARSVL that they suspect a child or young person is being neglected, abused, harmed or exploited due to the presence of signs and indicators but they do not know the perpetrator of neglect, abuse, harm or exploitation is; or
- i. concerns are raised either internally or by an external person about the inappropriate, improper, abusive or illegal behaviour of an employee, volunteer, director/trustee or other person working with or for SARSVL towards a child or young person.

See **Appendix 4** for useful definitions of harm.

Responding to reports and suspicions of the neglect, abuse, harm and exploitation of a child or young person

2. Where a report or suspicion of the neglect, abuse, harm or exploitation is received, whether from a child or young person who is being or is at risk of being neglected, abused, harmed or exploited or from any other person, the following procedure applies:
 - a. carefully listen to/read the information that is being given;
 - b. take the person and the report or suspicion seriously;
 - c. explain that SARSVL has a duty to ensure the protection, safety and welfare of children and young people and they will be discussing the concern with an organisation safeguarding lead;
 - d. explain that information relating to the neglect, abuse, harm or exploitation of a child or young person must be shared with other agencies such as the Police and/or Children and Young People's Social Work Services;
 - e. explain that the provision of a name, address, date of birth or other identifying information relating a child or young person is likely to result in the child or young person being identified by agencies such as the Police and/or Children and Young People's Social Work Services;
 - f. follow the procedures at **Appendix 2** 'Safeguarding Concern Flow Chart', and see **Appendix 1** for a list of SARSVL Safeguarding Leads and their roles.

There may be circumstances where it is inappropriate to seek consent in respect of sharing information. This may include but not necessarily be restricted to a scenario where a staff member / volunteer / trustee, has a legitimate concern that the welfare or wellbeing of the child would be compromised were consent to be sought. In these circumstances 4 a. and 4 b. also apply.

When information is shared without consent, SARSVL will keep a record of what has been shared in line with GDPR.

Managing reports or suspicions concerning SARSVL

- 3 As explained above, SARSVL may learn that a child or young person is being neglected, abused, harmed or exploited in a number of different ways. If a report is received that an employee, volunteer, director/trustee or other person working with or for SARSVL is responsible for or is suspected of the neglect, abuse, harm or exploitation of a child or young person, the procedure at **Appendix 2** applies. However, there are the following additional procedures:
 - a. where relevant and possible, ensure all children and young people are safe and away from the employee, volunteer, director/trustee or other person working with or for SARSVL about whom the report or suspicion has been received;
 - b. ensure that the Safeguarding Lead is notified immediately and do not attempt to make contact with or inform an employee, volunteer, director/trustee or other person working with or for SARSVL that a concern has been raised in which they are implicated;
 - c. where the report or suspicion is about the Safeguarding Lead do not attempt to make contact with or inform the named person and ensure that another Safeguarding Lead is informed immediately;
 - d. where the report or suspicion is about the Safeguarding Lead or where it is not possible to contact a Safeguarding Lead who has not been implicated in the report or suspicion, ensure that another senior staff member or, director/trustee working for SARSVL is notified immediately; and
 - e. when deciding who to give notification of a report or suspicion to other than the Safeguarding Lead, take into account which woman may be best placed to deal with such a report or suspicion, including factors such as her role, experience and knowledge of child protection and safeguarding procedures and her independence and impartiality from the report or suspicion.
- 4 The Safeguarding Lead or other woman will take immediate action following notification that a report or suspicion of the neglect, abuse, harm or exploitation of a child or young person has been received and in which an employee, volunteer, director/trustee or other person working with or for SARSVL has been implicated. The action taken will be done in accordance with **Appendix 2**. In addition, the following procedures apply:
 - a. advice on how to manage the report or suspicion internally should immediately be sought from the Local Authority Designated Officer in Children and Young People's Social Work Services within 1 working day and/or the Emergency Duty Team or the Police;
 - b. actively participate in and co-operate with any external investigation deemed necessary by the Police and/or Children's Social Work Services;
 - c. invoke the relevant internal investigation and disciplinary procedures; and

- d. consider whether support is required by other employees, volunteers, directors/trustees or others working with or for SARSVL who have not been implicated in the report or suspicion.
- e. Inform trustees who have not been implicated

Recording, managing and sharing information

- 5 In order to properly and consistently record details of reports or suspicions that a child or young person is being neglected, abused, harmed or exploited, SARSVL will use a designated form. See **Appendix 3** 'Safeguarding Cause for Concern Form'.
- 6 SARSVL is committed to managing confidential information safely in accordance with its policies and procedures on confidentiality and data protection.
- 7 SARSVL will ensure confidentiality of information as far as possible and in accordance with its confidentiality policies and procedures. This means that information relating to the neglect, abuse, harm or exploitation of a child or young person will only be shared with employees, volunteers, directors/trustees and others working with or for SARSVL where appropriate and necessary and information will only be shared with external agencies in accordance with the duties and obligations as set out in SARSVL's Child Protection Policy and Procedures.

Young People who tell us they intend to take their own life

- 8 If a young person under the age of 18 tells us that she has harmed herself, or intends to take her own life, SARSVL will follow the processes set down in SARSVL's Young Person's Suicide and Self-harm Guidance. See **Appendix 6**.

Fundraising

- 9 SARSVL will never knowingly approach under 18s with fundraising materials.

Child Protection Reports

- 10 The Safeguarding Leads will make a bi-annual report to the Board on Adult Safeguarding and Child Protection which will include how many referrals have been made.

Review

- 11 These procedures will be reviewed at least every two years or sooner if there are developments or changes internally or externally which affect the policy or procedures involved in the protection, safety or welfare of adults at risk and in need of safeguarding. Amendments to this policy are subject to the approval of and ratification by the Board of Directors/Trustees.

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(end)

SARSVL Safeguarding Leads and Trustees Roles and Responsibilities

SARSVL has appointed named people our Safeguarding Leads who are responsible for dealing with any child protection concerns. There are also two Safeguarding Trustees. There will always be one of these to consult with during a cause for concern and their contact details are available in the Centre.

The Safeguarding Leads/Trustees will meet together a minimum of annually (outside incidental meetings/discussions as and when needed) to review SARSVL Safeguarding processes and procedures, and any issues that may have arisen the previous year.

The Safeguarding Leads/Trustees within SARSVL are:

SARSVL SAFEGUARDING LEADS/TRUSTEES		
Name	Role	Contact
Jill Aspinall	Safeguarding Lead – ISVA Service Manager	Office hours
Katie Whitehouse	Safeguarding Lead – Counselling Service Manager	Office hours (Monday – Wednesday)
Tove Vrbnakova	Safeguarding Lead- Counselling Service Manager	Office hours (Wednesday-Friday)
Sonia Kumari	Safeguarding Lead – Helpline Coordinator	Office hours plus out of hours helpline shifts
Katie Russell	Safeguarding Lead- CEO	Office hours
Eleanor Broadbent	Safeguarding Trustee	Out of hours (helpline) or when above are unavailable
Roz Weaver	Safeguarding Trustee	Out of hours (helpline) or when above are unavailable

The role of the Safeguarding Leads

To ensure that:

- a. all employees, volunteers, directors/trustees and others working with or for SARSVL are aware of what they should do and who they should go to when concerns are raised about the protection, safety or welfare of a child or young person; and
- b. any concerns about a child or young person are acted on, clearly recorded, referred on where necessary and followed up in accordance with SARSVL's Child Protection Policy and Procedures.

The Safeguarding Lead (or other woman where relevant) will record every incident reported to or referred to SARSVL in relation to a child or young person, including incidents in which an employee, volunteer, director/trustee or other person working with or for SARSVL has been implicated.

The Safeguarding Lead (or other woman where relevant) will also be responsible for recording any breach of this Child Protection Policy and Procedures. This record will be kept in a secure place and its contents will be confidential, except where the breach concerns the protection, safety or welfare of a child and there is an obligation to share the information with the Police and/or Children's Social Work Services.

Safeguarding Leads will prepare a safeguarding monitoring report twice each year for the Board of Trustees, summarising any issues that have arisen over the period and any changes to safeguarding policies, procedures or processes.

The Role of the Safeguarding Trustee

The SARSVL Safeguarding Trustees ensure that SARSVL Safeguarding processes are accountable and compliant with the law, as well as being a point of contact for final safeguarding decisions to be discussed when needed.

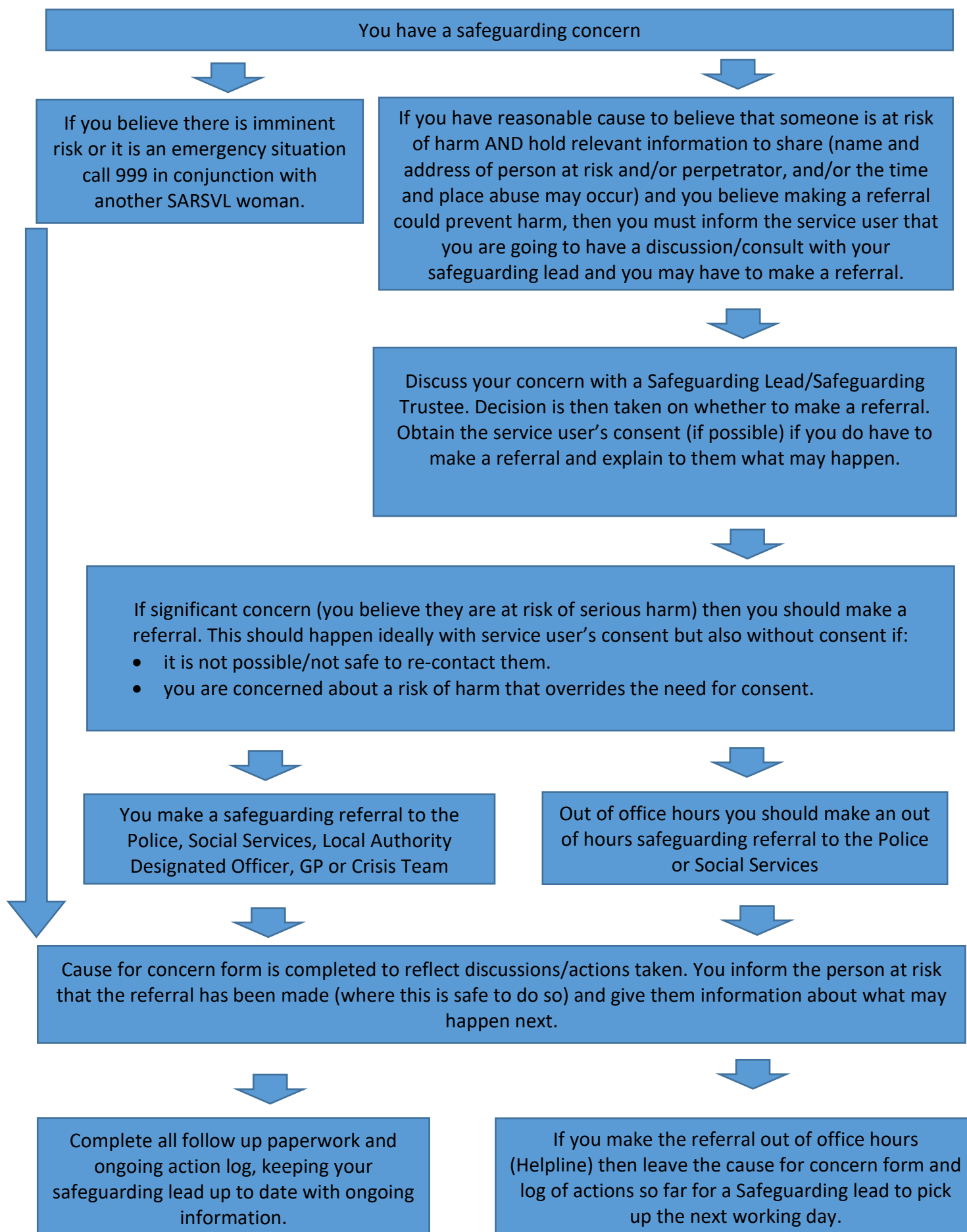
Main responsibilities:

- To act as a point of call for frontline staff and volunteers to discuss their safeguarding concerns, in the absence of the Safeguarding Leads.
- To act as out of hours safeguarding point of contact for Helpline volunteers.
- To act as point of call for senior staff to discuss safeguarding concerns when needed.
- To have access to the Safeguarding folder on the shared drive in order to be aware of safeguarding referrals that have been made and the outcomes of these.
- To present a twice-yearly safeguarding monitoring report to the Board, prepared by the staff Safeguarding Leads.
- To act as a final decision maker.
- To spot check safeguarding paperwork once a year to ensure compliance of policy and procedures.
- To meet Service leads minimum annually to discuss and review Safeguarding and risk within their service.
- To attend external statutory Safeguarding training at least every 2 years.
- To build relationships and make connections with local Safeguarding Boards.
- To actively encourage new applicants to SARSVL Board of Trustees that work within the statutory safeguarding sector.

(end)

Safeguarding Concerns Flowchart

APPENDIX 2



Safeguarding Cause for Concern Form

CONFIDENTIAL

Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, follow the safeguarding flowchart.

Client ID:

Name of staff/volunteer completing this form:

Date:

Time:

Details of observed behaviour/discussion/disclosure:

Safeguarding lead discussed concern/consulted with

Safeguarding representative	Date	Decision
Counselling Service Manager Katie		
Counselling Service Manager Tove		
ISVA Service Manager		
Safeguarding Trustee Eleanor		
Safeguarding Trustee Roz		
Senior Helpline Coordinator		
Safeguarding lead- CEO		

Is the client known to be involved in another SARSVL service? If so add date and staff member in other service that you have communicated with.

Service	Date informed	Name of staff member
Advocacy		
Counselling		
Helpline		

Referral to other services

Date	Service	Person spoken to	Additional Actions

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If no referral made. Reason why not:

Log of all follow up actions

Date and Time	Action	Taken by whom	Outcome

(end)

Definitions

CHILDREN: Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN: Defined for the purposes of this guidance as:

- a. providing help and support to meet the needs of children as soon as problems emerge
- b. protecting children from maltreatment, whether that is within or outside the home, including online
- c. preventing impairment of children's mental and physical health or development
- d. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- e. taking action to enable all children to have the best outcomes

CHILD PROTECTION: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

ABUSE: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

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

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

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

CHILD SEXUAL EXPLOITATION: 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.

DOMESTIC ABUSE: The Domestic Abuse Act 2021 introduced the first ever statutory definition of domestic abuse (section 1 of the Act). The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members.

All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support

CONTROLLING OR COERCIVE BEHAVIOUR: Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021.

Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of

behaviour used to exert power, control, or coercion over another person. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse. Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children.

This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim's day-to-day life. This can have a significant impact on children and young people.

Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the 'living together' requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners, ex-partners or family members, regardless of whether the victim and perpetrator live together.

NEGLECT: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

FORCED MARRIAGE: A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse. The Marriage and Civil Partnership (Minimum Age) Act 2023 states you must be 18 or over to consent to marriage or civil partnership.

EXTREMISM: Extremism is defined in the Prevent strategy as the 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. We also include in our definition of extremism calls for the death of members of our armed forces.

YOUNG CARER: A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

PARENT CARER: A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

EDUCATION, HEALTH AND CARE PLAN: An education, health and care (EHC) plan details the education, health and social care support that is to be provided to a child or young person who has SEN. See the Special Educational Needs and Disability Code of Practice 0-25 (2015).

LOCAL AUTHORITY DESIGNATED OFFICER: County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in

isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

SAFEGUARDING PARTNERS: A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) an integrated care board for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

CHILD DEATH REVIEW PARTNERS: A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any integrated care board for an area any part of which falls within the local authority area. The two partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there. They must also make arrangements for the analysis of information about deaths reviewed under this section. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified.

COUNTY LINES: As set out in the Serious Violence Strategy, published by the Home Office, 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. This activity can happen locally as well as across the UK; no specified distance of travel is required.

CHILD CRIMINAL EXPLOITATION: As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 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 may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

These definitions are taken from 'Working Together to Safeguard Children 2023, apart from forced marriage which is taken from [UK Forced Marriage guidance](#).

(end)

Working with children on the helpline guidance

A child is someone who is under 18 years old. At SARSVL the helpline is open for women, girls and non-binary people aged 13+. We do not work with children under the age of 13, to protect their psychological and physical wellbeing, as working with children younger than 13 requires additional levels of specialist training. Our intention when on call with a child that is 13+, is to protect their psychological and physical wellbeing in line with our Child Protection Policy. If a child calls the helpline and is currently being abused, you can follow the steps below. Please refer to the Child Protection Policy on further explanations and definitions of abuse.

Practical steps on the helpline:

This only becomes effective if a child directly asks for help for a **current** abusive situation **or** a child reveals that they are **currently** being abused **and** are prepared to give you their full name, address and contact number.

If a caller is currently being abused and sounds like they may be between 13 -17 years old:

1. Ask the caller's age.
2. If the caller is between the age of 13 and 17 explain that if they choose to give you their full name, address and phone number, you would have to pass those details onto your manager who would then have to pass them onto the relevant child protection agency. This will most likely be the Duty & Advice team (Children's social work) or the police if it is an emergency.
3. Make it very clear that it is in the caller's control whether you receive these details, as you have no way of finding them out unless they tell you.
4. Take verbatim notes of the call.
5. Explore their options with them and encourage the child to take the decision for themselves.
6. If the caller reveals their name, address and telephone number take down the details.
7. Do not promise someone will come and get them.
8. Tell the caller you will pass on the information to your manager and that they will get in touch with the Duty and Advice team. At the end of this document are a few questions young people might ask and some guidance on how you can respond.
9. Continue with the rest of the call and end the call appropriately when your time together has finished.
10. Immediately after the call or shift, fill in a safeguarding concern form, include the details of the child and save it in the Helpline Documents - 'Confidential Safeguarding folder' on the Helpline volunteer Office 365 account. Then text or call the Helpline Coordinator to say that a child has contacted the helpline and are currently being abused. DO NOT reveal the caller's contact details in this text.
11. After you have texted the Helpline Coordinator your responsibility stops and is handed over to the organisation.
12. The Helpline Coordinator will decide a course of action and may call you for further information if needed. It is important to note responsibility lies with the organisation and NOT you once you have handed over the information. You will be kept informed about the process.

The Process once a safeguarding concern has been raised:

- The Helpline Coordinator will have a meeting with other safeguarding leads or safeguarding trustees at the earliest opportunity.
- The Coordinator will call the child and discuss their situation and support available.
- The Coordinator will contact the Duty and Advice team and give the details. This is the end of our involvement.
- If there is a case which goes to court in the future, the original notes may be asked for and used as evidence, which is why it's important you take verbatim notes.
- Note: When you have a child on the line you need to also consider whether they are in fact a child or whether the person has a dissociative identity disorder (D.I.D) and you are talking to a younger part of that adult, sometimes referred to as a child alter. For this reason, it's important to take good notes so that the Helpline Coordinator can have a good overview of these calls.

Questions young people might ask:

- **Who will come?**

This is dependent on what the young person has asked you to get involved with and what the local authority decide. We cannot guarantee anyone will come, though this will most likely be the case if we are reporting current abuse. Most likely this will be a social worker if we contact the Duty & Advice team, or a police officer if it is an emergency and you have called the police.

You can discuss this with the young person and how they feel about a social worker / the police being involved. As always, explore their feelings about involvement of another agency, what their concerns or fears are. We cannot tell them and assure them everything will be okay and that the social worker or police person will be nice/ rescue them/ do what they want. We can say that their job is to try and help keep them safe.

- **Will they come to my house/ will they come to my school? Can they come to school/home instead of the other?**

We can't say what will happen and it will be dependent on a number of contextual factors. It's okay to say we don't know. We can explore what they would like and, if appropriate, explore how they might be able to tell a social worker, police officer, or any other adult involved in this process, what they want to happen and the things they feel like they need.

- **Will my parents/carers find out?**

The answer to this is usually yes. We can explore how that feels for them and what concerns or worries they have around this.

- **Will it/they stop?**

We can't guarantee that the abuse will stop. Although we hope it will, it would be wrong for us to promise anything as we can't definitively know this. Instead we can explore those feelings of the young person, that this is something they don't want and that it's wrong and unfair and unjust that this is happening to them. We can use the empowerment model to value the power and voice they inherently have, and are

continuing to use to get help.

- **Can I talk to you again?**

They can definitely call the helpline again; we cannot guarantee that they can talk to you again. We can acknowledge the safe space the helpline has been for them and explore why talking to you might be important as it could be for a range of reasons, from feeling safe to not having to go over all the details again. Validate these emotions and reassure that the helpline is operated by trained volunteers and that callers can bring whatever they want to the helpline at whatever point feels relevant and helpful to them.



SARSVL's Young Person's Suicide and Self Harm Guidance

1. Advocacy Service
2. Helpline Service

To be used in conjunction with SARSVL Child Protection Policy and Procedures
For the purposes of this Guidance, a "Young Person" is defined as being between the ages of 13 and 17.

1. Advocacy Service - Young Person's Suicide and Self Harm Guidance

1. Introduction

- 1.1 Suicide and self-harm are often conflated, however, self-harm is more about coping with intense feelings than wanting to die. It is often assumed that people who self-harm are suicidal, but for many people it is actually a way of surviving, or obtaining temporary relief from overwhelming feelings.
- 1.2 Suicidal ideation and self-harm are very common in survivors of sexual violence, so the Young Person's (YP) ISVA must try not to panic or feel alarmed. Part of the YP ISVA's role is to support young women emotionally, and explore their feelings, giving them a safe space, free of judgement, and one which empowers them to make their own decisions. However, there is a fine balance between self-determination, empowerment, and our responsibility as an organisation to safeguard the young person. The welfare of the young person is paramount.
- 1.3 The YP ISVA will inform the young person about the limits of confidentiality at the point of assessment, and at their first appointment. The young person will be asked to sign SARSVL's "Young Person's Confidentiality & Information Sharing Consent Form", and as part of their assessment, they will be asked to provide details of an "Emergency Contact" who must be over 18 (this will usually be parent/carer, but not necessarily so). The YP ISVA will also explain that the Advocacy Service is not a crisis service. The Young Person's ISVA Service Handbook, which is given to all young people who access the Service, contains contact details of a range of mental health support services for children and young people in Leeds..
- 1.4 **Parental/Carer Involvement:** Young people aged 13 and over can make informed choices in respect of whom they wish to share personal information with, and seek support from, unless they are deemed as not competent. Therefore, if a young person chooses not to involve her parent/carer, this must be respected under the UN Convention on the Rights of a Child. SARSVL will not breach confidentiality without explicit consent from the young person concerned. However, if information is shared by a young person which gives rise to a risk of significant harm to her, then the parent/carer (or whoever is named as "Emergency Contact" if parent/carer details are not known) will be informed even if consent is withheld, *unless to do so would compromise the young person's safety and/or increase risk*. If it is necessary to override a young person's right to confidentiality, SARSVL will inform the young person that the information is going to be shared, and with whom, *unless to do so will compromise the young person's safety and/or increase risk*.

2. Self-Harm

- 2.1 If a young person chooses to disclose to her YP ISVA that she has harmed herself, the YP ISVA will not tell the young person to stop, but will:
 - Take concerns seriously, and respond in a non-judgemental way.
 - Remind the young person about the limits of confidentiality – that where there is a risk of significant harm, information will be shared with the relevant services, and people, even if the young person does not want us to.

- Explore their thoughts and feelings, and the purpose self-harm is serving the young person.
 - Explore options around safety to minimise risk
 - Explore with the young person if they have any thoughts of suicide (if so, the Guidance at paragraph 3 below will be followed)
 - If urgent medical attention is required for physical injuries (an emergency situation), the YP ISVA will call 999 in conjunction with another SARSVL woman. The YP ISVA will also follow 1.4 above (parental/carers involvement).
 - If the situation does not require immediate medical intervention, but the level of self-harm poses a risk to the young person's health, the YP ISVA will inform the young person that the level of risk will need to be discussed with the Advocacy Service Manager immediately, or if she is unavailable, another Safeguarding Lead.
 - The YP ISVA will encourage and support the young person to call her GP, or a mental health professional via the Leeds Mindmate SPA (0300 555 0324), whichever is more appropriate, or will offer to do so on her behalf. The YP ISVA will explain the limits of confidentiality, and that she will call the appropriate service with or without the young person's consent. The YP ISVA will also follow 1.4 above (parental/carers involvement).
- 2.2 In any case where a risk to health is identified, or urgent medical attention is required, a Cause for Concern form must be completed, and the case discussed with the Advocacy Service Manager as soon as reasonably practicable if she did not act as Safeguarding Lead. The young person's file must be flagged as red on DPMS.
- 2.3 Cases where medical intervention is not required, or there is no risk to health, do not need to be brought to the attention of the Advocacy Service Manager/Safeguarding Lead, nor does a Cause for Concern form need to be completed. SARSVL recognises that for many young people, self-harm is controlled and they do not hurt themselves in a serious way. However, self-harm behaviours may increase in severity, or regularity over time, as factors that influence risk can change over time.
- 2.4 In any of the above situations, the YP ISVA will draw up a Support Plan with the young person (or update any existing Support Plan) as soon as reasonably practicable, and keep it under review.

3. Self-Harm in Progress

- 3.1 If a young person starts to self-harm during an Advocacy session, whether the session be face to face or remote, the YP ISVA will explore feelings and offer emotional support. The YP ISVA will suggest ending the session as the young person may not feel emotionally present, and offer her another appointment. The YP ISVA will check for safety, and explore options around keeping the young person safe.

- 3.2 The YP ISVA will discuss the situation with the Advocacy Service Manager as soon as reasonably practicable after the session, or if she is not available, another Safeguarding Lead.
- 3.3 If urgent medical attention is required, or the level of self-harm poses a risk to the young person's health, the YP ISVA will follow 2.1 and 2.2 above.
- 3.4 The YP ISVA will draw up a Support Plan with the young person (or update any existing Support Plan) as soon as reasonably practicable, and keep it under review.

4. Suicide – current intention to end life

- 4.1 These procedures are for when a young person discloses the intention to end her life. Knowledge that a young person is seriously planning and/or making actual suicide attempts indicates that she is a risk to her own safety. The YP ISVA will:
- Take concerns seriously, and respond in a non-judgemental way.
 - Remind the young person about the limits of confidentiality – that where there is a risk of significant harm, information will be shared with relevant services, and people, even if the young person does not want us to.
 - Use direct questions to ask about suicide and whether the young person has a plan, or the means to harm themselves.
 - If the young person presents with imminent risk to life, including a clear plan to end her life, this will need to be taken seriously with immediate action to prevent suicide – this will be treated as an emergency situation.
 - In an emergency situation, the YP ISVA will call 999 in conjunction with another SARSVL woman. The YP ISVA will also follow 1.4 above (parental/carer involvement).
 - If the situation does not require immediate intervention from the emergency services, the YP ISVA will inform the young person that the level of risk will need to be discussed with the Advocacy Service Manager immediately, or if she is unavailable, another Safeguarding Lead.
 - Information sharing will take place in accordance with decisions made by the Advocacy Service Manager/Safeguarding Lead on a case by case basis. This could include a referral to Children's Social Care. Before any information is shared, the young person will be informed of who we intend to share information with, what information we intend to share, and her consent will be sought. Where there is a risk of significant harm, information will be shared without the young person's consent.
 - The YP ISVA will encourage and support the young person to call her GP, or refer herself to Leeds Mindmate SPA (0300 555 0324), whichever is more appropriate, or will offer to do so on her behalf. The YP ISVA will explain the limits of confidentiality, and that she will call the appropriate service with, or without, the young person's consent. The YP ISVA will also follow 1.4 above (parental/carer involvement).

- Details of mental health support services will be given to the young person, and the YP ISVA will inform her GP in writing as soon as reasonably practicable, in addition to any telephone contact which may have already been made.
 - If the young person is under the care of mental health services, such as Child and Adolescent Mental Health Service (CAMHS), then the YP ISVA will contact the support service to inform them. If the young person is open to Children's Social Care, the YP ISVA will contact the appointed Social Worker.
 - If the risk was presented over the phone/online, a follow up call/text to the young person will be made to explain the steps which have been taken.
- 4.2 A Cause for Concern form must be completed, and the case discussed with the Advocacy Service Manager as soon as reasonably practicable if she did not act as Safeguarding Lead.
- 4.3 The YP ISVA will draw up a Support Plan with the young person (or update any existing Support Plan) as soon as reasonably practicable, and keep it under review.
- 4.4 The young person's case file must be flagged as red on DPMS.

5. Previous attempt(s) to end life

- 5.1 These procedures are for when a young person discloses she has made a recent attempt to end her life (within the last 3 months), which did not involve an admission to A & E. The YP ISVA will:
- Take concerns seriously, and respond in a non-judgemental way.
 - Remind the young person about the limits of confidentiality - that where there is a risk of significant harm, information will be shared with relevant services, and people, even if the young person does not want us to.
 - Ask the young person if she informed her GP about her attempt to end her life. If not, the YP ISVA will ask the young person for her consent to contact her GP. If consent is not given, then the YP ISVA will remind the young person of the limits of confidentiality, and will inform the GP without her consent by phone, and follow this up in writing.
 - The YP ISVA will ask the young person how she feels we can support her best, who else has been informed of her risks, and what other support she has in place around her mental health. Details of mental health support services will be given to the young person.
 - The YP ISVA will inform the young person that the level of risk will need to be discussed with the Advocacy Service Manager, or if she is unavailable, another Safeguarding Lead.
 - Any additional information sharing will take place in accordance with decisions made by the Advocacy Service Manager/Safeguarding Lead on a case by case basis. This could include a referral to Children's Social Care. Before any information is shared, the young person will be informed of who

we intend to share information with, what information we intend to share, and her consent will be sought. Where there a risk of significant harm, information will be shared without the young person's consent.

- If the risk was presented over the phone/online, and a decision is made by the Advocacy Manager/Safeguarding Lead to share information, a follow up call/text to the young person will be made to explain the steps which have been taken.
- 5.2 A Cause for Concern form must be completed and the case discussed with the Advocacy Service Manager, as soon as reasonably practicable if she did not act as Safeguarding Lead.
- 5.3 The YP ISVA will draw up a Support Plan with the young person (or update any existing Support Plan) and keep it under review.
- 5.4 The young person's case file must be flagged as red on DPMS.

6. Suicide in progress

- 6.1 If a young person attends her Advocacy session and tries to end her life during the appointment, or it becomes apparent that the young person has taken action to end her life, this is an emergency situation and the YP ISVA will call an ambulance with or without the young person's permission, and alert available staff. She should not remain alone with the young person. The YP ISVA should not attempt to take the young person to hospital; she should await the arrival of an ambulance and paramedics.
- 6.2 If a young person makes an attempt on her life during a remote Advocacy session, then the YP ISVA will call an ambulance to the young person's address with or without her permission, or to the location the young person is believed to be at. If the YP ISVA is not sure of the young person's exact location, then the police should be notified, with or without her permission.
- 6.3 A Cause for Concern form must be completed and the case discussed with one of the Safeguarding Leads.
- 6.4 The young person's case file must be flagged as red on DPMS.
- 6.5 In the event of a completed suicide, SARSVL will be required to release the young person's records to the coroner for the purposes of an inquest.

(July 2024)

2. Helpline Suicide and Self-Harm Guidance (for all ages)

1 Introduction

- 1.1 Suicide and self-harm are often conflated, however, self-harm is more about coping with intense feelings than wanting to die. This guidance is for when a caller discloses the intention to end her life, a current or imminent suicide plan and self-harm in progress.
- 1.2 Thoughts of suicide and suicidal behaviour might be one of the responses to emotional distress survivors of sexual violence might experience, and we recognise the importance of the role of the SARSVL Helpline in supporting the callers around suicide and self-harm.
- 1.3 Our role is to support women emotionally and explore their feelings, giving them a safe space, free of judgement and one which empowers them to make their own decisions.
- 1.4 SARSVL Helpline does not provide continuous support to the callers and this guidance applies to the service we provide through one-off calls (via phone, text and email). For the callers who have caller care plans in place, the guidance contained within the plan should be used.
- 1.5 All callers will be informed about the limits of confidentiality when accessing the service remotely to promote options, empowerment and choice.
- 1.6 The Helpline Volunteers are expected to support the callers within Helpline opening hours. When there is an emergency situation extending outside of this, the responsibility is to be passed onto designated Safeguarding Leads or Trustees as per the Safeguarding Policy.
- 1.7 To support callers around suicide and self-harm, we will:

Ask – If the caller talks about anything which would be considered a potential concern about suicide or self-harm we will use clarification and direct questions to determine if they are talking about suicide, self-harm, current, past or future.

Listen – led by the caller, we will provide emotional support to the caller around their feelings, thoughts and behaviours around suicide and self-harm or causes of these feelings.

Explore safety and options – we will explore options around safety (i.e. emergency and medical support), continuous support (GP, other agencies) with the caller while providing emotional support.

2 Suicide and women and girls under 18 years old

- 2.1 Knowledge that a child or young person is seriously planning and/or making actual suicide attempts indicates that s/he is a risk to her/his own safety and is therefore subject to child protection procedures.

2.2 Knowledge that an adult has taken action to end their own life whilst being a sole caregiver to a child is subject to child protection procedures.

2.3 If a service user under the age of 18 or an adult at risk and in need of safeguarding tells the SARSVL Helpline Volunteer that she has harmed herself, the SARSVL Helpline Volunteer should ask if she intends to kill herself.

2.4 If the service user's response makes the SARSVL Helpline Volunteer think that she does intend to take her own life and we know / the service user is willing to give us her location and identifying details, the SARSVL Helpline Volunteer should tell the service user that we have to call an ambulance because of safeguarding requirements, and then do so, whether or not the service user wants us to.

3 Thoughts of suicide, suicide plan, self-harm

3.1 When supporting a service user who discloses that she intends to self-harm or take her own life, the SARSVL Helpline Volunteer will:

- **Ask:**
 - React to any statement of suicidal thoughts and self-harm with compassion and respect
 - Clarify and ask directly
 - Explain limits of confidentiality
- **Listen:**
 - Explore the reasons and any plan, if it is appropriate to do so
 - Provide emotional listening support
- **Explore options & safety:**
 - Offer relevant signposting information to ongoing support, if it is appropriate to do so, emergency phone numbers, other support agencies
 - Discuss alternatives to self-harm or suicide if the service user wishes to explore such avenues and it is appropriate to do so
 - Explore with the caller options to keep herself safe if she wishes to do so

4 Suicide in progress and imminent plan

4.1 When supporting a service user who discloses that she is in the process of taking her own life or she will imminently, the SARSVL Helpline Volunteer will:

- **Ask** – clarify and ask directly
 - Explain limits of confidentiality
 - Get support from the other volunteer on the shift
 - In case of contacting emergency services on behalf of the caller – liaise/inform the Helpline Safeguarding Lead, and in her absence a Safeguarding Trustee. A Cause for Concern form should be completed.
- **Listen** – offer emotional support
- **Explore Safety**
 - Encourage the caller to seek emergency or other help, in particular to call an ambulance
 - Offer that we can contact the emergency services on her behalf, clarify that we will not be able to support the caller past the opening hours

- If she would like us to seek medical assistance on her behalf, explain to her we will need her name and her current whereabouts and her consent to record this information
- If she is unwilling to access medical assistance, encourage her to disclose to someone who is close by and safe e.g a friend or family member whom she trusts
- Explain limits of confidentiality and that we will call an ambulance (if we know the address) because their safety and wellbeing is our main priority and we have duty of care
- If we contact emergency services on behalf of the caller, a cause for concern form must be completed and the case discussed with one of the Safeguarding Leads. Remain on the call if possible during Helpline opening hours, until help arrives
- If the caller remains anonymous and is certain that she will not accept or seek medical help, it is at the SARSVL Helpline Volunteer's discretion as to when the call should end. If ultimately the SARSVL Helpline Volunteer decides to end the call, having followed all protocol and attempted to elicit contact details, she should once again communicate empathy and encourage the service user to seek medical attention immediately

5 Self-harm during Helpline call

5.1 If the service user is accessing SARSVL remotely (e.g. on the telephone, text or email), the SARSVL Helpline Volunteer will

- **Ask** - clarify with the call if they are self-harming during the call
- **Listen** - explore feelings and offer emotional support, suggest ending the call for now as the caller might not be present for the call and emotional support we offer and offer the caller the option to ring at a later time
- **Explore Options/Safety** - check for safety and explore options around keeping herself safe (i.e. accessing medical care, first aid) as well as long term support

6 Information sharing within SARSVL

6.1 Any situation or concerns involving self-harm, attempted self-harm, suicide or attempted suicide where the caller is anonymous should be referred to and discussed with the Helpline Coordinator.

6.2 All SARSVL Helpline Volunteers have the opportunity to debrief with the Helpline Coordinator in addition to the peer support that they already engage in with their fellow volunteers to access support.

(July 2021)

(end)

Useful Contacts

Police:

To report a child protection emergency, such as where a crime is in progress or there is immediate and serious risk to life, use **999**. If the emergency is outside of Leeds, inform the operator of the area you would like to be connected to when the call is answered.

To report or discuss a child protection non-emergency, call **101**. If the non-emergency is outside of Leeds, use the push-button service to select the area you would like to be connected to or inform the operator of the area you would like to be connected to when the call is answered.

Leeds City Council:

To report a child protection concern about a child, young person or family living in Leeds, call the Duty and Advice team on 0113 376 0336 (open Monday to Friday 9am to 5pm, except Wednesdays when open from 10:30am and Friday when open from 9am to 4:30pm). The Local Authority Designated Officer can also be contacted through this number.

To report a child protection, concern **outside of office hours**, call the Children and Young People's Emergency Duty Team on 0113 535 0600.

NSPCC:

NSPCC provide advice and support to adults who are concerned about the safety or welfare of a child or young person. Their helpline operates 11am to 6pm Monday to Friday. The number is **0808 800 5000**. They can also provide advice, support and take reports by email using help@nspcc.org.uk and they have an online form here: www.nspcc.org.uk/reportconcern.

Leeds Safeguarding Children Partnership:

Leeds Safeguarding Children Partnership is responsible for bringing together agencies involved in promoting the welfare of children and young people and it is also responsible for helping to protect children from abuse. It monitors, reviews and develops policies, procedures and practice within Leeds and provides training for people who work with children and young people. Their website is www.leedsscp.org.uk

Local Authority Designated Officer:

The Local Authority Designated Officer (LADO) is the person who should be notified when it has been alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children.

Anybody who has concerns about professionals or volunteers working with children should inform the LADO.

Designated Officers and can be contacted Monday to Friday on: 0113 378 9687.

(end)

Amendment Table

Date of Amendment	Author	Details of Amendment	Reason for Amendment
24/07/20	Multiple	The SARSVL Child Protection Policy and Procedures has had a full review following feedback from our RCEW NSS assessment. Miriam (as policy lead), Sarah and Eleanor (Safeguarding Trustees), Justyna, Alison (Safeguarding leads), Tove (Helpline Service lead) and Rebecca, have all had input into this review and update of this document.	To ensure the Policy is up to NSS.
20/03/20	Helena Goode	Updated Senior ISVA to Jill Aspinall	To bring Policy in line with current staff roles
15/02/21	Nina de Paula Hanika	Updated Senior Counsellor to Katie Whitehouse, Helpline Co-Ordinator to Sonia Kumari and Safeguarding Trustee to Roz Weaver	To bring policy in line with current staff and trustee roles
08/07/21	Sonia Kumari, Jill Aspinall & Katie Whitehouse	In the introduction a separate point was added to clarify that suicide and self-harm by children were covered under separate Guidance	To clarify the scope of this policy and where to find self-harm and suicide information
08/07/21	Sonia Kumari, Jill Aspinall & Katie Whitehouse	2c – added explicit step to talk to a safeguarding lead as part of a safeguarding concerns	To add clarity on procedure
08/07/21	Sonia Kumari, Jill Aspinall & Katie Whitehouse	9 – changed ‘quarterly’ to ‘bi-annual’	To reflect the current safeguarding report schedule
08/07/21	Sonia Kumari, Jill Aspinall & Katie Whitehouse	Appendix 1, 3 and 5 were all updated with correct safeguarding lead information as well as phone numbers – changed number from City Council general children and young people’s concern number to the professional’s working with children phone number and taking out all old numbers that no longer exist.	To change incorrect information To reflect full time nature of senior helpline

		Also added information on the LADO. Appendix 2 flowchart amended	coordinator safeguarding role.
19/7/21	Roz Weaver	Updated 'Children's Acts' to Children Act	To reflect correct wording of legislation
16/08/21	Sonia Kumari & Jill Aspinall	Amended Para 4a of Procedures – timeframe for seeking advice from LADO	To reflect current Guidance from Leeds City Council
16/08/21	Sonia Kumari & Jill Aspinall	Amended Appendix 2 - Flowchart	To clarify the circumstances when a referral should be made without consent
06/05/22	Jill Aspinall	Amendments to wording of Policy and Procedures to reflect the insertion of the Young Person's Suicide and Self-harm Guidance (for Advocacy and Helpline) at Appendix 5	Young Person's Suicide and Self-harm Guidance introduced for service users aged 13 - 17
06/05/22	Jill Aspinall	Amended Appendix 6 (formerly Appendix 5) and updated title of Leeds Safeguarding Children Board to Partnership	Change of title and contact information
19/05/22	Katie Russell	Minor amends to formatting and typos throughout. Amendments to Appendix 1 incl. to give staff responsibility for safeguarding reports (as opposed to Trustees) and reduce compulsory meetings to minimum annual frequency. Inserted Working with a Child on the Helpline Guidance at Appendix 5 (making Appendices 5 and 6 referenced above Appendices 6 and 7 respectively), and updated the Appendix table accordingly.	In line with agreements made by Safeguarding Leads and Trustees at last safeguarding meeting, and to give extra context about child protection processes related to helpline
04/07/24	Sonia Kumari	Updating factual information in definitions (Appendix 4) and throughout policy to reflect the updated 'Working to safeguarding children' document 2023 Updating factual information on contacts in Appendix 7 Adding in safeguarding lead names into Appendices 1 and 3	In line with most up to date statutory guidance on child protection Updating opening times and contact details for

			accurate signposting To add additional staff members now with safeguarding lead responsibility
23/07/24	Jill Aspinall	Updated Appendix 6 (Advocacy Suicide and Self-harm Guidance) – minor rephrasing throughout, inserted reference to Young Person's ISVA Service Handbook, and updated title of CYPMHS to CAMHS	To reflect current working practices, improve overall clarity, and update title of NHS mental health service for children and young people