

A CHILD'S VOICE® WELLBEING SERVICES

Children's Safeguarding Policy

Early intervention, mental health and wellbeing services for
children and young people

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1. Policy statement

A Child's Voice® Wellbeing Services ("we", "us", "our") provides early intervention, mental health and wellbeing support for children and young people aged 8–17. Our services include a structured 10-week one-to-one intervention programme, PSHE lessons and resources for schools, professional training, and Mental Health Ambassador training for children and young people. We believe that every child has the right to be safe, to be heard and to be protected from harm, regardless of their age, disability, gender identity, race, religion or belief, sexual orientation, culture or background.

Safeguarding is everyone's responsibility. We are committed to creating an environment where children feel safe, listened to and believed, and where any concern about a child's welfare is taken seriously and acted upon promptly.

Our work is built on the principle that children's views, wishes and feelings matter. Listening to children is not only a core part of what we do; it is one of the most important ways we keep them safe.

2. Purpose and scope

The purpose of this policy is to:

- protect children and young people who receive our services or who come into contact with our staff and volunteers;
- set out clearly what everyone working with or for the organisation must do if they have a concern about a child;
- ensure that safeguarding is embedded in how we recruit, train, supervise and manage our people;
- make sure children's voices are central in all safeguarding decisions, wherever it is safe and appropriate to do so.

This policy applies to everyone working for or on behalf of A Child's Voice® Wellbeing Services, including the Business Owner, any directors, employees, associates, sessional and freelance practitioners, volunteers, students on placement, consultants and contractors. It applies to all activities, whether delivered face to face, in schools, early help and community settings, online, by telephone or by text/messaging.

For the purposes of this policy, a **child** is anyone under the age of 18. Where we work with young people aged 18 and over (for example, care leavers or young adults with additional needs), we will consider whether they are an adult at risk and follow our Adult Safeguarding Policy.

2.1 The nature of our service

Our services are **early intervention and prevention services**. They are **not** crisis services, emergency services, clinical assessment or treatment, and they do not replace statutory safeguarding duties, child and adolescent mental health services (CAMHS) or other specialist care. Because our work addresses emotional distress, self-harm and suicidal thoughts, children we work with are more likely than most to disclose serious harm or to be at risk. Safeguarding is therefore central to how we accept referrals, deliver sessions,

supervise practitioners and escalate concerns, and this policy must be read together with sections 9.5 to 9.7 and 19.

3. Legal and statutory framework

This policy has been developed in line with the following legislation and statutory guidance (each as amended from time to time):

- **Children Act 1989** (including s.17 children in need and s.47 significant harm) and **Children Act 2004** (including s.10 and s.11 duties to co-operate and to safeguard and promote welfare), and the **Children and Social Work Act 2017** (local safeguarding partnership arrangements);
- **Working Together to Safeguard Children** (statutory guidance, England, 2023 edition or any later edition), and **Keeping Children Safe in Education** (current edition, where we work in or alongside schools and colleges);
- **Safeguarding Vulnerable Groups Act 2006** (as amended by the Protection of Freedoms Act 2012): regulated activity, barred lists and the duty to refer to the DBS; the **Police Act 1997** (DBS checks); and the **Rehabilitation of Offenders Act 1974** and its Exceptions Order;
- **Crime and Policing Act 2026**: the statutory duty to report child sexual abuse, the offence of preventing or deterring a report, and the new child criminal exploitation and AI-generated child sexual abuse material offences (see section 9.4 for commencement status);
- **Sexual Offences Act 2003** (including sexual offences against children and the abuse of a position of trust), the **Protection of Children Act 1978** and the **Criminal Justice Act 1988** (indecent images of children);
- **Female Genital Mutilation Act 2003** and **Serious Crime Act 2015** (including the mandatory duty to report known cases of FGM in under-18s); **Modern Slavery Act 2015**; **Domestic Abuse Act 2021** (children recognised as victims of domestic abuse);
- **Counter-Terrorism and Security Act 2015** (the Prevent duty)
- **Online Safety Act 2023**;
- **Equality Act 2010** and **Human Rights Act 1998**;
- **UK GDPR**, the **Data Protection Act 2018** (including Schedule 1, paragraph 18, the safeguarding of children and individuals at risk condition) and the Data (Use and Access) Act 2025, so far as it amends them;
- **Public Interest Disclosure Act 1998** (whistleblowing) and the **Health and Safety at Work etc. Act 1974**;
- **Limitation Act 1980** (as amended by the Crime and Policing Act 2026, removing the limitation period for civil claims arising from child sexual abuse, which is a further reason to keep records and policies for the long term);
- **Companies Act 2006** and the requirements of any regulator, commissioner, framework or contract under which we deliver services (for example local authority or school commissioning conditions);

- the **UN Convention on the Rights of the Child**, in particular Article 12 (the right of the child to express their views and have them taken seriously);
- relevant Department for Education, NHS and NICE guidance on mental health, self-harm and suicide prevention in children and young people, and the multi-agency procedures of the **Medway Safeguarding Children Partnership** (where we are based) and of the safeguarding partnership and local authority for the area where each child lives or where our service is delivered.

3.1 Application across the UK

The core legal and procedural references above apply to England. Safeguarding structures differ in the other UK nations. If we deliver services in:

- **Wales:** the Social Services and Well-being (Wales) Act 2014 and the Wales Safeguarding Procedures apply, including a duty on relevant partners to report children at risk to the local authority;
- **Scotland:** the Children and Young People (Scotland) Act 2014, the National Guidance for Child Protection in Scotland, and the Protecting Vulnerable Groups (PVG) scheme administered by Disclosure Scotland apply in place of DBS checks;
- **Northern Ireland:** the Safeguarding Board for Northern Ireland Act 2011, the Children (Northern Ireland) Order 1995, Co-operating to Safeguard Children and Young People in Northern Ireland and Access NI checks apply.

Where we work in more than one nation, the DSL will maintain a short supplementary protocol for each nation setting out local referral routes, thresholds and vetting requirements, and this policy will be read together with it.

3.2 Status of this policy

Where this policy conflicts with a statutory duty, the statutory duty prevails. The DSL is responsible for monitoring changes to legislation and guidance and for proposing urgent amendments to the Business Owner and independent safeguarding adviser between annual reviews.

4. Safeguarding principles

- **The child's welfare is paramount.** It comes before the interests of the organisation, staff, volunteers or families.
- **Every child has the right to protection** from abuse, neglect and exploitation.
- **Children's voices matter.** We listen, we take what children say seriously, and we involve them in decisions that affect them as far as is safe and appropriate.
- **Early help is better than late intervention.** We act on concerns early, before problems escalate.
- **Safeguarding is a shared responsibility.** We work in partnership with children, families, schools, health services, the police and children's social care.
- **Always share, never keep secrets.** We never promise a child that we will keep what they tell us confidential where there is a safeguarding concern.
- **Proportionality and fairness.** We respond to concerns in a way that is proportionate, non-discriminatory and respects the rights of all involved.

5. Roles and responsibilities

5.1 Business Owner and independent oversight

The Business Owner holds overall accountability for safeguarding. Because we are a small independent business, we recognise the risk of safeguarding decisions resting with one person, and we therefore build in independent challenge. The Business Owner will:

- appoint a Designated Safeguarding Lead (DSL) and a suitably trained Deputy DSL, so that cover is always available and so that a concern about the DSL can be handled by someone else;
- appoint an **independent safeguarding adviser** who will review safeguarding records and practice at least three yearly, provide supervision and challenge to the DSL, receive any concern about the Business Owner or DSL, and carry out an annual safeguarding review;
- approve this policy, carry out a full review every three years, and, with the independent adviser, carry out an interim check at least annually to confirm that it still reflects the law, statutory guidance and practice;
- ensure safeguarding is adequately resourced, that safer recruitment practices are followed, and that every practitioner has access to regular supervision;
- maintain a safeguarding risk register and hold insurance that appropriately covers work with children, including professional indemnity and public liability, notifying insurers of relevant incidents;
- ensure compliance with legal obligations including DBS checks, data protection (including payment of the ICO data protection fee) and the requirements of commissioners and host organisations;
- ensure serious incidents are reported promptly to the police, children's services, the LADO, the DBS, commissioners, host organisations, insurers and any regulator where required (see section 22.1);
- ensure the Business Owner's own DBS check, identity check, training and supervision are in place and recorded, as for any other practitioner.

5.2 Designated Safeguarding Lead (DSL)

The DSL is Mary Brockwell, Business Owner. The Deputy DSL is to be recruited. The DSL will:

- be the first point of contact for all safeguarding concerns and provide advice and support to staff and volunteers, including a route for urgent advice during delivery hours (Monday to Friday, 9am to 5pm) and a clear out-of-hours arrangement;
- decide, in consultation with the person raising the concern, whether a referral to children's social care, the police or another agency is needed;
- make referrals and liaise with the local authority, the LADO, the police and other agencies;
- keep accurate, secure and confidential safeguarding records;
- ensure all staff and volunteers have appropriate safeguarding training and know how to raise a concern;

- complete DSL-level training and refresh it at least every two years, with regular updates in between;
- report to the independent safeguarding adviser on safeguarding activity, trends and learning.

5.3 All staff and volunteers

Everyone must:

- read, understand and follow this policy and the Code of Conduct (Appendix A);
- complete safeguarding induction training before working unsupervised with children, and refresher training thereafter;
- report any safeguarding concern, however small, to the DSL (or Deputy) immediately and on the same day;
- record concerns accurately and factually;
- never investigate a concern themselves;
- co-operate fully with any safeguarding enquiry.

Anyone may make a direct referral to children's social care or the police if they believe a child is at immediate risk and cannot reach the DSL or Deputy DSL.

6. Listening to children: our child's voice approach

Because our services exist to amplify children's voices, we recognise that children may disclose harm to us. We will:

- make sure every child knows who they can talk to, and how, if they are worried or something is wrong. This includes child-friendly information about safeguarding, confidentiality and how to complain;
- explain to children at the start of our work, in age-appropriate language, that we cannot keep information secret if it means someone may be at risk of harm;
- create safe, accessible and trusting spaces where children can express themselves in the way that works best for them (verbally, through art, play, writing, digital tools, advocates or interpreters);
- actively seek the views of children who may be less heard, including disabled children, those with communication needs, children who are looked after, refugees and asylum-seeking children, and children from minority communities;
- take children's views into account when deciding how to respond to a concern, and explain what is happening and why, unless doing so would put them or others at greater risk;
- involve children in reviewing our safeguarding approach, for example through feedback sessions and a young people's advisory group;
- ensure children know how to make a complaint and that complaints from children are treated seriously and not penalised.

7. Types of abuse and harm

All staff and volunteers must be familiar with the main categories of abuse and neglect. Abuse may be carried out by adults or by other children, in person or online, and a child may experience more than one type at the same time.

Category	Description
Physical abuse	Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. Includes fabricated or induced illness.
Emotional abuse	Persistent emotional maltreatment that harms a child's emotional development, such as conveying that they are worthless or unloved, humiliating or controlling them, silencing them, exposing them to domestic abuse, or causing them to feel frightened or in danger. Includes serious bullying and cyberbullying.
Sexual abuse	Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Includes contact and non-contact abuse such as exposure to sexual images, online grooming and sexual exploitation.
Neglect	Persistent failure to meet a child's basic physical and/or psychological needs, such as food, clothing, shelter, supervision, medical care, education or emotional warmth.

7.1 Specific safeguarding issues

We also recognise and respond to specific forms of harm, including:

- **Child sexual exploitation (CSE) and child criminal exploitation (CCE)**, including county lines, 'cuckooing' and the forced concealment of items inside the body, each of which may constitute a criminal offence against the adults responsible;
- **Image-based abuse**, including the sharing of nude or semi-nude images, sexual extortion ('sextortion'), and AI-generated or manipulated sexual images of children. Creating, possessing or sharing such images is a criminal offence even where the image is not of a real child;
- **Peer-on-peer abuse**, including bullying, physical and sexual violence, sexual harassment, abuse in teenage relationships and harmful sexual behaviour;
- **Online harms**, including grooming, sexting/sharing of nude or semi-nude images, exposure to harmful content, cyberbullying and online exploitation;
- **Domestic abuse**, including children experiencing it directly or witnessing it, and abuse within teenage relationships;
- **Female genital mutilation (FGM)**, forced marriage and so-called 'honour'-based abuse;
- **Radicalisation and extremism**;
- **Trafficking and modern slavery**;
- **Self-harm, suicidal thoughts and serious mental health concerns**;
- **Substance misuse** by a child or within the family;

- **Children missing from home, care or education;**
- **Private fostering** arrangements that have not been notified to the local authority;
- **Contextual safeguarding:** harm that occurs outside the home, in peer groups, communities or online.

7.2 Children who may be more vulnerable

Some children face greater barriers to being heard and protected. We take particular care with children who are disabled or have special educational needs, who are looked after or care experienced, who are young carers, who are refugees or asylum seekers, who experience poverty or housing insecurity, who identify as LGBTQ+, or who have experienced previous abuse or trauma. We never assume that a child's behaviour or presentation is solely due to their disability or circumstances; we always consider whether it may be a sign of harm.

8. Recognising signs of abuse

Signs of abuse are not always obvious, and no single indicator proves that a child is being harmed. Staff and volunteers should be alert to patterns and changes, including:

- unexplained injuries, or explanations that do not fit the injury;
- changes in behaviour, such as becoming withdrawn, aggressive, anxious or unusually clingy;
- reluctance to go home, or fear of a particular person;
- poor hygiene, being persistently hungry, inadequately dressed or unwell;
- sexualised language or behaviour that is inappropriate for the child's age;
- drops in attendance, concentration or engagement;
- unexplained gifts, money, phones or older 'friends';
- going missing, or being found in unusual places;
- self-harming behaviour, talk of suicide, or signs of an eating disorder;
- a disclosure, however indirect, partial or delayed.

If you are worried, **act on it**. It is never your job to decide whether abuse has taken place; it is your job to report your concern.

9. Responding to concerns and disclosures

9.1 If a child tells you something

If a child discloses abuse or harm, or you suspect something is wrong, remember the principles below.

- **Stay calm** and listen carefully. Do not express shock or disbelief.
- **Reassure** the child that they were right to tell you, that it is not their fault, and that you take them seriously.
- **Do not promise confidentiality.** Explain honestly that you will need to tell someone whose job it is to keep children safe.

- **Let the child lead.** Allow them to speak in their own words. Ask only open questions if you need to clarify ("Can you tell me more?"). Never ask leading questions or press for detail.
- **Do not investigate** or confront the person the child has named.
- **Explain what will happen next** in simple, honest terms, as far as you can.
- **Write it down** as soon as possible, using the child's own words, then report to the DSL.

9.2 Reporting procedure

1. **Make sure the child is safe.** If a child is in immediate danger or needs urgent medical attention, call **999**.
2. **Report to the DSL (or Deputy DSL) immediately**, on the same day, in person or by phone, and follow up in writing using the Safeguarding Concern Form (Appendix B). If neither is available, contact the local authority duty team or make a referral directly to children's social care.
3. **The DSL will assess the concern**, seek advice where needed, and decide on the appropriate response. This may be: (a) continued monitoring and support within the service; (b) offering or arranging early help; (c) a referral to children's social care for a child in need or at risk of significant harm; (d) a referral to the police if a crime may have been committed.
4. **Parents and carers** will normally be informed of concerns and referrals, unless doing so would place the child at greater risk, compromise a police investigation or affect the child's safety. The DSL will take advice before deciding not to inform parents or carers.
5. **Referrals** will be made without delay. Where a referral is made by telephone, it will be confirmed in writing within 24 hours, or any shorter period required by local procedures.
6. **Follow up.** If the DSL does not receive an acknowledgement or outcome within a reasonable time, they will chase it. If the response is considered inadequate, the DSL will escalate using the local escalation procedure.
7. **Record the outcome** and the reasons for all decisions, including decisions not to refer.
8. **Support and feedback.** The person who raised the concern, and where appropriate the child, will be given support and feedback to the extent that is permitted.

Referrals will be made to the children's services of the **local authority where the child lives** (and, if different, where the child is at risk or where the incident occurred), using that authority's front door, MASH or equivalent. For children living in **Medway: Medway Council Children's Services Reporting safeguarding concerns — Medway**

Where a child or young person living in Medway is considered to be at risk of harm, the Designated Safeguarding Lead (DSL) must take appropriate and timely action.

Concerns should be reported to Medway Children's Services First Response on 01634 334 466 during normal office hours, or 03000 419 191 outside normal office hours.

If the DSL is unavailable, cannot be contacted, or there is any delay in accessing them, the professional must contact Children's Services directly without delay. Professionals must not allow the absence of, or inability to contact, the DSL to prevent or delay a safeguarding referral.

Where a child or young person is in immediate danger, call 999.

All safeguarding concerns must be recorded accurately, including the concern raised, actions taken, decisions made, the rationale for those decisions and the outcome. Information must be shared appropriately and in accordance with safeguarding and data protection requirements.

. For children living in Kent: Kent Integrated Children's Services Front Door Reporting safeguarding concerns — Kent

Where a child or young person living in Kent is considered to be at risk of harm, the Designated Safeguarding Lead (DSL) must take appropriate and timely action.

Concerns should be reported to Kent Children's Social Services (Front Door Service) on 03000 41 11 11 during normal office hours, or by email to social.services@kent.gov.uk. Outside normal office hours, contact 03000 41 91 91.

If the DSL is unavailable, cannot be contacted, or there is any delay in accessing them, the professional must contact Children's Social Services directly without delay. Professionals must not allow the absence of, or inability to contact, the DSL to prevent or delay a safeguarding referral.

Where a child or young person is in immediate danger, call 999.

All safeguarding concerns must be recorded accurately, including the concern raised, actions taken, decisions made, the rationale for those decisions and the outcome. Information must be shared appropriately and in accordance with safeguarding and data protection requirements.

For children living elsewhere: [look up the local authority's details through the council website before delivery begins and record them in the placement file]. Police: **999** in an emergency; **101** otherwise.

9.3 Female genital mutilation (FGM)

Under the Serious Crime Act 2015, regulated professionals have a mandatory duty to report to the police if, in the course of their work, they are told by a girl under 18 that she has had FGM, or they observe physical signs of FGM. Where this duty applies, the DSL must be informed and the report to the police (via 101) must be made as soon as possible, ideally by the close of the next working day, and in any event within one month of the disclosure or discovery. The duty is personal to the professional who receives the disclosure or makes the discovery, so the DSL must be told but cannot make the report on their behalf unless the person agrees and it is made in time. Where there is a risk of FGM but it has not yet taken place, we will refer to children's social care and the police.

9.4 Statutory duty to report child sexual abuse

The Crime and Policing Act 2026 creates a statutory duty on people undertaking specified regulated activity with children in England to report child sexual abuse to the police or local authority where they are told about it by a child or by an adult involved, or where they witness it in person. It also creates a criminal offence of preventing or deterring someone from making such a report. The duty applies to individuals, not only to organisations, and failure to comply may lead to criminal, professional and barring consequences.

Whether or not, or from when, the statutory duty applies to a particular individual, at A Child's Voice® Wellbeing Services:

- every member of staff and volunteer must report any disclosure, observation or suspicion of child sexual abuse to the DSL **immediately and on the same day**;
- the DSL will make sure the report is made to the police and/or children's services without delay, will record the report, and will follow the statutory guidance on timing, exceptions and any risk to the child's life or safety;
- a person who is personally subject to the statutory duty remains responsible for ensuring that the report is made. Telling the DSL does not remove that responsibility unless the legislation or guidance says it does. If the DSL cannot be reached, make the report directly;
- no one may discourage, prevent or deter another person from making a report. Doing so is a disciplinary matter and may be a criminal offence;
- we will not delay a report in order to carry out an internal inquiry;
- reports are made to the agencies named in section 9.2 and Appendix C.

9.5 Self-harm, suicidal thoughts and immediate risk to life

Because our one-to-one work supports children who self-harm or have suicidal thoughts, the following applies to every practitioner. Practitioners must never carry acute risk alone, and must never promise a child that what they say about self-harm or suicide will stay secret.

Immediate danger

A child is in immediate danger if, for example, they have just self-harmed seriously, have taken or are about to take an overdose, have the means and intent to end their life, or cannot be kept safe. In that case the practitioner must:

1. **stay with the child** and not leave them alone, and keep calm and non-judgemental;
2. **call 999** (or ensure a member of host staff does so) if there is danger to life or a need for urgent medical treatment, and give first aid only if trained to do so;
3. **alert the host organisation's DSL and our DSL immediately**, by sending a colleague or telephoning, without leaving the child;
4. **make sure the child is handed to a responsible adult** (a parent or carer, or the host DSL) and does not leave unattended;
5. **inform parents or carers** as soon as possible, unless this would increase the risk to the child, in which case take advice from children's services;
6. **record** what happened, what was said and every action taken, and complete the concern form on the same day.

Raised but not immediate risk

Where a child discloses suicidal thoughts, new or escalating self-harm or a change in risk, but there is no immediate danger, the practitioner must report to our DSL and the host DSL **the same day**. The DSL will then decide, with the host DSL and, where needed, specialist advice, on the response. This may include:

- contact with parents or carers and agreement on supervision and means-restriction at home;
- a prompt referral or request for assessment by the child's GP, CAMHS, NHS 111 (selecting the mental health option where available) or the local children's mental health crisis service;
- a referral to children's social care where there are wider safeguarding concerns or the child is a child in need or at risk of significant harm;
- a written safety plan, agreed with the child and a trusted adult, identifying warning signs, safe people and places, and who to contact, including out-of-hours;
- increased check-ins and, where appropriate, pausing or adapting the programme until specialist assessment has taken place.

Boundaries

- Practitioners work only within their competence and the approved programme. They do not diagnose, give clinical treatment or offer crisis counselling.
- A brief check of how the child is feeling and any risk will be carried out at the start and end of each session, using the approved check-in tool, and recorded.
- Coping and safety strategies will only be taught from the approved programme and current evidence-informed guidance. Practitioners will not improvise techniques.
- Children will be given information about out-of-hours support suitable for their age and understanding, including **Childline (0800 1111)**, **Shout (text 85258)**, **Samaritans (116 123) or text 88247**, and told that 999 is for emergencies.
- Where a child is in contact with CAMHS or another specialist service, we will liaise with them, subject to appropriate consent and information-sharing arrangements.

9.6 Disclosures in workbooks, drawings and activities

Children may disclose harm, risk or distress through workbook entries, drawings, messages or activities rather than in words. Anything in a workbook or activity that suggests a child is being harmed, is at risk or is thinking of harming themselves is treated as a disclosure and handled in line with sections 9.1 to 9.5. Practitioners will review workbook content at the end of each session before it is stored or returned and will not leave workbooks where others can read them. Workbooks will be kept by the child as agreed in the consent form.

9.7 Disclosures made to adults during training or consultancy

When delivering professional training or consultancy, a participant may describe a current concern about a child, or a historical or personal experience of abuse. Staff will respond supportively, will not take on responsibility for the participant's own safeguarding duties, and will report any information that suggests a child is currently at risk to our DSL, who will

decide on referral and, where relevant, advise the participant to inform their own DSL. Adults who disclose personal experiences will be signposted to appropriate support.

10. Confidentiality, consent and information sharing

Information sharing is essential for effective safeguarding. Data protection law, including UK GDPR and the Data Protection Act 2018, **does not prevent** the sharing of information for the purpose of keeping children safe. Fears about sharing information must never stand in the way of the need to promote the welfare and protect the safety of children. We will:

- share safeguarding information on a need-to-know basis, only with those who need it to protect the child;
- rely on the appropriate lawful basis and conditions for safeguarding data (including, where appropriate, the 'safeguarding of children and individuals at risk' condition in Schedule 1 of the Data Protection Act 2018), and **not** make safeguarding referrals dependent on consent where it would put a child at risk;
- be open and honest with children and families about what will be shared and why, unless doing so would increase risk to the child or another person, or prejudice the prevention or detection of crime;
- consider each child's age, maturity and understanding (including whether they are competent to make decisions about their own information) while recognising that safeguarding duties still apply;
- record the reasons for sharing, or for not sharing, information;
- store safeguarding records securely, separate from general case files, with access restricted to the DSL, Deputy DSL and others where necessary, and with an access log;
- complete a Data Protection Impact Assessment where we use new systems or technologies to hold children's data, and maintain payment of our data protection fee to the Information Commissioner's Office 0303 123 1113.
- treat information about a child's mental health, self-harm or suicidal thoughts as special category data, identify the appropriate condition for processing it, and maintain an appropriate policy document where Schedule 1 of the Data Protection Act 2018 requires one;
- handle subject access requests and requests for erasure with advice from the DSL and, where needed, legal advice, since safeguarding records may be exempt from disclosure or erasure in whole or part;
- **retain** child protection records securely for at least until the child reaches the age of 25, or 7 years after the child's 18th birthday if longer; retain records of allegations against staff and volunteers for [the longer of 10 years or until the individual reaches normal retirement age; and not destroy any records relating to allegations or concerns of child sexual abuse without first taking legal advice, in line with the organisation's Retention Schedule and current guidance;
- never use information disclosed by children for any purpose other than their welfare and the delivery of the service without appropriate consent.

11. Allegations against staff, volunteers and others

We take all allegations or concerns about the conduct of an adult working with children extremely seriously. This includes concerns that someone has:

- behaved in a way that has 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 that indicates they may pose a risk of harm to children;
- behaved, or may have behaved, in a way that indicates they may not be suitable to work with children (including conduct outside work).

Any such concern must be reported **immediately to the DSL**, or, if the concern is about the DSL or Business Owner, to the **Deputy DSL or the independent safeguarding adviser TBV**. If neither is available, or you believe the concern will not be acted upon, contact the LADO or children's services directly. The following will happen:

the DSL (or Chair) will contact the **Local Authority Designated Officer (LADO)** for the relevant local authority Medway Local Authority Designated Officer (LADO)

- Telephone: 01634 331 065
- Email: child.protection@medway.gov.uk
- within one working day to discuss the concern and agree next steps;
- where the concern arises while a practitioner is working in a school or other host setting, the host's headteacher or DSL must also be informed, unless the LADO advises otherwise, and the host's procedures will be followed alongside ours;
- where the concern relates to a member of the host organisation's staff, it will be reported to the host's headteacher or manager (or, if it concerns them, the chair of governors or the LADO);
- no internal investigation will be started until advice has been received from the LADO and, if relevant, the police and children's social care;
- appropriate action will be taken to protect children, which may include suspension, redeployment or supervised work. Suspension is a neutral act and not a disciplinary sanction;
- the person subject to the allegation will be treated fairly and given support, and will be told what they need to know consistent with advice from the LADO;
- where a person is dismissed or leaves because of safeguarding concerns, or would have been had they not left, we will make a referral to the **Disclosure and Barring Service (DBS)** and, where relevant, to the appropriate professional regulatory body;
- allegations that are found to be false, malicious or unsubstantiated will be recorded, and appropriate support provided to all parties.

12. Whistleblowing

Everyone has a duty to raise concerns about poor safeguarding practice or the conduct of colleagues. We will support anyone who raises a concern in good faith, and will not tolerate

victimisation or detriment. Staff and volunteers who feel unable to raise a concern internally, or who are not satisfied with the response, can contact:

- the NSPCC Whistleblowing Advice Line: **0800 028 0285** (helpline@nspcc.org.uk);
- the independent safeguarding adviser LADO, if the concern relates to the Business Owner or DSL;
- the local authority LADO or children's social care directly.

See also our Whistleblowing Policy.

13. Safer recruitment and selection

We are committed to safer recruitment practices that deter, identify and reject people who may pose a risk to children. We will:

- include a safeguarding statement in all job advertisements, role descriptions and volunteer role descriptions;
- use application forms (not CVs alone) and explore any gaps in employment history;
- ensure at least one member of every interview panel has completed safer recruitment training;
- ask questions at interview about attitudes to children, motivation to work with them and suitability;
- verify identity and right to work in the UK;
- obtain an **enhanced DBS certificate with a check of the children's barred list** for all roles that involve regulated activity with children, and renew in line with organisational policy every 3 years or use the DBS Update Service;
- obtain at least two references, one from the most recent employer, and verify them by speaking to the referee where possible;
- verify relevant qualifications, professional registrations (for example social work, teaching, counselling or health regulators, where relevant) and, where applicable, overseas criminal records, and verify that any practitioner delivering one-to-one work has appropriate experience of working with children who self-harm or have suicidal thoughts;
- provide host organisations with evidence of DBS status and identity in advance, and ensure practitioners carry photo ID;
- carry out a probationary period, with supervision and review, for all new staff and volunteers;
- keep a Single Central Record of all pre-employment checks;
- apply the same standards to volunteers, students, agency staff and contractors who have access to children.

13.1 Barring, regulated activity and DBS duties

- Unsupervised, regular one-to-one delivery of our intervention, and regular delivery of training or instruction to children (such as Mental Health Ambassador training), is likely to be **regulated activity** (including advice or guidance wholly or mainly relating

to a child's well-being). The Business Owner will confirm the assessment role by role and take advice from the DBS if unsure.

- Where the Business Owner or a practitioner is self-employed, an enhanced DBS certificate with a children's barred list check may need to be obtained through an eligible umbrella body, the commissioning organisation or the DBS's guidance for self-employed people. We will take advice on the correct route rather than use a check for which the individual is not eligible.
- We will assess each role against the legal definition of **regulated activity with children** and record the outcome. An enhanced DBS check **with** a children's barred list check will be requested only for roles that legally qualify as regulated activity; an enhanced DBS check **without** a barred list check will be requested for eligible roles that are not regulated activity. We will not request checks that we are not legally entitled to request.
- It is a criminal offence to knowingly allow a person who is barred from working with children to do regulated activity, and for a barred person to seek or do such work. We will carry out a barred list check before any person starts regulated activity.
- We have a **legal duty to refer** to the DBS where we dismiss or remove someone from regulated activity because they have harmed, or posed a risk of harm to, a child (or would have done so had they not left). The DSL will make the referral without delay and keep a record of it.
- We will treat the DBS Code of Practice and our DBS policy on the secure handling and retention of certificate information as binding.
- Anyone who is undergoing a DBS check but has not yet received clearance will not work unsupervised with children, and any supervision arrangements will be risk-assessed and recorded.
- All staff and volunteers must tell the DSL if they are arrested, cautioned, charged or convicted of any offence, or if they become subject to a safeguarding investigation, including in a context outside work, as soon as it happens.

14. Training, induction and supervision

- All staff and volunteers will complete safeguarding induction before starting work and will be given a copy of this policy and the Code of Conduct.
- All staff and volunteers will complete safeguarding training appropriate to their role at least every 2 years, with annual updates on key issues.
- The DSL and Deputy DSL will complete advanced safeguarding training and refresh it at least every two years.
- Those with recruitment responsibilities will complete safer recruitment training.
- The Business Owner and any directors will complete safeguarding training appropriate to their role at least every 2 years.
- Practitioners delivering one-to-one work will complete specialist training in self-harm, suicide risk and responding to disclosures, and in trauma-informed and neurodiversity-aware practice, before working unsupervised, and will refresh it at least every 2 years.

- Practitioners delivering one-to-one work will receive reflective and safeguarding supervision at least monthly from an appropriately qualified supervisor, with a standing item on safeguarding, risk, caseload and practitioner wellbeing. Supervision will be recorded.
- Training records will be kept and monitored by the DSL.

15. Code of conduct and safe working practice

All staff and volunteers must follow the Code of Conduct in Appendix A. In particular:

- **Working one-to-one:** one-to-one sessions are central to our service, so they must be planned and transparent. Sessions will take place in a room agreed in advance with the host organisation that has a glass panel, an open door or other means of being seen, never in a car, home or other unobserved private space unless risk-assessed and authorised in writing by the DSL. A member of host staff will know when and where each session is taking place, session times will be logged, and the practitioner will sign in and out. Parents or carers will be told that sessions are one-to-one. Any online one-to-one sessions will follow section 16.1.
- **Physical contact:** avoid unnecessary physical contact. Comfort or reassurance must be age-appropriate, given with the child's consent and in view of others where possible.
- **Relationships:** staff and volunteers must never form relationships with children that cross professional boundaries. Any sexual activity with a child under 16 is a criminal offence. Any sexual activity with a 16 or 17 year old who is in your care, supervision or training, or with whom you are in a position of trust, is also a criminal offence (abuse of a position of trust under the Sexual Offences Act 2003), whether or not the young person appears to consent. Any such conduct, and any romantic or sexual relationship with a child you work with, will result in dismissal, a report to the police and a referral to the DBS.
- **Gifts and favouritism:** do not give gifts, money or special favours to individual children, and report any gifts offered to you.
- **Transport:** transport of children by staff or volunteers must be authorised in advance, with appropriate insurance and a second adult where possible.
- **Home visits and lone working:** carried out in line with the Lone Working Policy and risk assessments, with a check-in system for staff safety.
- **Residential or overnight activities:** subject to additional risk assessment, adult-to-child ratios and separate sleeping arrangements.

16. Online safety, photography and social media

16.1 Online safety

- Staff and volunteers must only use organisational accounts, devices and platforms (agreed by the DSL) to communicate with children. Communication will be professional, transparent and, where possible, copied to a second adult or parent/carer.

- Staff and volunteers must **not** connect with children on personal social media accounts, give out their personal phone numbers or email addresses, or use private messaging apps.
- Online sessions will be delivered using approved platforms, with appropriate settings (e.g. waiting rooms, no private chat between adults and children, no recording unless agreed), and at least two adults present, or one adult with the session's details logged and shared with a manager.
- Children will be given guidance on staying safe online and know who to tell if something online worries them.
- Any online safety incidents (including cyberbullying, grooming concerns or sexting) will be reported to the DSL immediately. Staff must not view, copy or forward any indecent image of a child; they must secure the device and report it to the DSL.

16.2 Photography, video and use of children's stories

- We will obtain informed, written consent from the child (where they are of an age to give it) **and** their parent/carer before taking, using or sharing photographs, video, audio, artwork or stories.
- Consent will state how the material will be used (e.g. website, social media, reports, campaigns) and for how long, and children will be told that they can withdraw consent at any time.
- Children's full names, school, address or other identifying details will not be published alongside images. Care will be taken that stories or case studies do not put children at risk of identification.
- Photographs will only be taken using organisational devices. Staff must not use personal phones or cameras.
- Children who are looked after, subject to court orders or at risk will not be photographed or identified without specific advice from the DSL and the relevant authority.

16.3 Artificial intelligence and children's data

- Staff and volunteers must not enter children's names, personal details, safeguarding information or recordings into any AI tool, transcription service or other third-party platform unless it has been approved by the DSL and the data protection lead, with a Data Protection Impact Assessment where required.
- AI tools must not be used to create, alter or share images or videos of children, other than as approved in writing by the DSL and with consent under section 16.2.
- Any AI-generated or manipulated sexual image of a child is treated as child sexual abuse material. Do not view, copy, forward or delete it; secure the device and report it to the DSL immediately, who will report it to the police and, where relevant, the Internet Watch Foundation.
- Children who use AI chatbots, apps or platforms as part of our services will be given guidance on safe use, and any concern that a child is being harmed or exploited through such tools will be reported to the DSL.

17. Bullying, peer-on-peer abuse and harmful sexual behaviour

We do not tolerate bullying or abuse between children. We will take all reports seriously, never dismiss them as “banter” or “just growing up”, and will handle them as a safeguarding matter. The DSL will assess the risk to all children involved, both those harmed and those who have displayed the behaviour, and take appropriate action, which may include a referral to children’s social care, the police or specialist services. Both the child who has been harmed and the child who has displayed the harmful behaviour will be supported.

18. Health, safety and venues

- Risk assessments will be completed for all activities, venues and events involving children, and reviewed regularly.
- We will check that any venue we use has its own appropriate safeguarding arrangements, and we will share this policy with host organisations and obtain their safeguarding policy.
- Appropriate adult-to-child ratios will be set for every activity in line with the age and needs of the children and any relevant guidance.
- Parents/carers will be given emergency contact details and information on drop-off and collection procedures.
- Registers will be taken at every session and incidents or accidents will be recorded and reviewed by a manager.

19. Delivering our services safely: schools, commissioners, licensees and peer supporters

19.1 Delivery in schools and commissioner settings

Before work starts with a school, local authority or other commissioner, we will agree in writing:

- the named DSLs on both sides and how they can be reached during sessions;
- where sessions will take place and how they will be observed or supported, in line with section 15;
- how parents and carers will be informed and consent obtained (section 19.2);
- what the host will tell us in advance about the child’s needs, risks, existing safeguarding concerns and involvement of other services;
- what happens in a crisis, including who calls 999, who contacts parents, and who stays with the child;
- information sharing, recording and who holds records;
- that the host retains its own statutory safeguarding duties, and that we will follow the host’s safeguarding policy as well as ours.

Dual reporting. When a practitioner has a concern about a child in a host setting, they must tell the host’s DSL and our DSL on the same day. The host DSL is responsible for decisions about the child while they are in the host’s care, but where our DSL believes a concern has

not been acted on appropriately, our DSL will escalate it, including by referring directly to children's services. Where the child is not a pupil of the host, our DSL leads the response.

19.2 Referral, suitability and consent

- We accept referrals only from schools, local authorities, early help and other professionals; parents or carers and only where we have enough information to judge whether our service is suitable, including a completed referral form.
- We will not accept, or will pause, work with a child who is in acute crisis, who needs clinical assessment or specialist treatment first, or whose risk is higher than our service is designed to manage, unless specialist services are involved and agree the arrangements.
- We will obtain informed written consent from a parent or carer before working one-to-one with a child under 16, and the child's own agreement (assent) in a form suited to their age and understanding. For 16 and 17 year olds, the young person's own consent is central; parents or carers will be informed where appropriate and in line with the host's policy, and we will take advice where there is doubt. For children who are looked after or subject to court orders, consent will be sought from the person with parental responsibility and the local authority as required.
- At the start of the programme, the practitioner will explain in child-friendly language what the sessions involve, the limits of confidentiality, who may be told what, and how the child can ask questions, stop or complain.
- Records of sessions will be factual, kept in line with section 10, and will not be shared with the referrer beyond what is necessary, proportionate and agreed, except where safeguarding requires otherwise.
- We will consider each child's needs, including neurodivergence, communication differences, disability, language and culture, and adapt delivery, rather than assume that behaviour or presentation is only due to a child's condition.

19.3 PSHE lessons, licences and training of others

When we license our PSHE lesson programme or train other professionals to deliver our intervention, those organisations remain responsible for the day-to-day safeguarding of the children they work with, including their own DBS checks, policies, supervision and referral processes. We will:

- state in licence and training terms that our materials supplement, and never replace, the licensee's statutory safeguarding duties and policies, and that licensees must deliver within their own safeguarding procedures;
- include guidance in our materials and training on responding to disclosures, signposting and avoiding harm, including safe messaging about self-harm and suicide;
- keep a register of licensees and trained professionals and the date each licence or training was given;
- act on any safeguarding concern about the way our materials or training are being used, including, where necessary, withdrawing a licence or accreditation and informing relevant authorities.

19.4 Mental Health Ambassador training for children and young people

- Mental Health Ambassadors are peer supporters, not counsellors or safeguarding leads. They are never responsible for another child's safety.
- Training will make clear that ambassadors must never keep secrets, must not try to manage a friend's risk themselves, and must always pass concerns to a named trusted adult.
- Each ambassador scheme will have a named supervising adult at the host school, parent or carer consent, a written role description, and age-appropriate content.
- Ambassadors will be protected from being exposed to graphic or inappropriate material, and we will consider their own wellbeing and risk of burnout, including offering them support.
- Any concern about an ambassador's own welfare, or about peer-on-peer harm within the scheme, will be reported under section 9.

19.5 Partners, contractors and other organisations

Where we work in partnership with other organisations, we will make sure that clear safeguarding responsibilities are agreed in writing, that partners have appropriate policies and procedures in place, and that concerns are shared promptly. Any contractor, freelancer or associate who works with children on our behalf will be subject to the same checks, training, supervision and expectations as our own staff. Where we deliver services in another organisation's setting, we will follow that organisation's safeguarding procedures alongside our own, and inform them immediately of any concern.

20. Prevent duty and extremism

We recognise our role in protecting children from the risk of being drawn into extremism or terrorism. Any concern that a child may be at risk of radicalisation will be reported to the DSL, who will consider making a referral to Channel via the local authority or police Prevent team, alongside any safeguarding referral, and will seek advice from

Medway Prevent — contact details

For your A Child's Voice® Wellbeing Services Safeguarding Policy, the official Kent and Medway Prevent contact details are:

- Prevent team email: prevent@kent.gov.uk
- Telephone: 03000 414141 — listed in the Kent and Medway Prevent information leaflet.

Prevent referral email: preventreferrals@kent.police.uk

21. Complaints and feedback

Children, parents/carers, staff and volunteers can raise concerns or complaints about our safeguarding practice. We will provide child-friendly information on how to complain and will ensure that no child is disadvantaged for doing so. Complaints will be handled in line with

our Complaints Policy. Where a complaint contains a safeguarding concern, it will be referred to the DSL immediately.

22. Learning from incidents and monitoring

We will review all safeguarding incidents, near misses and serious concerns to identify learning and improve practice. The DSL will report anonymised data to the independent safeguarding adviser and the Business Owner on a regular basis, including the number and nature of concerns, referrals made, allegations, training completion and any themes or trends. We will participate in any local safeguarding practice reviews or serious case reviews as required.

22.1 Regulatory and insurer reporting

The DSL and the Business Owner will consider, in every serious safeguarding incident, whether the matter must be reported to:

- **commissioners and host organisations** (including schools and local authorities), in line with contracts and information-sharing agreements;
- the **police, children's social care**, the **LADO** and the **DBS** as set out in sections 9 and 11;
- any regulator with which we are registered or which our commissioners require us to inform;
- our **insurers**, in line with policy conditions;
- the **Information Commissioner's Office** within 72 hours where a safeguarding incident involves a personal data breach that is likely to result in a risk to individuals;
- funders and commissioners, where required by contract.

A record of the decision and reasons for reporting, or not reporting, will be kept.

23. Policy review

This policy was approved by M Brockwell, Business Owner, on 1 October 2026 (version 1) and will be fully reviewed by 1 October 2029, and approved by the Business Owner following review by the independent safeguarding adviser. The DSL will carry out an interim check at least once every 12 months, and the policy will be reviewed and re-approved sooner if legislation or statutory guidance changes (in particular the commencement of the mandatory reporting duty in section 9.4). It will also be reviewed following any serious incident, significant change in legislation or guidance, or changes in the services we provide. All staff and volunteers will be informed of changes and given a copy of the updated policy. Children and families will be provided with accessible information about our safeguarding approach.

Signed: Mary Brockwell _____ Name: M Brockwell, Business Owner
Date: 1 October 2026

Appendix A: Code of conduct for staff and volunteers

I will

- treat every child with respect, dignity and fairness, and listen to what they say;
- put the welfare of the child first at all times;
- be a positive role model in the way I speak, behave and dress;
- respect children's privacy, and explain the limits of confidentiality;
- work in an open and transparent way, and avoid situations where I am alone and unobserved with a child;
- report any concern, disclosure or allegation to the DSL straight away;
- challenge poor practice and report it;
- use organisational channels for all communication with children;
- obtain consent before taking and using any images or recordings;
- tell the DSL if I am arrested, cautioned, charged or convicted, or if my circumstances change in a way that may affect my suitability to work with children;
- attend all required safeguarding training.

I will not

- use physical punishment or any form of humiliation, intimidation or discrimination;
- swear, use sexualised or inappropriate language or tell inappropriate jokes in front of children;
- form a sexual, romantic or inappropriate emotional relationship with a child;
- have any children I work with as friends or followers on my personal social media;
- give my personal contact details to children, or contact them privately;
- take children to my home, or transport them without authorisation;
- keep secrets with a child, or promise confidentiality;
- be under the influence of alcohol or drugs while working with children;
- give gifts or favours to individual children, or accept them in a way that could compromise my position;
- ignore or fail to report allegations or concerns, however small they may seem.

I confirm that I have read and understood the Children's Safeguarding Policy and Code of Conduct and agree to follow them.

Name: _____ Signature: _____ Date: _____

Appendix B: Safeguarding concern form

Complete this form as soon as possible after a concern arises, and pass it to the DSL on the same day. Record facts, use the child's own words where possible, and distinguish fact from opinion. Do not delay speaking to the DSL while you complete the form.

Child's name	
Date of birth / age	
Address	
Any disability, SEN, language or communication needs	
Parent / carer details	
Date, time and place of incident/disclosure	
Name and role of person reporting	
Description of concern or disclosure (what was seen, heard or said; child's own words; who else was present)	
Child's views and wishes (if known)	
Any visible injuries or signs (describe; do not photograph unless instructed)	
Self-harm or suicide indicators (thoughts, plan, means, intent, recent attempt, protective factors), if relevant	
Action taken at the time	
Signature of person reporting / date	

For DSL use only

Date and time received	
Advice sought from (e.g. children's services, LADO, police)	

Decision and rationale	
Referral made? (Y/N) Agency, date, name of contact, reference no.	
Parents / carers informed? (Y/N) Reason if not	
Host organisation DSL informed? (Y/N) Name, date and time	
Follow-up actions, review dates and outcome	
DSL signature / date	

Appendix C: Key contacts

Role / organisation	Contact details
Designated Safeguarding Lead	Mary Brockwell, Business Owner: confirm Tel: 07760 464294 Email: office@achildsvoice.co.uk
Deputy DSL	TBV
Independent safeguarding adviser	Local Authority Medway
Host school / organisation DSL	Record on the placement file for each setting:
Children's Services: Medway	Concerns should be reported to Medway Children's Services First Response on 01634 334 466 during normal office hours, or 03000 419 191 outside normal office hours.
Children's Services: Kent	Concerns should be reported to Kent Children's Social Services (Front Door Service) on 03000 41 11 11 during normal office hours, or by email to social.services@kent.gov.uk. Outside normal office hours, contact 03000 41 91 91.
Children's Services: child's home local authority (other)	https://www.gov.uk/government/collections/childrens-social-care
LADO (Local Authority Designated Officer)	Medway Local Authority Designated Officer (LADO) <ul style="list-style-type: none"> • Telephone: 01634 331 065 • Email: child.protection@medway.gov.uk
Medway Safeguarding Children Partnership	https://www.medwayscp.org.uk/
Police	Emergency: 999 Non-emergency: 101
NHS 111 (select mental health option where available)	111
Local CAMHS / children's mental health crisis service	111 option 1
Prevent / Channel	<ul style="list-style-type: none"> • Prevent team email: prevent@kent.gov.uk • Telephone: 03000 414141 — listed in the Kent and Medway Prevent information leaflet. • Prevent referral email: preventreferrals@kent.police.uk • Online information and referral forms: Medway Council — Reporting radicalisation or extremism with Prevent • Act Early Support Line: 0800 011 3764.

Role / organisation	Contact details
NSPCC Helpline (for adults concerned about a child)	0808 800 5000 help@nspcc.org.uk
NSPCC Whistleblowing Advice Line	0800 028 0285 help@nspcc.org.uk
Childline (for children and young people)	0800 1111 www.childline.org.uk
Shout (text support)	Text 85258
Samaritans	116 123 www.samaritans.org
Police and emergency services	999
DBS	www.gov.uk/disclosure-barring-service
Information Commissioner's Office (ICO)	0303 123 1113 www.ico.org.uk

This list should be checked and updated every six months, and displayed where staff and volunteers can easily find it.

Appendix D: Quick guide, what to do if you are worried about a child

1	STOP and LISTEN. Stay calm. Let the child speak in their own words. Do not ask leading questions. Do not promise to keep it secret.
2	REASSURE. Tell the child they did the right thing by telling you and that it is not their fault.
3	ACT. If the child is in immediate danger, call 999. Otherwise tell the DSL (or Deputy) today. Do not investigate or confront anyone.
4	RECORD. Write down what you saw and heard as soon as possible, using the child's words. Sign and date it. Complete the concern form (Appendix B).
5	REPORT. The DSL decides on action and, where necessary, refers to children's social care and/or the police. If you cannot reach the DSL, contact children's services directly.
6	SUPPORT. Look after yourself and seek support through your manager or DSL. Keep information confidential and share only with those who need to know.

If a child talks about suicide or has seriously self-harmed: stay with them, never leave them alone, call **999** if there is immediate danger, and tell our DSL and the host school's DSL straight away. See section 9.5.

If your concern is about a member of staff, volunteer or anyone in a position of trust, report it immediately to the DSL, or, if it concerns the DSL or Business Owner, to the Deputy DSL or independent safeguarding adviser duty team at the local authority. The LADO must be contacted within one working day.

Remember: it is not your job to decide whether abuse has taken place. It is your job to pass on your concern.

Appendix E: Safeguarding compliance checklist (for the Business Owner, independent adviser and DSL)

Use this checklist at adoption and at each annual review to confirm that the policy is supported in practice. A policy on paper is not enough: regulators, funders and courts look for evidence.

Requirement	Policy ref.	Evidence held / location	Owner and date checked
DSL and Deputy DSL appointed, trained within the last 2 years	5.2, 14		
Independent safeguarding adviser appointed; annual safeguarding review completed	5.1		
Policy approved and within its review date; annual interim check completed	1, 23		
All staff and volunteers trained and signed code of conduct	14, App. A		
Role-by-role regulated activity assessment completed	13.1		
DBS checks (correct level) and barred list checks recorded; Single Central Record up to date	13, 13.1		
Business Owner's and directors' own DBS, identity and training records in place	5.1, 13.1		
Safer recruitment trained person on every panel	13		
Mandatory reporting duty: commencement and guidance checked; staff briefed	9.4		
FGM duty and Prevent duty briefings delivered	9.3, 20		
Local safeguarding partnership, LADO and children's services contacts verified	App. C		
Concern forms, decisions and referrals recorded and stored securely	9, 10, App. B		
Retention schedule agreed; data protection and ICO registration in place	10		
Consent forms for photography, media and case studies in use	16.2		

Requirement	Policy ref.	Evidence held / location	Owner and date checked
Online safety and AI use arrangements risk assessed	16, 16.3		
Risk assessments for activities, venues, online sessions and lone working	15, 18		
Partner, venue and contractor safeguarding agreements in place	19		
Children informed how to raise concerns; child-friendly materials available	6, 21		
Whistleblowing and complaints procedures publicised	12, 21		
Insurance cover confirmed for work with children	5.1, 22.1		
Independent adviser receives regular safeguarding reports; serious incident decisions recorded	5.1, 22		
Self-harm and suicide risk protocol briefed; practitioners trained; supervision logged	9.5, 14		
Written agreement in place with each host school or commissioner (DSL contacts, crisis arrangements, information sharing)	19.1		
Referral suitability checks and consents recorded for every child	19.2		
Licence and training terms include safeguarding statements; register kept	19.3		
Mental Health Ambassador schemes risk assessed, supervised and consented	19.4		