



Safeguarding Children and Young People

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TABLE OF CONTENTS

Purpose and policy statement.....	3
Scope and status.....	3
If you are worried about a child	3
What happens next.....	4
For children and young people.....	4
Safeguarding principles.....	4
Governance, roles and accountability	5
Recognising abuse, neglect and exploitation	6
Indicators and professional curiosity	6
Specific and contextual safeguarding concerns.....	7
Responding when a child speaks or a concern arises.....	8
Receive - reassure - record - report.....	8
Evidence and medical needs	8
Reporting, decision-making and referral.....	9
Referral quality and follow-up.....	9

<i>Allegations and concerns about adults</i>	<i>10</i>
LADO threshold	10
Low-level concerns and boundary breaches	11
<i>Safer recruitment, selection and vetting</i>	<i>11</i>
DBS referrals.....	12
<i>Code of conduct and professional boundaries</i>	<i>12</i>
Personal care, medication and restraint	13
<i>Safe delivery of activities and services</i>	<i>13</i>
Planning and risk assessment	13
One-to-one work and mentoring	13
Transport, trips and overnight activity	14
Schools and partners	14
Online sessions and communication	14
Photography, video and stories.....	14
Online Safety Act 2023	15
<i>Information sharing, confidentiality and records</i>	<i>15</i>
Information-sharing rules	15
Safeguarding records	16
Data breaches	16
<i>Consent, capacity and working with families.....</i>	<i>16</i>
<i>Equality, inclusion and additional vulnerability</i>	<i>17</i>
<i>Voice, participation and support</i>	<i>17</i>
<i>Complaints, whistleblowing and escalation</i>	<i>17</i>
<i>Training, supervision and welfare</i>	<i>18</i>
<i>Quality assurance, review and implementation</i>	<i>18</i>
Monitoring	18
Review triggers	19
Required implementation actions	19
<i>Appendix A - safeguarding decision guide</i>	<i>20</i>
<i>Appendix B - verified contacts and required internal contacts</i>	<i>20</i>
<i>Appendix C - legislation, statutory guidance and official references.....</i>	<i>21</i>
<i>Appendix C - legal and reference register (continued)</i>	<i>23</i>

Purpose and policy statement

Leeds Wellbeing Project CIC (LWP) exists to improve the mental health and wellbeing of boys and young men through lived experience, education, early intervention and community partnerships. Safeguarding is a core governance responsibility and takes priority over reputation, convenience, programme delivery or relationships with any individual or partner.

This policy sets the minimum standard for preventing harm, recognising concerns, responding to disclosures, sharing information and referring concerns. It is child-centred, trauma-informed, anti-discriminatory and consistent with Working Together to Safeguard Children 2026 and Leeds Safeguarding Children Partnership (LSCP) procedures.

Scope and status

This policy applies whenever LWP has contact with, responsibility for, information about or influence over a child. It applies to Directors, employees, sessional workers, volunteers, students, contractors, consultants, speakers, trustees or advisers (if appointed), partner personnel acting for LWP, and any person using LWP premises, events, digital services or communication channels.

A child is anyone who has not reached their 18th birthday. The fact that a young person lives independently, is in work, is a parent, is in care, is married overseas or has left school does not change this definition. People aged 18 or over are covered by LWP's separate adult safeguarding arrangements; transition risks must be handed over safely.

This is an England policy. Safeguarding law, guidance, disclosure systems and referral routes differ in Wales, Scotland and Northern Ireland. Work outside England requires a written jurisdiction addendum, appropriate local contacts and checks through the relevant disclosure body before delivery begins.

Safeguarding: quick guide for children, families and the public

Immediate danger: Call 999 if a child is in immediate danger or needs urgent police or medical help. Do not wait for an LWP contact to respond.

If you are worried about a child

Write down what you saw, heard or were told, using the child's own words where possible. Record the date, time, place and who was present.

Tell LWP's Designated Safeguarding Lead using the contact information below. If the concern is about that person, contact the nominated Director/Board safeguarding lead instead.

You may contact Leeds Children's Social Work Service or the police directly. You do not need proof. A reasonable concern is enough, and you may act without LWP's permission.

Do not investigate, confront an alleged person, circulate details, promise secrecy or post about the matter online.

Contact	Route
LWP Designated Safeguarding Lead	Kai Leighton kai@leedswellbeingproject.org.uk +44 7510600722
LWP Deputy DSL	No appointed Deputy DSL available. Contact the Board Safeguarding Lead using the details below.
If concern is about DSL / senior leader	Elijah Skervin directors@thementalshift.org
Leeds public referral (08:30-17:00)	Children's Social Work Service: 0113 222 4403
Police	999 emergency 101 non-emergency
Independent advice	NSPCC Helpline: 0808 800 5000 help@nspcc.org.uk

What happens next

LWP will acknowledge a report when safe and practicable, protect confidentiality, assess immediate safety, consult or refer to statutory services and keep a secure record. It may not be possible to share the outcome because the child's privacy and any investigation must be protected. No person will be treated unfairly for raising a genuine concern in good faith.

For children and young people

You can speak to any LWP worker you trust. You will be listened to and taken seriously. The worker cannot promise to keep a safeguarding concern secret, but will only share it with people who need to help keep you or another child safe. You can ask what will happen next and how your views will be included.

Accessible reporting: LWP will offer a choice of spoken, written or digital reporting and reasonable adjustments for communication, disability, language, culture or neurodivergence. An interpreter must be independent and must not be a person implicated in the concern.

Safeguarding principles

The child's welfare and best interests are central; their wishes and feelings are sought and given due weight for age and understanding.

Safeguarding is everyone's responsibility. Anyone can make a direct referral where necessary.

Help should be offered as soon as needs emerge; thresholds must not become a reason for inaction.

Safeguarding includes harm within or outside the home and online, and recognises that several harms may occur together.

Practice must be inclusive, anti-racist and anti-discriminatory. Workers challenge bias, adultification, stereotyping and unequal responses.

Children are never responsible for abuse or exploitation carried out against them. Behaviour that appears risky may be a sign of coercion, unmet need or harm.

Information is shared lawfully, proportionately, accurately, securely and in time to protect a child. Data protection law is not a barrier to necessary safeguarding sharing.

Parents and carers are partners where safe, but are not informed before referral if doing so may increase risk, prejudice enquiries or lead to loss of evidence.

Concerns about adults are managed promptly, fairly and separately from the child's protection response.

Learning, supervision, record review and children's feedback are used to improve practice.

Governance, roles and accountability

Role	Minimum responsibility
Board/Directors	Own organisational safeguarding; approve this policy; appoint and support a DSL/deputy; provide resources; review risks, audit data and serious incidents; ensure conflicts are managed.
Nominated safeguarding Director	Independent escalation route for concerns about the DSL/senior leaders; oversees allegations and whistleblowing; confirms LADO/DBS/regulator notifications.
DSL	Operational lead; available for advice; triages concerns; makes/coordinates referrals; liaises with children's social care, police, LADO and partners; maintains secure records; leads training and annual review.
Deputy DSL	Acts with the DSL's authority when needed and provides reliable cover, including for out-of-hours or off-site delivery.
Managers/activity leads	Risk assess delivery, ensure staffing and consent, brief teams, check attendance and handovers, escalate concerns, and never screen out a referral.
All workers/volunteers	Read and follow this policy/code of conduct; attend training; recognise, record and report immediately; maintain professional boundaries; challenge unsafe practice.
Public/participants	Follow event safety instructions, treat children respectfully and report concerns. They may contact statutory services directly.

The DSL is not expected to investigate abuse and cannot veto a direct referral. Absence of the DSL must never delay action. If internal leaders fail to act, the referrer must escalate to children's social care, police, LADO or the whistleblowing route.

Recognising abuse, neglect and exploitation

A concern may arise from a disclosure, observation, injury, change in presentation, digital communication, third-party information, professional unease, repeated low-level events or an adult's behaviour. No single sign proves abuse; patterns, context and the child's explanation matter. Workers must remain professionally curious and consider siblings and other children who may be affected.

Category	What workers should understand
Physical abuse	A child may be deliberately hurt, poisoned, burned, injured, unlawfully restrained, or have symptoms fabricated/induced. Indicators may include unexplained or inconsistent injuries, fearfulness or an account that changes under pressure.
Emotional abuse	Persistent treatment that damages emotional development, including humiliation, threats, rejection, coercive control, silencing, exposure to abuse, discriminatory treatment or severe bullying. It may occur alone or alongside other harm.
Sexual abuse	A child may be forced, persuaded, manipulated or exploited to take part in sexual activity, in person or online. It includes contact and non-contact conduct, sexual imagery and grooming. Children of any sex can be affected and a person causing harm may be an adult or another child.
Neglect	Persistent failure to meet basic physical or psychological needs, including food, clothing, shelter, supervision, healthcare, education, safety or responsive care. Neglect can begin before birth and may be episodic or cumulative.
Domestic abuse	A child who sees, hears or experiences the effects of domestic abuse is recognised in law as a victim in their own right. Abuse may be physical, sexual, economic, emotional, threatening, controlling or coercive.
Child-on-child abuse	Bullying, discriminatory abuse, violence, sexual harassment/violence, coercion, abuse in intimate relationships, harmful sexual behaviour and online abuse can occur between children. It must not be dismissed as banter or an inevitable part of growing up.

Indicators and professional curiosity

- Unexpected changes in behaviour, mood, attendance, engagement, peer groups, appearance or use of money/devices.
- Fear of a person or place; being monitored, controlled, indebted, transported or given unexplained gifts.
- Developmental regression, tiredness, hunger, untreated health needs, unsuitable clothing or poor supervision.
- Sexualised language or behaviour that is not developmentally expected; concern about images or contact online.
- Repeated missing episodes, exclusion, homelessness, criminalisation, family stress or multiple services losing contact.

- The child's words, behaviour and non-verbal communication do not align with the explanation offered by an adult.

Specific and contextual safeguarding concerns

Workers must consider where harm occurs and who controls the context: home, school, peer groups, neighbourhoods, transport, workplaces, institutions, relationships, gaming platforms, group chats and social media. The response should address the context and protect all affected children, not only change the child's behaviour.

Concern	Required approach
Child sexual exploitation	Treat apparent exchange, gifts, status, affection or accommodation as possible grooming or coercion. A child cannot consent to their own exploitation. Refer risk promptly and preserve digital evidence without copying illegal content.
Child criminal exploitation / county lines	Consider coercion, debt, threats, movement, missing episodes and exploitation through peers or adults. Do not assume criminal behaviour means free choice. Refer to children's social care/police and consider modern slavery pathways.
Trafficking and modern slavery	Prioritise immediate safeguarding and refer to children's social care. Only authorised First Responder Organisations make NRM referrals; consent is not required for a child referral.
Online harm	Includes grooming, coercion, harassment, extremist content, sexual imagery, impersonation, location tracking, financial exploitation and abuse across connected devices. Do not ask a child to download, forward or repeatedly view harmful material.
Sharing sexual images	Treat as a safeguarding concern. Do not print, screenshot, save, forward or personally investigate an image. Secure the device only if safe, record what was reported, and seek DSL/police/children's social care advice.
Radicalisation	Treat susceptibility to radicalisation as a safeguarding concern. Report to the DSL and follow local Prevent/Channel arrangements where appropriate. LWP is bound by the Prevent duty only if it is a specified authority or is contractually delivering covered functions.
Honour/faith/belief-based abuse, FGM and forced marriage	Use ordinary child-protection procedures and seek specialist advice. Never mediate with family or community members where this could increase risk. Regulated teachers, health and social-care professionals have a personal police reporting duty for known FGM in under-18s; others report through safeguarding routes.
Serious violence and weapons	Assess immediate safety, call 999 where urgent, do not conduct searches or seize items unless authorised and trained, and share concerns with statutory services.
Mental-health crisis or serious harm	Take statements or signs of immediate danger seriously, keep the child with an appropriate safe adult, seek urgent health/police help where required, and follow safeguarding referral routes. Do not leave the child to manage the situation alone.

Bias check Before closing or downgrading a concern, ask whether disability, race, sex, gender reassignment, sexuality, poverty, care status, language, behaviour, criminalisation or assumptions about boys 'being resilient' have affected how the child is being seen or heard.

Responding when a child speaks, or a concern arises

Receive - reassure - record - report

Receive calmly. Give the child time, listen without shock or disbelief, take them seriously and minimise interruptions.

Reassure. Say they have done the right thing by telling you, the concern is not their fault and you will seek help. Do not promise a particular result.

Explain confidentiality. Do not promise secrecy. Explain that information will be shared only with people who need it to help keep them or another child safe.

Clarify only what is necessary for immediate safety. Use open prompts such as 'Tell me what happened' or 'What are you worried might happen next?'. Do not ask leading, repeated or investigative questions.

Act on immediate risk. Call 999 for immediate danger or urgent medical need. Do not confront an alleged person or allow them access to the child.

Record promptly. As soon as possible, write the child's exact words, facts observed, date/time/place, who was present, your questions and actions. Separate fact from opinion and sign/date the record.

Report immediately to the DSL/deputy using the agreed secure channel. If unavailable, if implicated, or if delay may increase risk, contact children's social care or police directly and tell the nominated Director when safe.

Continue support. Ask what the child needs now, preserve normality where possible, avoid repeated retelling, and do not discuss the matter with people who have no safeguarding role.

Evidence and medical needs

- Do not examine a child, take photographs of injuries, search a device, retrieve deleted messages or conduct an interview unless specifically authorised within your professional role.
- Preserve original notes. Do not rewrite or destroy them after transferring information to a form or system.
- For online evidence, record the platform, account name, URL and what was reported without opening, copying or forwarding illegal or harmful material.
- If urgent medical attention is required, call 999 or obtain emergency care. Safeguarding information needed for safe treatment may be shared without waiting for consent.

If a child goes missing during an LWP activity, follow the activity missing-child plan, search only the immediate safe area, call police promptly according to risk and inform parents unless doing so may increase danger.

Do not investigate LWP's role is to notice, respond, record and refer. Children's social care and police decide enquiries. Internal fact-finding must never delay or contaminate a statutory investigation.

Reporting, decision-making and referral

All concerns are reported on the same working day and immediately where risk is urgent. The DSL makes a timely, recorded decision using LSCP thresholds and professional consultation. Uncertainty is a reason to seek advice, not to wait. The child's local authority is normally determined by where the child lives; if unknown or the child is found in Leeds, seek Leeds advice and do not delay.

Situation	Action and timescale
Immediate danger / urgent medical need / crime in progress	Call 999 now. Keep the child with a safe adult if possible. Notify DSL when safe. Make the children's social care referral without delay.
Reasonable cause to suspect significant harm	Refer immediately to Leeds Duty and Advice (practitioner) or the relevant local authority. Confirm in writing as requested. Do not wait for parental consent or internal meetings.
Child in need / emerging or additional needs	Discuss with the child/family where safe; seek consent for Family Help/early support where appropriate; coordinate with existing professionals. Escalate if risk rises or consent is refused and significant harm may exist.
Concern below a service threshold but still unresolved	Record analysis and protective plan; consult LSCP/children's social care; provide or signpost support; set a review date. Never close only because a referral was not accepted.
Concern about adult working/volunteering with children	Protect the child; report to senior manager/nominated lead immediately; consult Leeds LADO and notify within one working day where threshold may be met. Do not investigate first.
Concern about the DSL, Director or organisational response	Use the alternate named lead, contact LADO/children's social care/police directly, and use whistleblowing routes. No internal authorisation is required.

Referral quality and follow-up

Provide the child's identifying/contact details, family/household information, communication and accessibility needs, exact concern, chronology, immediate safety, known professionals, child's wishes, parental knowledge, actions taken and the referrer's details.

State what is fact, what was reported and what is professional judgement. Include protective factors as well as risk.

Request and record the decision, named recipient, time, reference number, agreed actions and timescale. Confirm the referral in writing if required.

If no acknowledgement or outcome is received within the expected time, follow up. If disagreement remains and the child may be unsafe, use LSCP's concerns-resolution/escalation procedure and continue escalating.

A referrer who remains concerned may make or repeat a direct referral. They must tell the DSL when safe, but their action must not be obstructed.

Child sexual abuse reporting reform: The Crime and Policing Act 2026 contains a future duty for adults in specified/relevant activity to notify police or a local authority when directly made aware of suspected child sexual offences, plus an offence of obstruction. Sections 85-95 were not yet in force when this policy was checked. LWP nevertheless requires immediate reporting under this policy and will update procedures when commencement guidance is issued.

Allegations and concerns about adults

This section applies to paid and unpaid workers, contractors, agency staff, speakers, Directors, partner staff and any adult in a position of trust. The child's protection response and the employment/volunteer process are separate but coordinated. Fairness to the adult does not override prompt safeguarding action.

LADO threshold

The LADO must be consulted where an adult who works or volunteers with children may have behaved in a way that harmed 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 indicating they may pose a risk of harm; or behaved in a way indicating they may not be suitable to work with children. Relevant conduct outside work and transferrable risk are included.

- Receive and record the allegation. Do not question the child or adult beyond immediate safety information.
- Make the child safe and arrange support. Call police/children's social care where required.
- Report immediately to the nominated safeguarding Director/senior manager. If that person is implicated, contact LADO directly.
- Contact Leeds LADO for advice and notify within one working day where criteria may be met, before internal investigation or disciplinary interview.
- Agree with LADO/police/children's social care what can be said to the child, parents, adult, team and partners, and whether temporary safeguards, redeployment or suspension are necessary. Suspension is neutral and not automatic.
- Keep a restricted case record. Support all affected people without compromising enquiries. Make DBS, regulator, commissioner or professional-body referrals where legal/contractual criteria are met.
- At conclusion, record outcome using the appropriate category, learning, employment/volunteer action, information to retain, references and required referrals.

Low-level concerns and boundary breaches

A low-level concern is any behaviour inconsistent with the code of conduct, including inappropriate boundaries, favouritism, over-familiarity, unapproved private communication, one-to-one arrangements, gifts, comments, touch, photography or conduct that causes unease, even if the LADO harms threshold is not met. 'Low-level' describes the threshold, not the importance.

- Report to the nominated manager/DSL promptly; self-report accidental breaches.
- Record the concern and response centrally, factually and confidentially.
- Consult LADO if unsure. Review patterns across people, places and time.
- Use proportionate supervision, training, management or disciplinary action. Escalate when new information or a pattern raises the threshold.

Safer recruitment, selection and vetting

LWP uses role-based safer recruitment for everyone whose work may create contact with or influence over children. A DBS certificate is one control, not proof of suitability, and must be combined with identity, history, references, interview, induction, supervision and an open safeguarding culture.

Stage	Required control
Role design	Written role description, child-contact analysis, regulated-activity/DBS eligibility decision, lone-working and online access assessment, supervision and training requirements.
Advertising/application	State safeguarding commitment and checks; require full chronological history, explanations for gaps, relevant declarations and consent for checks. Do not accept CV alone.
Shortlisting/interview	At least two selectors where practicable; consistent criteria; safeguarding questions/scenarios; probe motivation, boundaries, gaps, frequent moves and discrepancies.
Identity/right to work	Verify original/current evidence and record the check securely. Complete overseas checks/certificates of good conduct where relevant; absence of overseas information requires additional risk controls.
References	Obtain at least two, including the current/most recent employer or relevant volunteer lead; verify directly; ask about work with children, conduct, disciplinary matters and safeguarding concerns. Resolve contradictions.
DBS/barred list	Request only the legally eligible level. For regulated activity, obtain Enhanced DBS with Children's Barred List information. It is unlawful for a barred person to undertake regulated activity or for an organisation knowingly to permit it.
Decision/start	Document panel decision and risk assessment. No unchecked person works alone or undertakes regulated activity. Any exceptional supervised start must be lawful, authorised in writing and tightly controlled.

Ongoing suitability	Probation, induction, supervision, conduct review, role-change recheck, duty to disclose relevant matters, proportionate repeat/update checks and prompt response to concerns.
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Change from 1 September 2026: The Crime and Policing Act 2026 removes the supervision exemption from regulated activity with children. Frequent or overnight teaching, training, instruction, care or supervision may be regulated activity even when supervised. LWP must review all paid and volunteer roles and, where eligible, obtain Enhanced DBS checks with Children's Barred List information. Frequency includes more than 3 days in any 30-day period or once overnight between 2am and 6am.

DBS referrals

LWP will obtain legal/HR advice and refer to DBS when the statutory conditions are met, including where a person is removed from regulated activity (or would have been removed had they not left) because they harmed or posed a risk of harm to a child. Settlement, resignation or volunteer withdrawal must not prevent a required referral. Professional regulators, LADO, police, commissioners and partners are notified where required.

Code of conduct and professional boundaries

All workers create relationships that are warm, respectful and boundaried. The adult is responsible for maintaining the boundary, including when a child initiates contact or requests secrecy. LWP's separate staff/volunteer code of conduct must align with the rules below.

Required practice	Prohibited or high-risk practice
Use respectful, inclusive language; model safe behaviour; listen and explain decisions.	Humiliation, threats, discriminatory comments, sexualised language, bullying, intimidation or punishment outside an approved behaviour plan.
Use approved LWP channels/accounts; keep communications transparent, purposeful and within agreed hours.	Personal social-media connections, private/secret messaging, disappearing-message settings, sharing personal contact details or moving a child to an unapproved platform.
Plan visible, interruptible one-to-one work with consent, check-in/out and documented rationale.	Unapproved isolated meetings, locked rooms, unnecessary home access, overnight private arrangements or giving a child special secret access.
Use physical contact only when necessary, appropriate, explained and led by safety/need; follow trained procedures.	Corporal punishment, playful fighting, intrusive touch, restraint outside law/training, or contact for the adult's gratification or reassurance.
Offer agreed programme resources fairly and record exceptions.	Personal gifts, money, loans, secret favours, exclusive treatment, private fundraising for a child or relationships creating dependency.

Use approved content suitable for age and need; responsibly frame lived experience around the child's benefit.	Oversharing adult distress, graphic personal accounts, asking children to provide emotional care, or content likely to frighten, shame or burden them.
Report accidental boundary crossings, mistakes and concerns immediately.	Concealing concerns, deleting communications, asking a child to keep a secret, retaliation, obstructing a report or investigating personally.

Personal care, medication and restraint

LWP does not provide intimate/personal care, medication or physical intervention unless the service specification, consent, risk assessment, insurance, training and written procedure expressly authorise it.

Emergency first aid may be given by a competent person. Record treatment and inform parents/carers unless this would create safeguarding risk.

Any physical intervention is a last resort to prevent immediate harm, must be necessary and proportionate, never punitive, and must be recorded, reported and reviewed with the child.

Safe delivery of activities and services

Planning and risk assessment

Every activity has a named lead and proportionate written risk assessment covering safeguarding, venue, staffing, ages/needs, ratios, accessibility, arrival/departure, toilets/changing, first aid, transport, missing child, photography, online contact, emergencies, environmental risks and escalation. Partner or venue arrangements do not replace LWP's responsibility.

- Obtain participant and emergency information on a need-to-know basis and make reasonable adjustments.
- Use at least two suitable adults where reasonably practicable; avoid a single adult being alone with a group without a recorded risk decision.
- Maintain attendance and authorised collection/handover records. Never release a child to an unauthorised or unsafe adult.
- Brief children in accessible language on behaviour, boundaries, reporting and what to do if separated.
- Reassess when circumstances, venue, staffing or a child's needs change. Stop an activity if safety cannot be maintained.

One-to-one work and mentoring

Use an approved plan, purpose, frequency, location/platform, consent arrangement and named supervisor.

Meet in visible or observable settings; keep doors open where appropriate; use arrival/departure logging and manager check-ins.

Document contact and material safeguarding information. Do not create a private counselling relationship unless properly qualified, commissioned and insured.

Home visits require specific authorisation, prior risk assessment and normally two workers. Do not enter if risks are unmanaged.

Transport, trips and overnight activity

Use reputable, insured transport and approved drivers with role-appropriate checks. Avoid a single adult transporting one child; if unavoidable in an emergency, obtain manager approval, notify the parent/carer where safe, seat the child appropriately and record the journey.

Trips require itinerary, consent, contacts, medical/access information, staffing plan, emergency procedure and venue/provider checks.

LWP will not run overnight activity without a separate approved procedure covering accommodation, privacy, supervision, prohibited room-sharing, risk assessment and the regulated-activity/DBS implications.

Schools and partners

Before delivery, agree in writing which safeguarding policy and DSL route applies on site, how concerns are shared, who supervises, attendance/consent, allegations management and data responsibilities. In schools/colleges, LWP workers follow the host's safeguarding arrangements and current Keeping Children Safe in Education requirements as well as this policy; the higher protective standard applies.

Online sessions and communication

- Use organisation-controlled accounts, approved platforms, waiting rooms/access controls, appropriate settings and named session moderators.
- Apply the same staffing, behaviour, disclosure and recording rules as in person. Participants must know how to privately report a concern.
- Do not record sessions unless there is a defined purpose, lawful basis, clear notice/consent arrangement, retention period, access control and specific approval.
- Workers must use professional backgrounds and dress, avoid sharing personal household information, and ensure others cannot observe or overhear confidential sessions.
- Private messaging is disabled or limited to approved safeguarding/administrative need. Retain relevant communications under the records procedure; do not delete to avoid scrutiny.
- If harmful or illegal content appears, stop exposure, make the session safe, record metadata and report. Do not forward, download or ask others to view it.

Photography, video and stories

LWP uses images and personal stories only where necessary, respectful and safe. Participation in services is never conditional on publicity consent. Consent for programme participation is

separate from consent for images, recording, case studies or marketing, and a child's objection is respected even if an adult has consented.

- Use LWP equipment/accounts where possible; never use a personal device for planned images.
- Explain purpose, audience, platform, duration and withdrawal limits in age-appropriate language; record consent and assent.
- Avoid identifying locations, school, routine or personal details that increase risk. Do not name a child unless specifically justified and approved.
- Use dignified, non-stigmatising images. Do not photograph children in changing areas, during personal care or in situations of distress.
- Store securely, restrict access and delete according to the retention schedule. Do not reuse for a new purpose without a fresh assessment and permission.
- Report any unauthorised capture, sharing, loss or misuse as both a safeguarding and data incident.

Online Safety Act 2023

The Act places duties on regulated online services, not a general duty on every organisation. If LWP operates a user-to-user, search or other in-scope service, it must obtain specialist compliance advice and complete child-risk, age-assurance, terms, reporting, moderation and recordkeeping requirements. Regardless of scope, LWP designs digital work around children's best interests, privacy and safety.

Information sharing, confidentiality and records

Information-sharing rules

- Be clear about purpose and the lawful basis/condition. Consent is not the default lawful basis for child-protection sharing and is not required where a child is at risk or there is a perceived risk of harm.
- Share early when necessary. Do not assume another person will pass the information on.
- Be open with the child/family about sharing where safe. Do not inform them if this may increase risk, prejudice enquiries, lead to evidence being lost or cause a child to withdraw.
- Share only information that is necessary, relevant, adequate, accurate, timely and secure, with people who need it. Correct significant inaccuracies promptly.
- Record what was shared, with whom, when, purpose/lawful basis, whether the child/family was told, and reasons for sharing or not sharing.

Seek DSL/data-protection advice when unsure, but do not delay urgent protection. UK GDPR and the Data Protection Act 2018 enable proportionate safeguarding sharing, including the Schedule 1 safeguarding condition for special-category data where requirements are met.

Safeguarding records

Safeguarding records are created promptly and kept separately from routine programme records with strict role-based access. Each record includes the child's identity, date/time, source, exact words/facts, observations, decisions and rationale, consultation/referrals, actions, outcome/follow-up, child's wishes, family involvement and author/signature.

- Use a clear chronology and cross-reference related concerns, siblings, adults and partner records without unnecessary duplication.
- Do not use personal email, messaging apps, notebooks or devices as the permanent record. Transfer securely and preserve originals where evidential.
- Do not alter a record invisibly. Add a dated correction or note, retaining the original. Audit access and sharing.
- Retain records under an approved safeguarding retention schedule based on purpose, limitation periods, sector guidance and potential future enquiries. Do not promise routine deletion on programme exit.
- Respond to subject-access or erasure requests with data-protection advice; consider third-party rights, child protection, crime/prejudice exemptions and legal holds.
- On closure, merger or contract transfer, arrange secure custody and continuity of safeguarding records. Never abandon or casually destroy them.

Data breaches

Loss, misdirection, unauthorised access or disclosure of safeguarding information is reported immediately to the DSL and data-protection lead. LWP contains the breach without destroying evidence, assesses risk to affected children, informs police/children's social care where needed and meets any ICO/individual notification duties within applicable timescales.

Consent, capacity and working with families

LWP obtains appropriate consent for service delivery, but consent to a service is distinct from the lawful basis for processing information and from the duty to protect a child. A child with sufficient understanding may make some decisions for themselves; parental responsibility and service/clinical rules still require careful assessment. The DSL seeks specialist advice where there is disagreement or uncertainty.

- Give clear, age-appropriate information about the service, confidentiality limits, records, choices and complaints.
- Seek the child's affirmative agreement as well as any required parent/carers consent. Never use pressure, incentives or threats to obtain agreement.
- Involve parents/carers in support and referrals where safe and consistent with the child's welfare. Record why they were or were not informed.
- Do not ask a family member to interpret sensitive safeguarding information where independence, accuracy or safety may be compromised.

- Where a child refuses support or information sharing, explore reasons, safety and alternatives. Share without consent when necessary and lawful to protect the child or others.

Equality, inclusion and additional vulnerability

LWP protects every child without discrimination. Equality does not mean identical treatment: reasonable adjustments and targeted safeguards may be required. Abuse may be less visible where communication, behaviour or dependence on adults is misread.

- Consider disability, communication needs, neurodivergence, special educational needs, race, culture, faith, sex, gender reassignment, sexual orientation, care/kinship status, young caring, migration, homelessness, poverty, custody, exclusion, bereavement and previous trauma.
- Never assume that a boy or young man is less vulnerable, should cope alone, cannot experience sexual/domestic abuse, or is the person causing harm because of size, race or behaviour.
- Avoid adultification: do not treat a child as more mature, responsible or culpable than their age and circumstances warrant.
- Use qualified interpreters, accessible formats, communication aids, quiet spaces and trusted advocacy where helpful.
- Take discriminatory bullying, hate incidents and identity-based targeting as safeguarding information and respond to the underlying culture as well as the incident.

Voice, participation and support

- Explain decisions and next steps; check understanding; record wishes and feelings, including disagreement.
- Offer choice about safe adult, communication method, support person and meeting arrangements where possible.
- Avoid repeated retelling. Coordinate with partners and share the child's account accurately.
- Give feedback on how children's views shaped services and this policy. Consultation never replaces adult safeguarding responsibility.
- Provide support to children affected by allegations or child-on-child abuse without automatically excluding or labelling any child. Safety planning considers all children involved.

Complaints, whistleblowing and escalation

A complaint about service quality may also contain a safeguarding concern. Staff must extract and report the safeguarding element immediately; the complaints process must not delay protection. Children and families may complain in accessible ways and may be supported by an advocate.

Safeguarding route: DSL/deputy or alternate Director shown on page 3.

External protection route: Leeds Children's Social Work Service, police or LADO; no need to exhaust LWP's process first.

Whistleblowing route: [INSERT INTERNAL WHISTLEBLOWING CONTACT]; NSPCC Whistleblowing Advice Line 0800 028 0285 for child-welfare concerns.

No retaliation, victimisation, confidentiality breach or disadvantage is permitted for a genuine concern raised in good faith. Knowingly malicious allegations are managed fairly, but an allegation that is unsubstantiated is not automatically malicious.

Use LSCP concerns-resolution procedure when professional disagreement or delay leaves a child at risk. Escalate through management levels with clear timescales and maintain the protective plan.

Training, supervision and welfare

Who	Minimum learning and assurance
All workers/volunteers	Safeguarding induction before unsupervised contact; this policy and code; disclosure response; reporting routes; boundaries; online safety; equality; information handling; annual update/briefing and at least three-yearly formal refresher, or sooner if role/risk requires.
DSL and deputy	Advanced, role-specific and multi-agency learning; Leeds thresholds/referrals; allegations/LADO; exploitation/online risk; information sharing; supervision; updates at least every two years with continuous professional development.
Recruiting managers/panels	Safer recruitment, DBS eligibility, barred-list and referral duties, legal limits on checks, bias and decision recording; at least one trained person on relevant panels.
Directors/Board	Governance, assurance, organisational abuse, allegations, whistleblowing, serious-incident/contract notifications, data, culture and current legislative developments.
Specialist roles	Additional competence for first aid, therapy/counselling, intimate care, physical intervention, transport, online moderation, residential/overnight work or other role-specific risks.

Managers provide regular supervision in which safeguarding, boundaries, emotional impact, uncertainty and learning can be discussed. Debrief and support are offered after serious concerns. Support never includes unnecessary access to confidential details and never replaces accountability.

Quality assurance, review and implementation

Monitoring

The DSL reports at least quarterly to the Board/Directors using anonymised or minimised data. Immediate reporting is required for serious organisational risk. Assurance covers:

- number/type/timeliness/outcome of concerns, referrals, allegations and low-level concerns; repeat and pattern analysis;
- children's voice, complaints, whistleblowing, equality/disproportionality and any evidence of racism, discrimination or adultification;
- recruitment/vetting compliance, DBS eligibility decisions, training, supervision and policy acknowledgements;
- activity, partner, premises, online, lone-working, transport and information-security incidents;
- referral feedback, concerns-resolution use, learning from local/national reviews and completion of actions; and
- policy/contact accuracy, legislative change, insurance/commissioner requirements and public accessibility.

Review triggers

Review at least annually and sooner after a safeguarding incident or near miss; allegation; change to law/guidance/local procedures; new service, venue, age group or technology; merger/contract; audit finding; children's feedback; or evidence that the policy is not understood or followed. The DSL records changes and briefs affected people before they take effect.

Required implementation actions

- Complete every placeholder and publish the named DSL, deputy and alternate senior route internally and publicly.
- Approve aligned procedures: staff/volunteer code of conduct; safer recruitment; allegations/low-level concerns; whistleblowing; complaints; data retention/breach; online safety; missing child; and role-specific procedures.
- Map every role against DBS eligibility and regulated activity. Complete the 1 September 2026 supervised-role review before affected activity continues.
- Create secure safeguarding record/referral templates, access controls, retention schedule and an out-of-hours escalation method.
- Agree written safeguarding protocols with schools, commissioners, venues and delivery partners.
- Train and brief all personnel, obtain signed acknowledgement, test scenario responses and record competence gaps.
- Publish the public/child-friendly reporting summary and test accessibility with young people.
- Confirm the commencement status and guidance for the Crime and Policing Act 2026 child sexual abuse reporting duty and the Children's Wellbeing and Schools Act 2026 information-sharing provisions before adoption and at each review.

Appendix A - safeguarding decision guide

Ask	If yes / unsure
Is anyone in immediate danger or in urgent need of medical help?	Call 999. Make the setting safe. Then notify DSL and children's social care.
Is there reasonable cause to suspect significant harm?	Refer immediately to children's social care. Do not wait for consent, proof, DSL availability or a meeting.
Has a child directly disclosed or have you witnessed suspected child sexual abuse?	Report immediately under this policy. Check the current commencement/guidance for Crime and Policing Act 2026 sections 85-95; do not obstruct or rely on someone else without confirmation.
Does the concern involve an adult who works/volunteers with children?	Protect the child; notify nominated senior lead; consult Leeds LADO; notify within one working day where threshold may be met; do not investigate first.
Is the concern below significant-harm threshold but support is needed?	Seek Family Help/early support, agree a plan, record consent or lawful basis, name an owner and review date; escalate if risk changes.
Is the DSL unavailable, implicated or not acting?	Use deputy/alternate Director or contact children's social care, police, LADO and whistleblowing route directly.
Are you unsure whether information can be shared?	Share urgent necessary information to protect a child; document purpose and seek safeguarding/data advice without delaying action.

Appendix B - verified contacts and required internal contacts

Service	Contact / use
Emergency services	999 - immediate danger, crime in progress or urgent medical help
West Yorkshire Police	101 - non-emergency police reporting/advice

Leeds Children's Social Work Service (public)	0113 222 4403 - 08:30 to 17:00
Leeds Duty and Advice (practitioners)	0113 376 0336 - 08:30 to 17:00
Leeds Children's Emergency Duty Team	0113 535 0600 - outside office hours (practitioners)
Leeds LADO	0113 378 9687 lado@leeds.gov.uk - concerns about adults working/volunteering with children
NSPCC Helpline	0808 800 5000 help@nspcc.org.uk - advice or reporting
NSPCC Whistleblowing Advice Line	0800 028 0285 - concerns about how an organisation handles child protection
LWP DSL / Deputy / alternate senior lead	[INSERT NAMES, DIRECT NUMBERS, MONITORED EMAILS AND OUT-OF-HOURS METHOD]
LWP complaints / data protection / whistleblowing	[INSERT CONTACTS AND LINKS]

Contact details were checked against official Leeds/GOV.UK sources on 27 August 2026. The DSL must re-check before adoption and at each review.

Appendix C - legislation, statutory guidance and official references

The register below is selective and operational. 'Applies' describes relevance to this England policy; exact duties depend on LWP's functions, contracts, regulated activities and service model. Links are to official legislation, government, regulator or Leeds partnership sources.

Source	Operational relevance
Working Together to Safeguard Children 2026	Statutory guidance applying to organisations/agencies in England with functions relating to children, including VCSE organisations; central framework for child-centred, multi-agency help, support and protection.

Working Together 2026 statutory framework	Official summary of legislation relevant to safeguarding, including Children Acts, education, domestic abuse and data protection.
Children Act 1989	Sections 17 and 47 underpin children-in-need support and child-protection enquiries/significant-harm threshold; sections 44/46 cover emergency/police protection.
Children Act 2004	Co-operation and safeguarding arrangements, including sections 10, 11 and 16E-16K. Applies directly to specified bodies and informs contracted/partner practice.
Children and Social Work Act 2017	Reformed safeguarding-partner and child-safeguarding-practice-review arrangements through amendments to the Children Act 2004.
Children's Wellbeing and Schools Act 2026	Introduces further safeguarding/information-sharing and children's social care reforms. Several provisions depend on commencement, regulations or scope; monitor before relying on a duty.
Crime and Policing Act 2026	Removes regulated-activity supervision exemption from 1 Sept 2026. Sections 85-95 create a child sexual abuse reporting duty/obstruction offence but were not yet commenced when checked.
Safeguarding Vulnerable Groups Act 2006	Regulated activity, barred lists and restrictions; amended by later legislation including the Protection of Freedoms Act 2012 and Crime and Policing Act 2026.
DBS: supervised-role change from 1 Sept 2026	Official current guidance on removal of the supervision exemption, affected roles, frequency and barred-list eligibility.
Police Act 1997 / Rehabilitation of Offenders Act 1974	Framework for criminal-record certificates and lawful disclosure/consideration of convictions; checks must match legal eligibility.
Sexual Offences Act 2003	Principal sexual-offences framework, including offences against children and abuse of positions of trust.

Domestic Abuse Act 2021	Recognises a child who sees, hears or experiences the effects of domestic abuse as a victim in their own right where statutory conditions are met.
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Appendix C - legal and reference register (continued)

Source	Operational relevance
Female Genital Mutilation Act 2003 and Serious Crime Act 2015	Criminalises FGM/protection measures; section 5B mandatory police reporting applies personally to regulated health/social-care professionals and teachers for known cases in under-18s.
Anti-social Behaviour, Crime and Policing Act 2014	Includes forced-marriage offences/protection context. Never mediate or alert family where this may raise risk.
Marriage and Civil Partnership (Minimum Age) Act 2022	Minimum marriage/civil partnership age in England and Wales is 18; causing a child to enter marriage is criminalised even without coercion.
Modern Slavery Act 2015 and statutory guidance	Trafficking, slavery and exploitation; child safeguarding referral precedes/works alongside NRM referral by an authorised First Responder.
Counter-Terrorism and Security Act 2015 / Prevent Duty Guidance 2023	Prevent duty applies to specified authorities; LWP follows safeguarding/Channel pathways where appropriate and any contractual requirements.
Data Protection Act 2018 and UK GDPR	Lawful, fair and secure processing; Schedule 1 paragraph 18 provides a safeguarding condition for special-category data where criteria are met.
Data (Use and Access) Act 2025	Amends UK data-protection law, including lawful bases and children's data provisions; data procedures must reflect commenced amendments.
DfE Information sharing advice (May 2024)	Current non-statutory advice: consent is not required to share where a child is at risk or there is perceived risk of harm, provided a lawful basis/condition is identified.

ICO: 10-step child safeguarding sharing guide	Data-protection regulator guidance confirming that law enables necessary, fair and proportionate sharing to protect children.
Online Safety Act 2023	Duties for regulated online services and child-safety framework; scope must be assessed if LWP operates an in-scope service.
Equality Act 2010 and Human Rights Act 1998	Non-discrimination, reasonable adjustments and rights-respecting decision-making. Exact public-sector equality duties depend on status/functions.
Public Interest Disclosure Act 1998	Employment whistleblowing protection framework. Safeguarding concerns may also be raised directly with statutory services or prescribed bodies.
Keeping Children Safe in Education	Mandatory for schools/colleges. KCSIE 2025 remains in force to 31 Aug 2026; KCSIE 2026 takes effect 1 Sept 2026. LWP follows host requirements when delivering in education.
Leeds Safeguarding Children Partnership	Local multi-agency procedures, thresholds, concerns resolution, managing allegations, training and organisational policy resources.
Leeds LADO guidance	Official criteria and current Leeds contacts for allegations/concerns about adults working or volunteering with children.

