

Safeguarding and Child Protection Policy



For: Liminal Education East Anglia Ltd

Date: 01/09/2026

Review Date: September 2027

Designated Safeguarding Lead (DSL):

Richard Henwood

richardhenwood@liminalcic.org.uk

Deputy Safeguarding Lead (Deputy DSL)

Rachel Cooper

Rachel76cooper@gmail.com

1. Policy Statement

Liminal Education East Anglia is committed to safeguarding and promoting the welfare of all children and young people. We recognise our duty of care to pupils referred to us by schools and local authorities and will take all reasonable steps to ensure they are safe, supported, and protected from harm.

Although we are not a registered school, we follow statutory guidance, including:

- Keeping Children Safe in Education (2026)
- Working Together to Safeguard Children (2026)
- Local Safeguarding Children Partnership (LSCP) procedures

2. Scope

This policy applies to:

- All staff, contractors, and volunteers working at Liminal Education East Anglia
- Pupils attending provision (part-time or full-time, time-limited placements)
- Interaction with parents, carers, commissioners, schools and partner agencies

3. Roles and Responsibilities

- DSL: Leads safeguarding practice, referrals to local authority children's services, maintains records.
- Deputy DSL: Acts in absence of DSL.
- All staff: Must read Part 1 of KCSIE 2026, attend safeguarding training, and report concerns immediately.
- Head of Centre: Ensures policy is implemented, reviewed annually, and that safeguarding is prioritised in all decision-making.

4. Safer Recruitment

- All staff and volunteers undergo enhanced DBS checks before working with pupils.
- Recruitment follows safer recruitment principles, including references, identity checks, and safeguarding questions at interview

5. Safeguarding Procedures

- Staff must report any safeguarding concern to the DSL without delay using a safeguarding form.
- The DSL will assess concerns and determine the appropriate threshold for referral. Referrals will be made to the commissioner/school without delay.
- Referrals may be made to PREVENT / Children's Social Care / MASH, Early Help, the Police or other statutory agencies.
- Once a safeguarding concern has been referred, the Local Authority / commissioning school becomes the lead agency for assessment and follow-up.
- Liminal Education East Anglia does not investigate safeguarding concerns but will cooperate fully and provide information as required.
- The provision continues to provide day-to-day safeguarding while pupils attend and will escalate or re-refer concerns if risk remains or increases.
- All concerns and actions are recorded securely and confidentially.

5a. Procedure for handling a disclosure from a child

Key points to consider when dealing with a disclosure:

- Listen and be supportive.
- Do not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions.
- Do not stop or interrupt a child who is recalling significant events.
- Never promise the child confidentiality– it must be explained that information will need be to be passed on to help keep them safe.
- Using a safeguarding form, record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed.
- Name, sign and date the record in ink.
- Contact the **DSP or DSL** immediately who will decide on what action to take.

6. Child Protection

We will respond to all forms of abuse and safeguarding concerns. Staff should be aware that indicators may overlap, may be subtle, and a child may experience more than one form of harm. The absence of a single indicator does not mean that abuse has not occurred. Concerns must be reported to the DSL without delay.

7. Attendance and Missing Pupils

- Daily registers are kept.
- Any unexplained absence is followed up with the parent/carers and commissioning school immediately.
- Persistent absence is escalated to the commissioner and safeguarding partners if necessary.

8. Information Sharing

- We comply with Data Protection Act 2018 and UK GDPR.
- Safeguarding concerns override confidentiality – we will share information with statutory agencies when needed to protect a child.
- Records are kept securely and transferred appropriately when a pupil leaves.

9. Training

- DSL receives advanced safeguarding training every 2 years.
- All staff receive annual safeguarding training and updates.
- Induction training includes safeguarding responsibilities and procedures.

10. Whistleblowing and Allegations

- Staff can raise concerns about safeguarding practice confidentially.
- Allegations against staff are reported to the DSL, who will liaise with the Local Authority Designated Officer (LADO).
- If advised by LADO, referring to DBS or Teachers Services to indicate potential prohibition from teaching.
- Staff are protected under the Whistleblowing Policy if they raise concerns in good faith.

11. Safer Environment

- Risk assessments are carried out for premises, activities, and trips.
- First aid and fire safety arrangements are in place.
- Pupils are supervised at all times during provision.

12. Policy Review

This policy will be reviewed annually, or sooner if guidance changes.
All staff and commissioners will be notified of any updates.

Approved by: *Richard Henwood* (Head of Centre)

Date: 01/09/26

Next Review: September 2027

Appendices

1. Contact details for Safeguarding - Suffolk
2. Contact details for Safeguarding and LADO - Norfolk
3. Safeguarding flowchart
4. Safeguarding Concern Form
5. Definitions and possible indicators of abuse and safeguarding concerns

Appendix 1: Contact Details for Safeguarding - Suffolk

Suffolk

Multi-agency Safeguarding Hub (MASH) Professional Helpline: 0345 606 1499

MASH [webchat facility](#)

Customer First (Professional Referral Line) for use in emergencies only: 0345 606 6167

Customer First: 0808 800 4005

Police (emergency only): 999

Suffolk Police main switchboard: 01473 613500

Suffolk Police Cybercrime Unit: 101

Suffolk Local Safeguarding Partnership www.suffolksp.org.uk

Suffolk County Council: www.suffolk.gov.uk/community-and-safety/staying-safe-online/e-safer-suffolk/

LADO 0300 123 2044 or lado@suffolk.gov.uk or on the [LADO pages](#) on Suffolk Safeguarding Partnership website

Appendix 2: Contact Details for Safeguarding & LADO - Norfolk

Norfolk

Contacting The Children's Advice and Duty Service (CADS)

Please can you ensure you seek consent for the referrals unless the concerns being raised suggest that the child/children or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parents/carers are informed. Reasons for not seeking consent should be clearly stated when speaking with Children's Advice and Duty Service and recorded on internal systems for your records.

[How to Raise a Concern | Norfolk Safeguarding Children Partnership | PWWC](#)

When to Contact the Children's Advice & Duty Service (CADS)

Child Protection or Immediate Safeguarding concerns

If there are concerns that a child may be suffering significant harm, a child with unexplained injuries, domestic abuse in the household or a child at risk of exploitation.

If you are a professional, i.e. working with a child or young person in a formal or voluntary setting and not a family member or member of the public, you can contact the Children's Advice and Duty Service on their direct line: **0344 800 8021**.

Please choose from the following options:

Press 1 -if the child or young person is currently being supported by a Social Worker or Family Practitioner

Press 2 -your call relates to Child Exploitation

Press 3 -your call relates to Domestic Abuse

Press 0 -for Child Protection and immediate Safeguarding Concerns

(Please note, during busy periods, if your call is not answered within 40 minutes, a call back option will be offered).

If you have an emergency, please call **999**.

Request a Consultation

If you feel a consultation is necessary, an initial conversation should take place with your Designated Safeguarding Lead prior to completing a Request for Support form, once received a Consultant Social Worker will call you.

When to complete a request for support form

Request support for universal, community based early help and Family Help

Community-based support and targeted early help can be accessed via [Request for support - Norfolk County Council](#). Early Help is designed to support children, young people, and families experiencing difficulties that may affect their wellbeing, development, or ability to flourish.

Universal services and community-based early help

Universal services and community-based early help provide preventative support for children and families of all ages, strengthening resilience, improving outcomes, and reducing the risk of needs escalating. Delivered as a coordinated local system rather than a single service, this support is offered through universal provision such as education, health, and wider community services. It includes services like Best Start Family Hubs, youth and housing support, and after-school provision.

Best Start Family Hubs offer a clear pathway from pregnancy to age 19 (or 25 for young people with SEND), bringing together multi-agency partners to provide accessible, ongoing community support and to safeguard families, including those transferring from targeted or specialist services [Contact a Best Start Family Hub - Norfolk County Council](#)

Family Help – targeted early help, safeguarding, and promoting the welfare of children

Family Help is offered where universal services and community-based early help have not achieved sufficient or sustained improvement, or where a child and family present with multiple, complex, or escalating needs. Delivered through a coordinated, multi-agency approach led by Children's Services and its partners, Family Help provides structured support to address identified risks and concerns. Family Help will only be initiated where there is an agreed Family Plan, or a Graded Care Profile (GCP) in cases of neglect, which has been shared with CADS.

Family Help is a voluntary, consent-based approach that supports families to build capacity, improve outcomes, and reduce risks, including families in kinship arrangements and those requiring additional support during pregnancy, with the aim of preventing the need for statutory child protection intervention.

Preventing radicalisation and extremism

- the safeguarding lead will notify the school or commissioner of any concerns in this area without delay
- the safeguarding lead may act as the point of contact for any concerns relating to radicalisation and extremism
- the safeguarding lead may make referrals in accordance with [Prevent duty - Norfolk Schools and Learning Providers - Norfolk County Council](#) and may represent our setting at Channel meetings as required.

Norfolk LADO Procedure for non-school alternative provision

We will take all possible steps to safeguard our children and to ensure that the adults in our setting are safe to work with children. When concerns arise, we will always ensure that the procedures outlined in the local protocol [Allegations Against Persons who Work with Children](#) and Part 4 of [Keeping Children Safe in Education](#) are adhered to and will seek appropriate advice.

The first point of contact for settings regarding concerns and/or allegation issues is via the **Local Authority Education Duty Desk on 01603 307797**.

A Duty Advisor (not a LADO) will give advice and guidance on next steps. If the advice is to make a referral to the LADO service then the [LADO referral form](#) should be completed.

The completed LADO referral form is then sent via email to: LADO@norfolk.gov.uk.

If an allegation is made or information is received about *any* adult who works/volunteers in our setting which indicates that they may be unsuitable to work/volunteer with children, the member of staff receiving the information should inform the proprietor immediately. Should an allegation be made against the proprietor, this will be reported to _____

The proprietor will seek advice from the LADO within one working day. No member of staff will undertake further investigations before receiving advice from the LADO.

Any member of staff who does not feel confident to raise their concerns with the proprietor should contact the LADO directly via email to lado@norfolk.gov.uk.

Further [information and guidance documents in relation to the LADO process](#), forms, leaflets and the Allegations against Persons who Work/Volunteer with Children

Procedures are found on the Norfolk Safeguarding Children Partnership website.

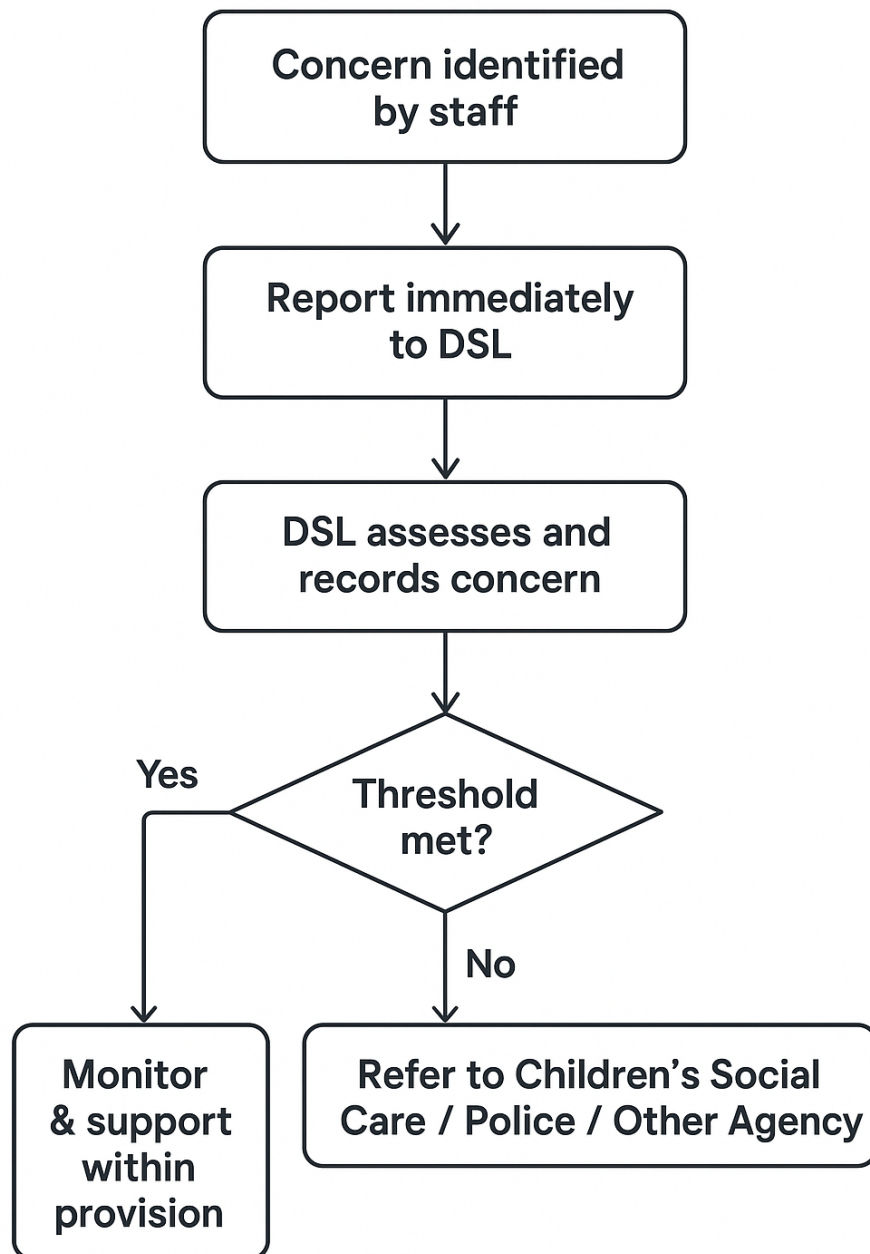
Local Authority Education Duty Desk	Advice where there is a concern about an adult working with a child		01603 307797
LADO	Making referrals about an adult who may have caused harm to a child, using LADO referral form	LADO@norfolk.gov.uk	Call the Duty Desk above for advice before making a LADO referral

If the placement involves an electively home-educated student, any safeguarding concerns will be directed to the [Services to Home Educators - Norfolk County Council](#)

Emergency Services (Police/Medical): 999

Non-emergency Police: 101

Appendix 3: Safeguarding Referral Flowchart



Appendix 4: Record of Concern Form

Notice of Concern / Incident Form	
Child's Name:	Class: n/a
Date of incident:	Time of incident:
This form must be completed, signed and dated by any member of staff who identifies a possible child protection or safeguarding concern: • All child protection concerns must be reported immediately to the designated Safeguarding Lead. Richard Henwood in person and via email. • Record the facts and do not make judgements. Record dates, times, places, actual words, what was observed, who was present and questions asked. • Any concerns about staff should be reported directly to the COO Dave Smith. • Concerns about the COO should be reported to the CEO Andy Hawkins	
Details of Concern/Incident:	
Immediate Actions by staff:	

Signed:		Date:											
Print:													
Action taken by Designated Safeguarding Lead: 													
Who at commissioning school/LA was contacted and when: 													
Any other relevant information: 													
Signed:		Date:											
Print:													
Evaluate Outcome of actions:		Linked incidents <table border="1"> <thead> <tr> <th colspan="2">Right Services Right Time</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>Universal</td> </tr> <tr> <td>☐</td> <td>Universal+</td> </tr> <tr> <td>☐</td> <td>Additional</td> </tr> <tr> <td>☐</td> <td>Complex/Significant</td> </tr> </tbody> </table>		Right Services Right Time		☐	Universal	☐	Universal+	☐	Additional	☐	Complex/Significant
Right Services Right Time													
☐	Universal												
☐	Universal+												
☐	Additional												
☐	Complex/Significant												

☐ Nil Action needed
 ☐ Incident Record
 ☐ Early Help
 ☐ Health & Safety
 ☐ Request 4 Support



Appendix 5: Definitions and possible indicators of abuse and safeguarding concerns

Physical abuse

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

Possible indicators include unexplained or repeated injuries; bruises, burns, bites or fractures; injuries inconsistent with the explanation given; reluctance to seek medical help; fear of particular adults; flinching at physical contact; wearing clothing to cover injuries; or significant changes in behaviour.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child understands what is happening. It may involve physical contact or non-contact activities, including involving children in sexual images, watching sexual activities, sexualised online activity or grooming. Sexual abuse can be committed by adults or other children.

Possible indicators include age-inappropriate sexual knowledge or behaviour; sexualised language or play; unexplained gifts or money; pregnancy or sexually transmitted infection; pain, bleeding or injury in genital areas; avoidance of a particular person; nightmares, self-harm, withdrawal, anxiety or sudden changes in behaviour.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child which causes severe and adverse effects on their emotional development. It may include conveying that a child is worthless or unloved, imposing inappropriate expectations, preventing normal social interaction, serious bullying (including cyberbullying), frightening or exploiting a child, or witnessing the ill-treatment of another person.

Possible indicators include low self-esteem; excessive fear or anxiety; withdrawal; attention-seeking; developmental delay; extremes of behaviour; overly compliant behaviour; difficulty forming relationships; self-harm; or significant changes in emotional wellbeing or educational engagement.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of health or development. It may include failure to provide adequate food, clothing, shelter, supervision, medical care, education or emotional care.

Possible indicators include persistent hunger; poor hygiene; inappropriate or inadequate

clothing; untreated medical or dental needs; frequent tiredness; poor attendance; being left unsupervised; poor growth; persistent lateness; or a child taking on inappropriate caring responsibilities.

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, often in exchange for something the child needs or wants and/or for the financial advantage or increased status of the perpetrator. It can occur even where the sexual activity appears consensual and may take place online.

Possible indicators include unexplained gifts, money, phones or possessions; relationships with significantly older people; going missing; staying out late; unexplained travel; changes in appearance or behaviour; disengagement from education; substance misuse; sexually transmitted infections; pregnancy; secrecy around online activity; or association with people known to be involved in exploitation.

Child Criminal Exploitation (CCE)

CCE occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity. It includes county lines, drug running, theft, violence and other organised criminal activity. A child may have been criminally exploited even if the activity appears consensual.

Possible indicators include unexplained money, clothing or phones; going missing; travelling to unfamiliar locations; unexplained injuries; carrying weapons; changes in friendship groups; increased secrecy; disengagement from education; substance misuse; receiving excessive calls or messages; fearfulness; or association with older individuals or gangs.

Child-on-child abuse

Child-on-child abuse is abuse of one child by another child. It can occur inside or outside the setting and online, and may include bullying (including cyberbullying), physical abuse, sexual violence, sexual harassment, consensual and non-consensual sharing of nude or semi-nude images, upskirting, initiation or hazing, and abuse within intimate personal relationships. It must never be dismissed as banter, part of growing up or normal behaviour.

Possible indicators include injuries; fear of particular peers; avoidance of certain areas or activities; changes in attendance; withdrawal; distress after using a phone or social media; sexualised behaviour; rumours or reports of image sharing; changes in friendship groups; or deterioration in emotional wellbeing or engagement.

Serious violence

Children may be at risk from or involved in serious violent crime, including violence associated with gangs, weapons and criminal exploitation.

Possible indicators include increased absence; changes in friendships or relationships with

older individuals or groups; a significant decline in performance; signs of self-harm or significant changes in wellbeing; unexplained injuries; unexplained gifts or possessions; carrying weapons; or increased secrecy and fear.

Female Genital Mutilation (FGM)

FGM comprises procedures involving partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons. It is illegal in the UK and is a form of child abuse. Teachers must be aware of their statutory duty to report to the police where, in the course of their professional duties, they discover that FGM appears to have been carried out on a girl under 18.

Possible indicators of risk include a family history of FGM; talk of a special procedure or ceremony; plans for an extended overseas holiday; or a girl saying she is to have a special procedure. Indicators that FGM may have occurred include difficulty walking, sitting or standing; spending longer in the toilet; urinary or menstrual problems; frequent absence; reluctance to undergo medical examination; or disclosure.

Radicalisation, Prevent and Channel

Radicalisation is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Under the Prevent duty, staff must be alert to children who may be vulnerable to radicalisation and report concerns to the DSL. The DSL will consider appropriate action, including referral through the commissioning school/local authority and, where appropriate, a Prevent referral. Channel is a voluntary, confidential multi-agency programme which provides support to people vulnerable to being drawn into terrorism.

Possible indicators include significant changes in behaviour, friendship groups or appearance; increasing isolation; intolerance of others; use of extremist language or symbols; accessing or sharing extremist material; fixation on extremist causes; attempts to recruit or influence others; or expressing support for terrorism or violence. Indicators must be considered in context and do not automatically mean that a child is being radicalised.

Upskirting

Upskirting involves taking a picture under a person's clothing without their knowledge or consent, usually with the intention of viewing their genitals or buttocks to obtain sexual gratification or to cause humiliation, distress or alarm. It is a criminal offence and may constitute child-on-child abuse.

Possible indicators include a disclosure or allegation; reports of covert photography; inappropriate use or positioning of phones or cameras; sharing or threatening to share images; distress, humiliation, anxiety or avoidance following an incident.

Mental health and abuse

Mental health difficulties can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Abuse can also cause or worsen mental health difficulties. Staff are not expected to diagnose mental health conditions but must

report safeguarding concerns to the DSL and consider whether changes in mental health or behaviour may be connected to abuse.

Possible indicators include sudden or persistent anxiety; depression or low mood; withdrawal; self-harm; suicidal thoughts or statements; eating or sleeping changes; panic; aggression; loss of confidence; deterioration in attendance or engagement; unexplained changes in behaviour; or a child expressing fear, hopelessness or distress connected to a person, event or experience. Immediate concerns about a child's safety must be acted upon without delay.

Staff must remain alert to changes in behaviour, disclosures of harm, signs of abuse, contextual safeguarding risks and combinations of indicators. Staff should record facts and report concerns rather than attempting to investigate or diagnose the cause.