C01a Safeguarding and Child Protection Policy – England

Harrow Carers

Final board-ready version
This policy sets out Harrow Carers' arrangements for safeguarding and protecting children and young people under the age of 18.

1.0 SCOPE

1.1 The following documents **together** set out the organisation's approach to safeguarding and protecting children and young people under the age of 18:

- C01a - policy
- C01b - procedure for managers
- C01c - guidance for staff
- C01d - guidance for volunteers
- C01e - abuse of children: factors, types and indicators
- D03f – guidelines on the use of restrictive intervention.

1.2 These documents collectively aim to safeguard and protect from abuse, harm or neglect ALL children and young people with whom staff come into contact, promoting wellbeing and ensuring prompt, effective responses to concerns. This includes (but is not limited to) children and young people who:

- have an illness or disability
- have sensory loss
- have special educational needs
- are young carers
- live in challenging family circumstances
- are involved in anti-social or criminal behaviour
- go missing from home
- are at risk of slavery, trafficking, exploitation, or radicalisation
- view inappropriate online content
- have returned home from Care
- are showing early signs of abuse or neglect

This policy applies to safeguarding concerns arising before birth and to all children, including those living with birth or extended family, in kinship or special guardianship arrangements, adopted children, looked-after children in foster or residential settings, and care leavers where safeguarding duties remain relevant.

1.3 This policy will be read alongside organisational policies on:

- confidentiality and disclosure (providers of regulated services, see D05)
- whistleblowing
- diversity and equality
- code of conduct
- compliments and complaints

© Carers Trust. Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: Carers Trust, 66 Paul Street, London, EC2A 4NE.

- professional boundaries.

1.4 Regulated service providers with access to the Operational Policy Framework will also read:
- C02 - children's personal care, including duty of candour
- C03 - children's medication, including medicines-related safeguarding incidents
- D03 - behaviour management, including use of restraint
- D04 - autonomy and independence, including consent, Mental Capacity Act, Deprivation of Liberty Safeguards
- D07 - financial protection
- AT18 - missing persons (model policy).

1.5 Organisations may create additional local guidance on bullying where relevant.

A young carer is entitled to a needs assessment where it appears that they may have needs for support or where the young carer or their parent requests one. The assessment must consider whether it is appropriate for the child to provide or continue providing care, the impact on their health, development, education, training and recreation, and their wishes and support needs. Staff must identify potentially excessive or inappropriate caring responsibilities, explain the right to assessment, support referral to the local authority, and coordinate with children's and adult services using a whole-family approach.

1.6 The term 'staff' as used in this policy refers to both employees and volunteers.

2.0 LEGISLATION AND STATUTORY GUIDANCE

2.1 Legislation

The organisation seeks to comply with:
- Children Act 1989
- Human Rights Act 1998
- Protection of Children Act 1999
- Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Health and Social Care Act 2008
- Equality Act 2010
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- The Young Carers (Needs Assessments) Regulations 2015
- Care Act 2014, including the duties relating to transition assessments for young carers who are likely to have needs for support after reaching 18 and where an assessment would be of significant benefit.
- Counter-Terrorism and Security Act 2015
- Children Act 2004 as amended by Children and Social Work Act 2017
- General Data Protection Regulation (GDPR) and Data Protection Act 2018[1]

[1] The UK GDPR and Data Protection Act provide a framework to ensure that personal information about living persons is shared appropriately. See Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers

© Carers Trust

- Domestic Abuse Act 2021[2]
- Children's Wellbeing and Schools Act 2026, **TO THE EXTENT THAT ITS RELEVANT PROVISIONS ARE IN FORCE AND** applicable to **THE ORGANISATION'S FUNCTIONS, INCLUDING** information sharing **AND LOCAL** multi-agency **SAFEGUARDING ARRANGEMENTS.**
- Section 11 of the Children Act 2004, as amended, which requires relevant organisations to make arrangements to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children

2.2 Guidance

- 'Working together to safeguard children' statutory guidance, updated 2026
- NSPCC Safeguarding and child protection guidance
- The eight Caldicott principles of good information sharing
- Information Sharing Duty statutory guidance, September 2026, issued under section 16LA of the Children Act 2004, alongside the associated multi-agency data-sharing agreement templates

Where Harrow Carers delivers services in, for, or on behalf of a school or college, relevant staff will also follow Keeping Children Safe in Education 2026, which came into force on 1 September 2026, together with the safeguarding procedures agreed with that education provider.
Children's Social Care National Framework, updated July 2026, including its principles for practice, expected outcomes and expectations for effective multi-agency working.

2.3 Information sharing will be undertaken promptly, proportionately and lawfully where it is necessary to safeguard or promote the welfare of a child. Staff must not allow uncertainty about data protection to delay sharing information where a child may be at risk of harm. Decisions to share, or not to share, safeguarding information must be recorded with the rationale for the decision.

Before the Information Sharing Duty under section 16LA of the Children Act 2004 comes into force on 30 September 2026, the organisation will assess whether it is within scope, identify responsible roles, update privacy information and procedures, train relevant staff, and agree or refresh strategic and operational data-sharing arrangements with safeguarding partners. Staff will consider whether information is relevant to safeguarding or promoting a child's welfare, share it when the statutory conditions are met, record what was shared and why, and consider whether sharing would be detrimental to the child.

3.0 POLICY STATEMENT

3.1 The organisation:

- recognises that the welfare of a child or young person is paramount
- commits to preventing, identifying and responding to abuse
- promotes a child-centred, family-inclusive approach to safeguarding
- encourages a safe, open culture where concerns can be raised
- avoids closed cultures[3] and oppressive practices
- ensures learning from safeguarding incidents informs improvement.

3.2 The organisation recognises that children's vulnerability and access to help may be shaped by poverty, racism, discrimination and other structural inequalities; by peer

[2] Domestic abuse statutory guidance (June 2022)

[3] How CQC identifies and responds to closed cultures - Care Quality Commission

© Carers Trust

groups, neighbourhoods and online environments; and by intersecting disadvantage. Staff and leaders must identify, understand and challenge racism and discrimination, use culturally informed and anti-discriminatory practice, and consider whether disproportionality or bias has affected recognition of need, assessment, decision-making or access to support.

3.3 We explicitly discharge our Section 11 Children Act 2004 duty to safeguard and promote the welfare of children through strong governance, safer recruitment, effective supervision and robust multi-agency working.

3.4 We honour the principles of the United Nations Convention on the Rights of the Child, including the child's right to be protected from harm, to be heard, to have their best interests treated as a primary consideration, and to receive support without discrimination.

3.5 Children and young people will be listened to, taken seriously and supported to express their wishes, feelings and lived experience in a way that is appropriate to their age, understanding, communication needs and circumstances. Their views will inform safeguarding decisions wherever it is safe and appropriate to do so.

3.6 Our staff will never use any form of corporal punishment in relation to children and young people who access our services.

3.7 We recognise that children or young people who see, hear or experience the effects of domestic abuse are victims in their own right in line with the Domestic Abuse Act 2021 and its statutory guidance.

3.8 Staff will make reasonable adjustments so that children with disabilities, communication needs, sensory needs, neurodiversity, language barriers or trauma-related needs can understand safeguarding processes and communicate concerns. This may include interpreters, accessible information, advocacy, visual aids or specialist communication support.

3.9 The organisation recognises that children and young people may be harmed through online contact, digital exploitation, cyberbullying, grooming, image-based abuse, coercive control, radicalisation, exposure to harmful content, or unsafe use of social media and messaging platforms. Staff must treat online harm as a safeguarding concern and follow the same reporting and escalation routes as for offline harm.

Staff must consider whether a child is experiencing more than one form of harm at the same time. Assessments and referrals must not treat individual indicators in isolation and must consider hidden harm, including child sexual abuse, teenage relationship abuse, coercive control, group-based exploitation, online harm, and honour-, faith- or belief-based abuse.

3.10 Restrictive intervention

3.10.1 The organisation is committed to preventing the misuse or inappropriate use of restrictive interventions. Any practice that restricts a child or young person's movement, liberty or rights will only be used as a last resort, be proportionate, time-limited, and follow the principles set out in the organisation's guidelines on the use of restrictive intervention (D03f). Staff must never use restrictive intervention in a way that is punitive, degrading, or motivated by convenience.

3.10.2 The organisation ensures that any restrictive practice:

- is supported by a structured risk assessment and care plan where planned (see D03f)

© Carers Trust

- is recorded, reported and reviewed promptly when unplanned
- is monitored through governance and quality assurance processes to prevent improper treatment.

4.0 RESPONSIBILITIES OF TRUSTEES

4.1 Governance duties

Trustees have a statutory responsibility to ensure that the organisation has effective safeguarding arrangements in place in accordance with Charity Commission and CQC expectations.

4.2 Suitability

Trustees must promptly disclose any personal safeguarding issues, including allegations, investigations or incidents that could affect their suitability for the role.

4.3 Policy familiarity

The organisation's trustees will familiarise themselves with the content of this policy and be aware of the associated procedure and guidance documents. Responsibility for having detailed knowledge of the procedure and guidance and monitoring compliance may be carried out by a nominated board member or delegated to a senior member of the management team.

4.4 Ensuring safe staffing systems

Trustees will ensure managers have effective systems in place whereby staff:

- understand and apply the safeguarding and child protection policy documents
- receive safeguarding training relevant to and at a suitable level for their role
- recognise cultural, linguistic, disability-related and equality-related risk factors
- understand their safeguarding responsibilities and reporting pathways
- promote a culture of listening to children and young people
- know how to escalate safeguarding concerns
- receive appropriate supervision and support, including following a safeguarding or child protection incident
- maintain safe, professional boundaries.

4.5 Oversight and assurance

Trustees will:

- promote openness and candour across the organisation
- ensure senior leaders are fully committed to children's safeguarding and child protection practice
- ensure **zero tolerance** to abuse, discrimination, inhuman or degrading treatment, inappropriate restraint or restrictions
- ensure systems for scrutiny and internal inspection maintain safeguarding quality
- ensure improvements and learning are shared with all staff
- oversee performance and risk relating to children's safeguarding and child protection
- ensure support is available for whistleblowers

4.6 Statutory and procedural compliance

Trustees will ensure managers operate systems that:

© Carers Trust

- engage with local safeguarding children partnership arrangements and relevant local authority children's services pathways
- implement inter-agency agreements and information-sharing protocols
- work cooperatively with statutory, voluntary and independent agencies
- select, recruit and vet staff in line with legislation
- meet statutory reporting duties, including incident notifications and Duty of Candour (CQC Regulations 18 & 20) [cqc.org.uk]
- undertake Disclosure and Barring Service[4] checks and make referrals as required
- apply safer recruitment controls, including role risk assessment, identity and right-to-work checks, references, safeguarding questions at interview, appropriate DBS checks, induction, probationary oversight and ongoing supervision
- manage allegations against staff in line with local authority protocols
- follow reporting requirements as set out in C01b.

4.7 **4.7 Designated children's safeguarding and child protection officer**
The organisation will appoint a competent, designated children 's safeguarding and child protection officer, who will maintain up-to-date knowledge of national safeguarding developments and disseminate relevant information to staff - the accompanying procedure (C01b) provides full details of the role.
The board will receive safeguarding assurance reports at least quarterly, with immediate escalation of serious incidents. Reports will cover incidents, referrals, allegations, low-level concerns, training compliance, recruitment checks, audit findings, learning themes and improvement actions. Information will be analysed for patterns, repeated concerns, timeliness, outcomes, disproportionality, racism and other forms of discrimination, and the board will require evidence of the impact of safeguarding arrangements on children and families.

4.8 Trustee safeguarding and child protection lead
A trustee with children's safeguarding expertise will be designated where possible; otherwise, the chair of the board will assume these duties with appropriate training.

5.0 RECOGNISING ABUSE AND RAISING SAFEGUARDING CONCERNS

5.1 Family Help and timely intervention are essential in preventing needs from escalating and reducing the likelihood of significant harm. Staff will follow Harrow's current Family Help arrangements, which may combine community-focused and targeted early help with support under section 17 of the Children Act 1989. Work with a child and family should use a clear plan, consistent practitioner relationships and coordinated multi-disciplinary involvement. Where concerns indicate possible significant harm, Family Help must not delay a referral to children's social care.

5.2 Abuse may be prevented or reduced through staff vigilance and a culture where all concerns—actual or potential—are raised promptly. Staff will be trained to recognise early signs of abuse (C01e) and act swiftly in line with the organisation's structured reporting process as set out in the accompanying procedure (C01b).

5.3 Where staff believe that a safeguarding concern has not been responded to appropriately, they must escalate the matter through the Designated Safeguarding Lead, senior management, local authority safeguarding routes, or emergency services where

[4] DBS checks: detailed guidance - GOV.UK (www.gov.uk)

© Carers Trust

there is immediate risk. Professional disagreement must never delay action needed to protect a child.

5.4 Local safeguarding links for Harrow Council: staff must follow Harrow Safeguarding Children Partnership arrangements and Harrow Council children's social care pathways when responding to concerns about a child or young person in Harrow. Where a child is in immediate danger, staff must call 999 without delay and complete the relevant safeguarding referral once immediate safety has been addressed.

5.5 For child protection concerns, staff should contact Harrow Council Children's Access Team / MASH through the published Harrow referral route. The current contact number for the Children's Access Team is 020 8901 2690, Monday to Friday, 9am to 5pm. The Emergency Duty Team can be contacted out of hours on 020 8424 0999. Staff must check Harrow Council and Harrow Safeguarding Children Partnership websites for the latest referral form, contact details and threshold guidance before making a referral.

5.6 Family Help concerns should be considered through Harrow's current Family Help and Family Hubs arrangements, including family network meetings, Team Around the Family or other multi-disciplinary planning where appropriate. Staff should support family group decision-making and involvement of the child's wider family network where this is safe and in the child's interests. Where needs escalate or there is reasonable cause to suspect significant harm, staff must not delay referral to MASH or children's social care. For a young carer approaching 18, staff will consider whether a Care Act transition assessment is required, support timely referral where there is likely to be a need for adult care and support and an assessment would be of significant benefit, and work with children's and adult services to avoid a gap in support at transition.

5.7 Allegations or concerns about staff, volunteers, trustees or other adults working with children must be managed in accordance with Harrow's Local Authority Designated Officer procedures. The Designated Safeguarding Lead or senior manager must seek LADO advice where the harm threshold may be met and must keep a clear record of decisions, advice received and actions taken.

6.0 ALLEGATIONS OF ABUSE AGAINST STAFF

6.1 All allegations that staff or volunteers have harmed, may have harmed, or behaved in a way that poses a risk to children or young people will:

- be listened to and taken seriously
- be responded to promptly
- follow local authority Designated Officer (LADO) protocols
- be managed in accordance with procedure C01b.

6.2 Concerns about staff, volunteers or trustees that do not appear to meet the harm threshold must still be recorded and reviewed in accordance with organisational procedures. Patterns of low-level concern may indicate emerging risk and must be managed transparently, proportionately and without delay.

7.0 LEARNING AND DEVELOPMENT

7.1 Managers will assess the roles undertaken by:

- employees **not** involved in providing care and support services
- volunteers

to determine level of training/induction/briefing needed in relation to safeguarding and child protection.

© Carers Trust

7.2 All staff involved in providing care and support services will complete safeguarding and child protection training during induction, before undertaking unsupervised work with children, and refresher training at intervals set by the organisation's training matrix and whenever legislation, statutory guidance, local procedures, role responsibilities or learning from incidents changes. Role-specific competence will be checked through supervision and audit. This requirement includes staff who work solely with adults, because their role may bring them into contact with children living in or regularly visiting adult service users' homes and who may be experiencing abuse, neglect or exploitation.

7.3 General training requirements for employees who provide regulated care and support services are provided in the learning and development policy documents (E13).

8.0 MONITORING AND COMPLIANCE

8.1 The organisation is committed to ensuring safeguarding policies and procedures remain effective, current and aligned with emerging risk and best practice.

8.2 Its board of trustees will request periodic audits to assess compliance, including annual review of policy currency, safeguarding records, staff training, recruitment checks, escalation practice and learning from incidents.

8.3 Where abuse has occurred, the organisation will identify what went wrong and take action to prevent recurrence.

9.0 ADOPTION

9.1 The organisation's board of trustees will formally adopt this policy, recording its title, reference number and approval date in the appropriate minutes. The Chair will sign the minutes on behalf of the Board.

APPENDIX 1 – DEFINITIONS

Abuse
Abuse is any form of maltreatment of a child or young person. It may involve causing harm directly or failing to act to prevent harm. Abuse can occur in any setting, within any relationship, and may involve multiple categories of maltreatment.
The main types of abuse and their indicators are set out in C01e – Abuse of Children: Factors, Types and Indicators.
Exposure to domestic abuse is recognised in law (Domestic Abuse Act 2021) as harmful to children and can have serious and long-term impacts on their health, development and wellbeing.

Child in need
A 'child in need' refers to any child or young person whose health or development is unlikely to reach a reasonable standard without the provision of services, or whose health and development is likely to be significantly impaired without additional support. The term also includes children and young people who are disabled.

Safeguarding and promoting the welfare of children
Safeguarding and promoting the welfare of children includes:

© Carers Trust

- protecting children from maltreatment
- preventing impairment of health or development
- ensuring children grow up in safe, nurturing and effective care
- taking action to ensure all children have the best life chances

Adverse Childhood Experiences (ACE) are known to have lifelong impacts on children's mental and physical health and behaviour into adulthood.

Child protection
This refers to the action taken to safeguard children or young people who are suffering, or are likely to suffer, significant harm. This includes statutory intervention under the Children Act 1989.

Significant Harm
The concept of *significant harm* is the threshold for compulsory intervention in a child's life. When assessing significant harm, practitioners consider:

- the nature of harm, including maltreatment or neglect
- the impact on health and development
- the child's wider environment and relationships
- any additional needs such as disability or communication impairments
- parental capacity to meet the child's needs
- the broader family and environmental context

Where a child is suffering, or is likely to suffer significant harm, the local authority has a legal duty to undertake enquiries and decide whether protective action is required.

Abuser
Abuse may be perpetrated by anyone. Potential abusers may include:

- parents, carers, partners, family members or friends
- neighbours, peers or members of the community
- professionals, paid staff or volunteers in any setting (including the child's home)
- other children or young people
- strangers.

This aligns with the CQC's expectation that providers prevent abuse by any person connected with the service. [cqc.org.uk]

Exploitation
Exploitation refers to the unfair use or manipulation of a child or young person for another person's benefit. It typically involves:

- an imbalance of power
- coercion or threats
- exchange of something (for example, money, accommodation, protection, status)
- significant fear of consequences if the child refuses.

Exploitation can be sexual, criminal, financial, digital, or related to trafficking and modern slavery.

Contextual Safeguarding

© Carers Trust

Contextual safeguarding[5] recognises that children and young people may face abuse or harm outside the family home, in places such as:

- schools and educational settings
- local communities (clubs, parks, internet cafés)
- peer groups and friendship networks
- online and digital spaces.

Safeguarding responses must take into account the wider environments where harm may occur and work to improve safety within those contexts, complementing—rather than replacing—traditional family-focused safeguarding practice.

Restrictive Intervention (see D03f for full details)

Restrictive intervention refers to any planned or reactive act that limits a child or young person's movement, liberty or freedom. It includes physical restraint, mechanical devices, chemical restraint, and restrictive environmental practices. Restrictive intervention must only be used:

- as a last resort
- proportionate to risk
- for the shortest time possible
- in accordance with legal, ethical and organisational requirements.

[5] Contextual safeguarding | NSPCC Learning

© Carers Trust