



Safeguarding and Child Protection Policy

Introduction

At The Harry Garratt Foundation, we recognise it is our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection, and justice.

Our guiding principles are:

- It is the Trustees' responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- The Trustees will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal protection rights.
- All Trustees have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this policy.
- The policy will be reviewed annually unless an incident or new legislation or guidance suggests the need for an earlier review date.

Our aims are:

- To provide Trustees with the necessary information to enable us to meet our statutory responsibilities to promote and safeguard the wellbeing of children.
- To ensure consistent good practice across the Charity and events, activities we promote.
- To demonstrate the Charity commitment to safeguarding children.

Context

- The Children Act 1989 states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.
- This policy seeks to promote effective multi-agency working in the light of the Children Act 2004 and 2006 and Working Together to Safeguard Children 2013.

Key Personnel

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The Designated Safeguarding and Child Protection Officer at The Harry Garratt Foundation is:

Name: Lucia Garratt

Job Title: Chair of Trustees

Contact Details: 07903263644
lucia.garratt@nhs.net

The Deputy Designated Safeguarding, Child Protection and Whistle Blowing Officer at The Harry Garratt Foundation s:

Name:	Anas Manoli	
Job Title:	Trustee	
Contacts Details:	anastasimanoli@gmail.com	

The Designated Safeguarding and Child Protection Officer will:

- Provide support, supervision and advice for any trustee, staff member, volunteer or student with a safeguarding or child protection concern.
- Provide safeguarding and child protection induction for new trustees, students and volunteers.
- Have an understanding of Local Safeguarding Children's Board (LSCB) procedures which are available on LSCB
- Ensure their own safeguarding training is up to date and follow the Safeguarding, wellbeing and behaviour training requirements.
- Ensure all Safeguarding and Child Protection training is cascaded to the whole staff team.
- Ensure that a record is kept of trustees who have completed child protection training.

The Deputy designated Safeguarding and Child Protection person(s) will:

Be appropriately trained in line with LSCB expectations and, in the absence of the designated person, carry out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the designated person, the designated safeguarding lead will assume all functions above.

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Confidentiality and sharing information

The Harry Garratt Foundation will ensure all trustees understand that child protection issues warrant an extremely high level of confidentiality. This is not only out of respect for the child and adults involved but also to ensure that information being released into the public domain does not compromise evidence. Trustees will only discuss concerns with the designated person or manager. That person will then decide who else needs to have the information and they will disseminate it on a 'need - to - know' basis.

Integrated practice

- Liaise with and make referrals to appropriate agencies about children where there are safeguarding or child protection concerns, including the Local Authority Designated Officer (LADO).

A referral should be completed when there is an allegation or concern that **any person** who works with children in a paid or voluntary capacity has:

- Behaved in a way that harmed a child or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they would pose a risk of harm if they worked closely or regularly with children.

- Co-ordinate the development of integrated practice for vulnerable children and families including using the Common Assessment Framework (CAF), and Team Around the Child (TAC).
- Develop effective links with relevant statutory agencies. For example, Health, Police, GPs, Local Authority.
- Co-ordinate and support the Charity when working with a child who has a Child in Need or a Child Protection Plan.



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Form to be used when there is a concern for a child's welfare:

Concern about a child's safety and welfare

Child's Name:	Date of Birth:	Room:
Date and Time of Incident:	Date and Time (of writing):	
Name of Person receiving the information/ raising the concern: Print Signature Job Title:		
What is the child's account/perspective?		
Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by a child uses their words)? Where? When? Any witnesses?		
Professional opinion where relevant.		
Any other relevant information (distinguish between fact and opinion). Previous concerns etc.		
What needs to happen? Note actions, including names of anyone to whom your information was passed and when.		



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A staff member, child, or parent makes an allegation/ disclosure against a staff member or another person.

Concern put in writing on a '*Concern about a child's welfare form*'

Hand concern form to:
Lucia Garratt
Anas Manoli

Designated
Safeguarding Lead
contacts LADO

LADO will investigate and may contact the staff member's previous employers/ settings to see if any concerns have been raised previously.

It is not the role of the trustee or person receiving the allegation to investigate or contact any persons related to the child or about whom the allegation has been made. This could alert an abuser and result in loss of evidence.

When completing the form about concerns only record what was said and what you see, do not prompt for information.

Please remember that if this is a child you MUST NOT promise that anything they tell you will be a "secret".

If the designated safeguarding lead or deputy is unavailable your responsibility is to report the incident to the borough LADO and email the form copying in the Lead and Deputy.

Do not delay reporting an incident.



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The following information is for your learning and you should ensure you have read and understood the information provided below. Some links attached are for childcare practitioners, but we feel they are relevant for Trustees as the information is useful.

Types of Abuse:

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far 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 the child's developmental capability, as well as over protection 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males.

Women can also commit acts of sexual abuse, as can other children.



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Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Domestic abuse

Domestic abuse can encompass a wide range of behaviours. It can but does not have to involve physical acts of violence and can include threatening behaviour, controlling or coercive behaviour, emotional, psychological, sexual and/or economic abuse. Domestic abuse can involve abuse facilitated and perpetrated online or offline. It is widely recognised that the perpetrator's desire to exercise power and control over the victim is at the centre of abusive behaviours. Many victims will experience abusive behaviours simultaneously, perpetrators may demonstrate a wide range and use different tactics to gain power and control.

Child Criminal Abduction and Community Safety incidents

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

Other community safety incidents in the vicinity of a nursery or school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation.

As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. Many schools provide outdoor-safety lessons run by teachers or by local police staff.

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It is important that lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: www.actionagainstabduction.org/ and www.clevernevergoes.org.

Child Criminal exploitation (CCE) and Child Sexual exploitation (CSE)

We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

In some cases the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator.

Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

Some of the following can be indicators of both child criminal and sexual exploitation where children:

- Appear with unexplained gifts, money or new possessions;
- Associate with other children involved in exploitation;
- Suffer from changes in emotional well-being;
- Misuse alcohol and other drugs;
- Go missing for periods of time or regularly come home late; and
- Regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help keep them in education.

Child Sexual Exploitation (CSE) can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

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Some additional specific indicators that may be present in CSE are children who:

- Have older boyfriends or girlfriends; and
- Suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: [Child sexual exploitation: guide for practitioners](#).

Children in the court system (looked after children)

Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the [Children Act 1989](#) to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

Responsibility for initiating child protection enquiries lies with local authority children's social care in whose area the child lives or is found. 'Found' means the physical location where the child suffers the incident of harm or neglect where they are at the time when the incident comes to light, e.g. nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers. For the purposes of these procedures the local authority children's social care in which the child lives, is called the 'home authority' and the local authority children's social care in which the child is found is the child's 'host authority'.

Each agency has a duty to assist and provide information in support of child protection enquiries. When requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under [section 27 of the Children Act 1989](#) by assisting the local authority in carrying out its children's social care functions. All schools and educational establishments have the same duty in line with the statutory guidance '[Keeping Children Safe in Education September 2018](#)'.

The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries. The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.



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County Lines

An Organised criminal group is a group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise). This involves serious and organised criminality by a core of violent gang members who exploit vulnerable young people and adult. This may also involve the movement and selling of drugs and money across the country, known as 'county lines' because it extends across county boundaries. It is a tactic used by groups or gangs to facilitate the selling of drugs in an area outside of the area in which they live, often coordinated by mobile phone and reducing their risk of detection. It almost exclusively involves violence, intimidation and the offer of money or drugs. Young people can become indebted to gang/groups and exploited in order to pay off debts. Young people may be going missing and travelling to market or seaside towns often by rail but sometimes car or coach. They may have unexplained increases in money or possessions. Young men and women may be at risk of sexual exploitation in these groups.

There is a distinction between organised crime groups and street gangs based on the level of criminality, organisation, planning and control, however, there are significant links between different levels of gangs. Activity can include street gangs involvement in drug dealing on behalf of organised criminal groups and the sexual abuse of girls and boys by organised criminal groups.

[National Crime Agency report County Lines Gang Violence, Exploitation and Drug Supply.](#)

Children missing in education

Schools and early years providers must enter a child or pupil on the admission register at the beginning of the first day on which the placement has been agreed, or been notified, that the child or pupil will be attending from. If a child or pupil fails to attend on the agreed or notified date, the school or early years provider should undertake reasonable enquiries to establish the child's whereabouts and consider notifying the local authority at the earliest opportunity.

Schools and early years providers must monitor a child or pupils' attendance through their daily register. Schools and early years should agree with their local authority the intervals at which they will inform local authorities of the details of a child or pupil who fails to attend regularly, or has missed ten days or more without permission or notification. Schools and early years providers should monitor attendance closely and address poor or irregular attendance. It is important that a child or pupils' poor attendance is referred to the local authority.

children.missingeducation@haringey.gov.uk Contact numbers 020 8489 2445 / 020 8489 4411

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Domestic Abuse

Working Together to Safeguard Children defines Domestic Abuse thus:

'Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse.'

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people.

Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent'.

See **Domestic Abuse: Statutory Guidance** for descriptions and examples of a range of abusive behaviours to help with identifying domestic abuse, including physical abuse, violent or threatening behaviour, sexual abuse, controlling or coercive behaviour, harassment or stalking, economic abuse, verbal abuse, technology-facilitated abuse, abuse relating to faith, and so-called 'honour'-based abuse.

If there is a concern in relation to a staff member DSL is to report to the LADO within 24 hours.

If a staff member has a concern about a child suffering from domestic abuse they are to fill in the form a concern for the welfare of a child, and pass it on to the settings DSL.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and/or discussion with the Local Housing Authority should

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be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into local authority children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: [Homeless Reduction Act Factsheets](#). The new duties shift the focus to early intervention and encourages those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Local authority children's social care will be the lead agency for these children and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The Department for Levelling Up, Housing and Communities have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation

Mental Health

Children with mental health:

Child and adolescent mental health services (CAMHS) promote the mental health and psychological wellbeing of children and young people, and provide high quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders to ensure effective assessment, treatment and support, for them and their families.

Parents with mental health:

Where a parent has enduring and / or severe mental ill-health, children in the household are more likely to suffer significant harm. This could be through physical, sexual or emotional abuse, and / or neglect. See [Recognising Abuse and Neglect Procedure](#).

Significant harm is defined in [Responding to Concerns of Abuse and Neglect Procedure](#), [Concept of significant harm](#) as a situation where a child is likely to suffer a degree of physical

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harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

Staff mental Health:

Comprehensive details can be found in the [Stress Policy](#).

Modern slavery & national referral system

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the NRM is available in Statutory Guidance:

[Modern slavery: how to identify and support victims - GOV.UK](#).

Child slavery: If the potential victim is under 18, or may be under 18, an NRM referral must be made – children cannot be referred in using a DtN referral. Child victims do not have to consent to be referred into the NRM and must first be safeguarded and then referred into the NRM process.

Adult Slavery: Consent is required for an adult to be referred to the NRM. For an adult to provide their informed consent, you must explain:

- what the NRM is
- what support is available through it
- what the possible outcomes are for an individual being referred

You should also make it clear that information may be shared or sought by the relevant competent authority from other public authorities, such as the police and local authorities, to gather further evidence on an NRM referral.

The online referral should only be completed for adults when a member of staff from a designated first responder organisation suspects someone is a victim of modern slavery ([see](#)

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[section 8](#)) and where the adult concerned has understood the implications of, and consented to, the referral.

It is not to be used as an interview record but as a means for the first responder organisation to provide as much information as possible to the competent authority to enable a decision to be reached.

This does not prevent the first responder from approaching the potential victim to obtain further details where appropriate while avoiding placing them under unnecessary additional stress or trauma.

Online form link: [Report modern slavery – GOV.UK](#)

Use of media including social media

The UK legislates against the production, distribution and possession of abusive images of children (also known as child pornography). It is an offence to take, permit to be taken, make, possess, distribute or advertise indecent images (photographs or pseudo-photographs) of children (Protection of Children Act 1978 England and Wales) as amended by the [Criminal Justice and Public Order Act 1994](#).

Cameras & Tablets: photography and images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place.

To protect children, we will:

- Obtain parents' and carers' consent for photographs to be taken or published (for example, on our website or in our publications).
- Ensure that children are appropriately dressed, and only use the child's first name with an image.

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Cyber Crime

Ransomware

Ransomware is the most significant threat facing the UK and other users globally. The highest proportion of cyber-attacks reported to the Department for Education from the sector are ransomware attacks.

Ransomware is a type of malware, typically introduced to a network through a sophisticated phishing or social engineering attack. When the malware is in the network the attacker will seek out critical and valuable forms of data, with the aim of exfiltrating this and then encrypting it. The attacker will then demand a ransom in exchange for decryption of the data. Recently this type of attack has evolved to the attacker threatening to publish the compromised data unless the victim pays the ransom demand.

Common targeted data includes:

- financial systems
- personal identifiable data
- intellectual property
- student coursework
- staff personal records
- MIS/SIMS databases

Cyberbullying is bullying that takes place using technology. Whether on social media sites, through a mobile phone, or gaming sites, the effects can be devastating for the young person involved. There are ways to help prevent a child from being cyberbullied and to help them cope and stop the bullying if it does happen. It is another form of bullying which can happen at all times of the day, with a potentially bigger audience. By its very nature, cyberbullying tends to involve a number of online bystanders and can quickly spiral out of control. Children and young people who bully others online do not need to be physically stronger and their methods can often be hidden and subtle. The Department for Education have issued guidance for school

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staff and parents and carers on how to recognise signs of cyberbullying and support children who are being bullied in this way (see [Department for Education, Preventing Bullying](#)).

Upskirting, which involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; is a specific example of abusive behaviour which has been linked to on-line bullying and grooming. Upskirting is a criminal offence and should be reported to the Police.

See also: [Information and Communication Technology \(ICT\) based Forms of Abuse Procedure](#).

The impact on a child of ICT-based sexual abuse is similar to that for all sexually abused children (see [Recognising Abuse and Neglect Procedure](#)). However, it has an additional dimension of there being a visual record of the abuse.

ICT-based sexual abuse of a child constitutes significant harm through sexual and emotional abuse. See [Recognising Abuse and Neglect Procedure](#).

Significant harm is defined in [Responding to Concerns of Abuse and Neglect Procedure](#), [Concept of significant harm](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Professionals in all agencies working with children, adults and families should be alert to the possibility that:

- A child may already have been abused and the images distributed on the internet or by mobile telephone.
- An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. This process can involve the child being shown abusive images.
- An adult or older child may be viewing and downloading child sexual abuse images.



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Where the concerns involve a particular child/ren, professionals considering / making a referral to local authority children's social care should do so in line with [Referral and Assessment Procedure](#). See also [Referral and Assessment Procedure, Referral criteria](#).

Professionals should be aware that, for the reasons outlined in [Impact on Children](#), the child may not want to acknowledge their involvement or admit its abusive nature, and may resist efforts to offer protection. This should not be a deterrent and agencies will need to work together closely in order to continue to monitor and assess the nature and degree of any risk to the child.

The police should ensure that checks are made with regard to the subject adult and any other suspected adults, their contact with other children and other activities involving children. This is in order to identify the existence of organised and complex abuse or abuse of children through sexual exploitation. See [Sexual Exploitation Procedure](#) and [Organised and Complex Abuse Procedure](#).

The police can draw upon powers to seize communications materials only in specified circumstances where the level of evidence would support an application to do so. The police Child Abuse Investigation Team (CAIT) will receive support from the National Crime Agency which includes the CEOP Command at [Child Exploitation and Online Protection Centre \(CEOP\)](#) as appropriate, to assist with enquiries of this kind. See [Roles and Responsibilities Procedure](#).



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Disqualification criteria by association

The trustees should ensure that any partner organisation working with children, hold relevant training and DBS checks before engaging with partnerships.

The criteria for disqualification under the Childcare Act 2006 and the 2018 regulations include:

- inclusion on the Disclosure and Barring Service (DBS) Children's Barred List
- being found to have committed certain violent and sexual criminal offences against children and adults which are referred to in Regulation 4 and Schedules 2 and 3 of the 2018 regulations (note that Regulation 4 also refers to offences that are listed in other pieces of legislation)
- certain orders made in relation to the care of children which are referred to in regulation 4 and listed at Schedule 1 of the 2018 regulations
- refusal or cancellation of registration relating to childcare (except if the refusal or cancellation of registration is in respect of registration with a child minder agency or the sole reason for refusal or cancellation is failure to pay a prescribed fee under the 2006 act (regulation 4(1) of the 2018 regulations)), or children's homes, or being prohibited from private fostering, as specified in paragraph 17 of Schedule 1 of the 2018 regulations
- living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') as specified in regulation 9 of the 2018 regulations (note that regulation 9 only applies where childcare is provided in domestic settings, defined as 'premises which are used wholly or mainly as a private dwelling' in section 98 of the act, or under a domestic premises registration, including non-domestic premises up to 50% of the time)
- being found to have committed an offence overseas, which would constitute an offence regarding disqualification under the 2018 regulations if it had been committed in any part of the United Kingdom



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The above list is only a summary of the criteria that lead to disqualification. Further details about the specific orders and offences, which will lead to disqualification, are set out in the 2018 regulations.

<https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006/disqualification-under-the-childcare-act-2006>

Response to missing children

The *Core Procedures and Safeguarding Practice Guidance* provide information to support professionals to recognise, respond to and manage circumstances in which children, who have run away or are missing, may be suffering, or likely to suffer, significant harm.

In Safeguarding Practice Guidance there is additional practice guidance for:

- Asylum Seeking Children;
- Safeguarding Trafficked and Exploited Children;
- Safeguarding Children Abused through Sexual Exploitation.

These and Core Procedures can be accessed on the [London CPC website](#).

Nationally, the following information can be accessed:

- [The Missing Children and Adults strategy \(2011\)](#);
- [Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance \(2009\)](#);
- [The Tackling Child Sexual Exploitation Action Plan \(2011\)](#);
- [Statutory guidance: Children who run away or go missing from home or care \(2014\)](#).



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Child on Child abuse

[Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual Harassment](#)) sets out how schools and colleges should respond to all signs, reports and

concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of the school or college premises, and/or online.

Sexual violence and sexual harassment can occur between two or more children of any age and sex, from primary through to secondary stage and into college. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face-to-face (both physically and verbally) and are never acceptable.

The Keeping children safe in education 2023 advises to follow - Farrer & Co: Addressing child on child abuse: a resource for schools and colleges. This resource provides practical guidance for schools and colleges on how to prevent, identify early and respond appropriately to child-on-child abuse.

Link: [addressing-child-on-child-abuse.pdf \(farrer.co.uk\)](#)

SEND children are more likely to be abused/neglected:

Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, and emotional abuse and/or neglect than children who do not have a disability. Safeguarding disabled children demands a greater awareness of their vulnerability, individuality and particular needs. It is also important to see the child in the context of the whole family and community support that are present. See [Recognising Abuse and Neglect Procedure](#).

Significant harm is defined in [Responding to Concerns of Abuse and Neglect Procedure, Concept of significant harm](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

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The national guidance [Safeguarding Disabled Children - Practice Guidance](#) (DCSF 2009) provides a framework collaborative multi-agency responses to safeguard disabled children.

The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. See [Disabled children and young people and those with complex health needs](#). Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening and lack support around their Speech and Language difficulties
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation and more willing to accept bullying due to lack of recognition of those issues
- Attitudes and discrimination can mean that only their disability is seen rather than the full picture.

Additional factors may be:

- The child's dependence on carers could result in the child having a problem in recognising what is abuse. The child may have little privacy, a poor body image or low self-esteem
- Carers and staff may lack the ability to communicate adequately with the child, and may not be trained appropriately to meet the needs of the child
- A lack of continuity in care or multi-disciplinary working which leads to an increased risk that behavioural changes may go unnoticed

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- Lack of access to 'keep safe' strategies available to others; and overprotectiveness of carers/services so the child or young person cannot identify what abuse is
- Disabled children living away from home and community are not seen daily by others outside of the organisation they live in which can lead to badly managed settings and poor care and abuse can occur such as issues around are particularly vulnerable to over-medication, poor feeding regimes, toileting arrangements, issues around control of challenging behaviour, lack of stimulations and emotional support (see [Children Living Away from Home](#))
- Parents'/carers' own needs and ways of coping may conflict with the needs of the child; pressure on family carers with limited support can be a risk factor for the disabled child
- Some adult abusers may target disabled children in the belief that they are less likely to be detected; evidence indicates a disabled child or young person is less likely to be seen as a reliable witness when they do disclose
- Signs and indicators can be inappropriately attributed to disability, such as normalisation or overuse of restraint. Issues around abuse and mental health issues may be ignored or not seen due to the focus on disability
- Services do not have the expertise to support a child with disabilities with other needs such as trauma, neglect etc
- Disabled children are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances. The [UK Social Work Practice in Safeguarding Disabled Children and Young People report](#) details some of the reasons why disabled children and young people are at greater risk and the reasons why, including where gaps in provision exist

Examples of how to identify SEND children being abused:

Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in Working Together to Safeguard Children (2006).

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child.

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- Not getting enough help with feeding leading to malnourishment.
- Poor toileting arrangements.
- Lack of stimulation.
- Unjustified and/or excessive use of restraint.
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing.
- Unwillingness to try to learn a child's means of communication.
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; misappropriation of a child's finances.
- Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse.
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability.
- Invasive procedures which are unnecessary or are carried out against the child's will.
- Some of the above behaviours can constitute criminal offences. For example misuse of medication to manage behaviour, depending on the circumstances, might be classed as assault and breach of the Medicines Act 1968 or breach of the Care Standards Act 2000. Similarly, inappropriate restraint, sanctions, humiliation, intimidation, verbal abuse, and having needs ignored may all, depending on the circumstances, be criminal offences.

If there is a concern in relation to a child with SEND being abused in the setting staff are to fill in the form: Concern for the welfare of a child and pass this on to the settings DSL.

Children in need (CIN)

It is important to emphasise that professionals should not assume that Child in Need (CIN) and Child Protection processes are punitive to parents. They are a mechanism by which professionals share their concerns regarding a child with parents and, wherever possible, a plan is developed in partnership with the parents in order to try and keep that child safe.

Where parents are or can be a protective factor it is important that:

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- They are supported
- They are included in the assessment of the risk to their child and incorporated into the plans made to protect them
- They are kept informed about progress or lack of progress in relation to protecting their child
- If their child is missing, they are kept informed of efforts to find them and immediately informed when their child is found
- That their concerns are listened and responded to
- That their knowledge and understanding of their child informs the assessment and planning

In cases where agreement to an early help assessment cannot be obtained, practitioners should consider how the needs of the child might be met. However, practitioners should still inform individuals that their data will be recorded and shared and the purpose explained to them. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care.

Information about CIN and other safeguarding concerns can be found following this link.

https://www.londonsafeguardingchildrenprocedures.co.uk/zoom/search.php?zoom_sort=0&zoom_query=+Child+in+need&zoom_per_page=10&zoom_and=0



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How to identify and prevent Honour based violence including honour killings, FGM, Forced marriages and practices such as breast ironing:

Forced marriage:

A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. See [Recognising Abuse and Neglect Procedure](#).

Significant harm is defined in [Responding to Concerns of Abuse and Neglect Procedure, Concept of significant harm](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family. The majority of forced marriages reported to date in the UK have involved families from South Asia; other communities in which there have been cases include Europe, East Asia, the Middle East and Africa. Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being taken abroad.

The reasons given by parents who force their children to marry include protecting their children, building stronger families, strengthening family links, protecting family honour (e.g. promiscuity or homosexuality), retaining or acquiring wealth, appeasement etc.

Suspensions that a child may be forced into marriage may arise in a number of ways, including:

- A family history of older siblings leaving education early and marrying early.
- Depressive behaviour including self-harming and attempted suicide.
- Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education.
- A child being in conflict with their parents.
- A child going missing / running away.
- A child always being accompanied including to school and doctors' appointments;
- A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad; or child directly disclosing that they are worried s/he will be forced to marry.

Information about a forced marriage may come from one of the child's peer group, a relative or member of the child's local community, from another professional or when other family issues are addressed, such as domestic abuse between parents.

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Situations where a child fears being forced into marriage have similarities with both domestic abuse and honour based violence. Forced marriage may involve the child being taken out of the country (trafficked) for the ceremony, is likely to involve non-consensual and/or underage sex, and refusal to go through with a forced marriage has sometimes been linked to so-called 'honour killing'.

Response procedure:

Trustees should respond in a similar way to forced marriage as with domestic abuse and honour based violence (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc). See [Domestic Abuse Procedure](#) and '[Honour](#)' [Based Abuse Procedure](#).

The needs of victims of forced marriage will vary widely. The child may need help avoiding a threatened forced marriage, or help dealing with the consequences of a forced marriage that has already taken place.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. The professional should:

- See the child immediately in a secure and private place.
- See the child on their own.
- Explain to the child the limits of confidentiality.
- Tailor their approach according to whether the child is already married or is at risk of being married.
- Gather as much information as possible (e.g. the details of a the plan to force the child to marry, including a traceable address overseas) as a victim may never be seen again.
- Encourage and/or help the child to complete a personal risk assessment (see the proformas in the supplementary London procedure [Domestic Abuse](#)).
- Develop an emergency safety plan with the child.
- Explain all the options to the child (starting with the fact that forced marriage is illegal in the UK) and recognise and respect the child's wishes. If the child does not want local

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authority children's social care to intervene, the professional will need to consider whether the child's wishes should be respected or whether the child's safety requires that further action be taken. This requires the professional to make an assessment of the risk of harm facing the child.

- Agree a means of discreet future contact with the child.
- Contact, as soon as possible, the agency's designated safeguarding children professional, who should be involved in the assessment of risk.
- Record all discussions and decisions (including rationale if no decision is made to refer to local authority children's social care).

The setting's designated safeguarding children professional should contact the [Forced Marriage Unit](#) where experienced caseworkers will be able to offer support and guidance, on 020 7008 0151 or through www.fco.gov.uk/forcedmarriage.

Where a conclusion is reached that a child is at risk of harm, the DSL should make a referral to local authority children's social care in line with [Referral and Assessment Procedure](#) and, if the situation is acute, the appropriate police child abuse investigation team (CAIT). See also [Referral and Assessment Procedure, Referral criteria](#) which provides guidance on the difference in local authority children's social care between s47 / assessment.

Honour based violence:

A child who is at risk of honour based abuse is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. See [Recognising Abuse and Neglect Procedure](#).

Significant harm is defined in [Responding to Concerns of Abuse and Neglect Procedure, Concept of significant harm](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.



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Honour based abuse cuts across all cultures and communities, and cases encountered in the UK have involved families from Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European communities. This is not an exhaustive list.

The perceived immoral behaviour which could precipitate a murder include:

- Inappropriate make-up or dress
- The existence of a boyfriend
- Kissing or intimacy in a public place
- Rejecting a forced marriage
- Pregnancy outside of marriage
- Being a victim of rape
- Inter-faith relationships
- Leaving a spouse or seeking divorce.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

Incidents, in addition to those listed above, which may precede a murder include:

- Physical abuse
- Emotional abuse
- House arrest and excessive restrictions.
- Denial of access to the telephone, internet, passport and friends.
- Threats to kill.
- Pressure to go abroad. Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.

Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.

Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new

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boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

Response procedure:

When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm.

For a child to report to any agency that they have fears of honour-based violence in respect of themselves or a family member requires a lot of courage, and trust that the professional / agency they disclose to will respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm.

Authorities in some countries may support the practice of honour-based violence, and the child may be concerned that other agencies share this view, or that they will be returned to their family. The child may be carrying guilt about their rejection of cultural / family expectations. Furthermore, their immigration status may be dependent on their family, which could be used to dissuade them from seeking assistance.

Where a child discloses fear of honour-based violence, professionals in all agencies should respond in line with [Domestic Abuse Procedure](#) and [Forced marriage of a child Procedure](#); and the supplementary London procedure [Domestic Abuse](#). The DSL response should include:

- Seeing the child immediately in a secure and private place
- Seeing the child on their own
- Explaining to the child the limits of confidentiality
- Asking direct questions to gather enough information to make a referral to local authority children's social care and the police, including recording the child's wishes
- Encouraging and/or helping the child to complete a personal risk assessment (see the proformas in the London procedure [Domestic Abuse](#))
- Developing an emergency safety plan with the child
- Agreeing a means of discreet future contact with the child



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- Explaining that a referral to local authority children's social care and the police will be made (see [Referral and Assessment Procedure](#))
- Record all discussions and decisions (including rationale if no decision is made to refer to local authority children's social care).

See also [Referral and Assessment Procedure, Referral criteria](#), which provides guidance on the difference in local authority children's social care between s47 / assessment.

Local authority children's social care should incorporate into their assessments the safety planning, self-assessment and risk assessment processes in [Domestic Abuse](#).

Professionals should not approach the family or community leaders, share any information with them or attempt any form of mediation. In particular, members of the local community should not be used as interpreters.

All multi-agency discussions should recognise the police responsibility to initiate and undertake a criminal investigation as appropriate. Multi-agency planning should consider the need for providing suitable safe accommodation for the child, as appropriate.

If a child is taken abroad, the Foreign and Commonwealth Office may assist in repatriating them to the UK. See also [Accessing Information from Abroad Procedure](#).

FGM

Female genital mutilation is child abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

FGM has been classified by the World Health Organisation (WHO) into four types:

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- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

For more detail, please refer to the [Multi-agency Statutory Guidance on Female Genital Mutilation \(April 2016\)](#).

[Click here to access the GOV.UK website for Female Genital Mutilation.](#)

How to identify a girl is at risk of, or is already the victim of, FGM:

Teachers and nursery workers are key to the identification of girls who may be at risk and should therefore be aware of the risk factors for FGM and know how to report their concerns. They are often the only professionals who have ongoing relationships with girls and their families and are well placed to identify changes in the girls' behaviour or physical wellbeing. They might also be the only professionals who are aware that a girl from a practicing community is travelling to a country where FGM is practiced and that she may be at risk on this trip.

Nursery staff and some school staff might also change girls' nappies or clothes or assist girls to use the toilet and so they should have training to be alert to physical indicators that a girl/girl baby has had FGM and know how to report these concerns.

Nurseries and schools should also work with parents and carers to ensure they are:

- Aware that FGM is illegal in the UK;
- Aware of the harm associated with FGM;

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- Support parents who do not wish their girls to have FGM.

It is important to emphasise that work with parents should include male members of the family as it is likely that they will be involved in any decisions as to whether a girl will have FGM or not.

- The girl's family comes from a community that practises FGM; and
 - Members of a family, or the girl herself, say they support FGM.
 - Members of a family appear ambivalent about FGM or refuse to discuss it.

NB It is important to ask families whether they intend to continue practicing FGM and ask girls (in age appropriate language) what they know about FGM and what their views are in relation to FGM.

- She has female relatives who have had FGM.

This risk is likely to be heightened in the following circumstances:

- It is known or believed likely to be the case that the FGM was carried out after migration from the country of origin;
- The female relative is within the close family network – including living with the girl;
- The female relative is herself a young woman and/or is close in age to the girl.
- She was born to a woman who has been subjected to FGM;
 - This risk increases if a woman who has had type 3 FGM requests re-infibulation after giving birth as this suggests that either the woman herself believes in the importance of FGM or that her husband and/or family members require it of her.

Other risk indicators:

- The girl's family comes from a community that practises FGM and:
 - She talks about a long holiday to her country of origin or another country where the practice is prevalent;
 - She confides that she is to have a 'special procedure' or to attend a special occasion;

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- She discloses concerns that she is at risk;
- She requests long or repeated toilet breaks from the classroom or spend long unexplained periods of time away from the classroom during the day – this may be the result of with bladder or menstrual problems if she has undergone Type 3 FGM;
- She has a prolonged absence from school with noticeable behaviour changes on her return;
- She is suffering from depression and/or self-harm or other mental health problems;
- Her parents/carers ask for her to be excused from physical exercise lessons without the support of her GP;
- Her parents/carers ask for her to be excused from sex education lessons;
- She is withdrawn from school without explanation or the explanation sounds implausible.

Response:

The Serious Crime Act 2015 introduced a legal duty for specific professional groups to **report to the police** any girl/ young woman who has had FGM (the Serious Crime Act 2015 inserted the duty into the FGM Act 2003). This duty applies when a girl informs the professional that FGM is going to be or has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all early years settings and teachers and all regulated health and social care professionals in England and Wales.

Breast ironing

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing.

Breast ironing usually starts with the first signs of puberty and is most often done by female relatives. In most cases, the abuser incorrectly thinks they're behaving in the best interests of the child. They believe flattening the breasts will make the child less 'womanly'. They hope this

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will protect the girl from harassment, rape, abduction and early forced marriage, and help them stay in education.

Breast ironing can cause serious physical issues such as:

- abscesses (a painful collection of pus that develops under the skin)
- cysts (fluid-filled lumps under the skin that can develop into abscesses)
- itching
- tissue damage
- infection
- discharge of milk
- breasts becoming significantly different shapes or sizes
- severe fever
- the complete disappearance of one or both breasts

Although there's no specific law within the UK around breast ironing, it's a form of child abuse.

If an individual case regarding the practice of breast ironing, or concern regarding the use of a breast binder, is reported to police, it will be assessed on a case-by-case basis.

Signs and symptoms of breast ironing

There are many signs that breast ironing could be happening to a girl. These include:

- avoiding medical examinations
- not wanting to get undressed in front of anyone
- difficulty lifting their arms as the breast area will be tender to move and touch
- walking or sitting hunched over
- some girls may ask for help, but may not say exactly what the problem is because they're embarrassed or scared
- unusual behaviour after time away from school or college including depression, anxiety, aggression and withdrawal

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- a girl is withdrawn from PE and/or sex and relationship education classes

What to do if you're concerned about someone

If you suspect someone is in immediate danger, call [999](#) now.

The DSL is to refer any concerns through a council LADO.

[Breast ironing \(flattening\) | Metropolitan Police](#)

British Values and the Prevent Duty

The government has set out the need for 'British values' to help everyone live in safe and welcoming communities where they feel they belong.

These British values are defined as:

- Democracy
- The rule of law
- Individual liberty and mutual respect
- Tolerance of those with different faiths and beliefs

These values are not unique to Britain but are universal aspirations of equality and are, as such, fundamental to helping all children become compassionate, considerate adults who form part of a fair and equal society. At Keiki, we have adopted the British Values which underpin our teaching and learning as well as in our duty to keep children safe.

Early years settings must demonstrate these values through the management and implementation of the EYFS and ensure that they are understood and applied. Failure to do so may result in funding being withdrawn by the local authority.

As part of the government's **Prevent** agenda, early years settings are asked to actively promote British values, which are implicitly embedded within the EYFS.

More recently, the government has reinforced the need *"to create and enforce a clear and rigorous expectation to promote fundamental British values"* within education, as part of their strategy to overcome radicalisation and terrorism.

The Counter Terrorism and Security Act (2015) places a Prevent duty on early years settings *"to have due regard to the need to prevent people from being drawn into terrorism"*.

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https://www.londonsafeguardingchildrenprocedures.co.uk/sg_ch_extremist.html?zoom_highlight=prevent+duty#3.-roles-and-responsibilities-for-all-professionals-and-volunteers

Section 3

Child Protection

Meeting statutory requirements

- Ensure that the child protection policy is updated annually, and that all staff have read and understood this policy.
- Ensure that policies and procedures relating to Safeguarding and Child Protection are fully implemented by the setting and followed by staff, students and volunteers.
- Embed robust Safeguarding and Child Protection practices across all areas of the provision.
- Co-ordinate the early identification of vulnerable children and families and the involvement of mothers, fathers and carers.
- Liaise with OFSTED about safeguarding concerns.
- Set up and manage clear, accurate and secure record keeping systems.
- Implement additional safeguarding policies and procedures as outlined within this policy

Early help

[Working Together to Safeguard Children](#) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges.

Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

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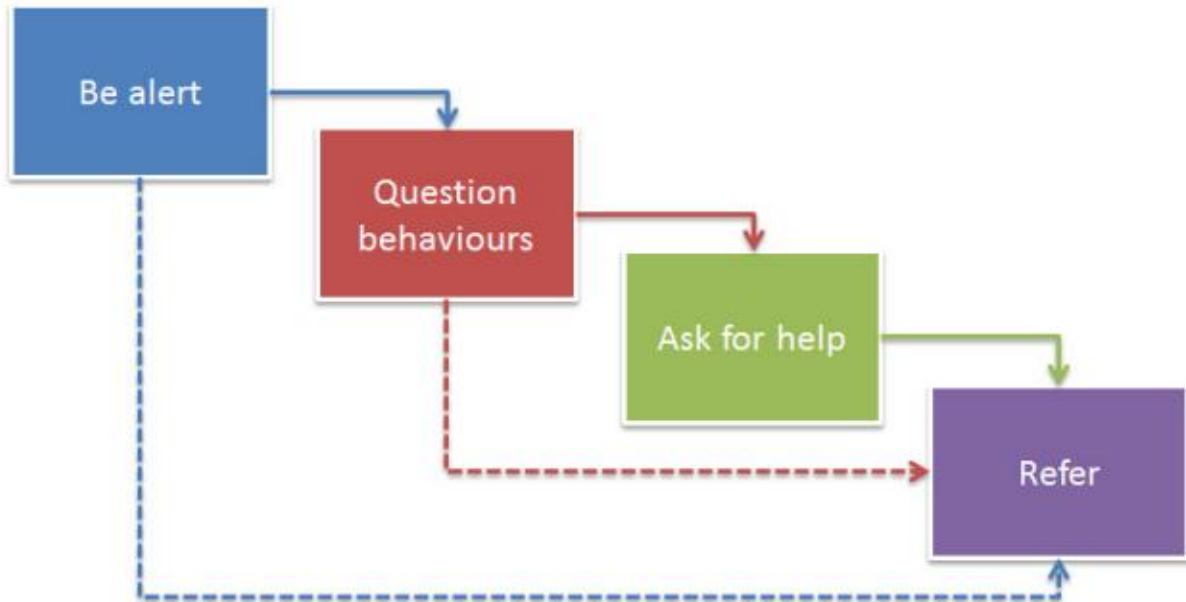


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This document should be used in conjunction with The [London Child Protection Procedures](#).

Immediate danger or at risk of harm

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to the LADO, children's social care and/or the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.