



Corfe Valley Outdoor Learning Ltd

Child Protection Policy & Procedures

2026-2027

Operational companion to the CVOL Safeguarding & Child Protection Policy and Procedures 2026-2027

Child protection commitment

Corfe Valley Outdoor Learning Ltd (CVOL) is committed to protecting children from significant harm. Staff act immediately on concerns, listen to children, record accurately, share information lawfully and work with commissioners and safeguarding agencies so that children receive the right help, support and protection at the right time.

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Safeguarding record system	MyConcern

Contents

- 1. Status, purpose and scope
- 2. Child protection principles and safeguarding culture
- 3. Key terminology and thresholds
- 4. Legal, statutory and sector framework
- 5. Roles, responsibilities and safeguarding cover
- 6. Help, support and protection pathways - community early help, Family Help, section 17 and section 47
- 7. Responding to a concern or disclosure
- 8. Referrals, emergency action and escalation
- 9. Recording, MyConcern, information sharing and confidentiality
- 10. Parents, carers and the child's voice
- 11. Concerns and allegations about adults, low-level concerns and LADO
- 12. Child-on-child abuse, sexual violence, harassment and harmful sexual behaviour
- 13. Making or sharing nudes or semi-nudes, including AI-generated imagery
- 14. Extra-familial harm, exploitation, serious violence and online harm
- 15. FGM, forced marriage and other specific child protection concerns
- 16. SEND, communication barriers, mental health and vulnerability
- 17. Training, quality assurance and review
- Appendix A. Staff quick child protection procedure
- Appendix B. Managing concerns or allegations about an adult
- Appendix C. External safeguarding contacts
- Appendix D. 2026 update and reference register

1. Status, purpose and scope

This policy sets out the actions CVOL staff must take when there is a concern that a child is suffering, or may be likely to suffer, significant harm. It is an operational companion to the wider CVOL Safeguarding & Child Protection Policy and Procedures 2026-2027 and should be read alongside the Staff Code of Conduct, Allegations / Low-Level Concerns procedure, Attendance Policy, Online Safety Policy, Health and Safety arrangements and the Outreach & Mentoring Lone Working & Safeguarding Policy.

It applies to all directors, employees, workers, agency staff, volunteers, contractors and any other adult working for or on behalf of CVOL. It applies on site, on educational visits, during transport, in outreach and mentoring, in home and community settings, and in authorised online or remote activity.

Immediate safety

If a child or any person is in immediate danger, call 999. Do not delay emergency action while trying to contact the DSL. Inform the DSL or a Deputy DSL as soon as it is safe to do so.

2. Child protection principles and safeguarding culture

- The welfare and best interests of the child are paramount.
- Safeguarding is everyone's responsibility and child protection concerns are acted on without delay.
- Staff maintain an attitude that "it could happen here" and do not assume that a child is safe because there has been no previous report.
- Children are listened to, taken seriously and supported to communicate in ways that work for them.
- Staff notice, listen, record, report and share; they do not investigate safeguarding concerns themselves.
- CVOL works relationally and trauma-informed, but a relational approach never lowers safeguarding thresholds or delays necessary protective action.
- Racism, discrimination, victim-blaming and stereotypes are challenged. Staff consider how disability, SEND, culture, language, trauma, economic circumstances and other factors may affect a child's experience of harm or access to help.

- Information is shared lawfully, proportionately and promptly where this is necessary to protect a child.
- CVOL works with commissioning DSLs, local authorities, children's social care, police, health and other agencies while retaining the ability to make a direct referral when needed.

3. Key terminology and thresholds

Term	Meaning
Safeguarding	The wider action taken to promote children's welfare and protect them from harm, including providing help and support as soon as problems emerge.
Child protection	The activity undertaken to protect specific children who are suspected of suffering, or likely to suffer, significant harm.
Significant harm	The legal threshold used in child protection. Harm may arise from a single serious event or a cumulative pattern and can occur inside or outside the home, including online.
Community-based early help	Accessible support for emerging needs that can be provided through universal or local community services.
Family Help	The 2026 framework combining targeted early help and section 17 support within a coordinated, multi-disciplinary approach. In Dorset, Family Help is consent based.
Section 17	Children Act 1989 support for a child in need. A child protection concern can coexist with a section 17 plan.
Section 47	Children Act 1989 enquiries where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm.
Extra-familial harm	Harm arising in peer groups, neighbourhoods, community spaces, education settings, transport, sport or online, beyond the child's immediate family.
Child-on-child abuse	Abuse, harassment or violence by one child against another, including online and in intimate relationships.

4. Legal, statutory and sector framework

This policy is informed by the following current law and guidance, applied according to CVOL's status as a non-school alternative provision provider:

- Children Act 1989 and Children Act 2004;
- Working Together to Safeguard Children 2026;
- Keeping Children Safe in Education 2026 - statutory for schools and colleges and adopted by CVOL as the principal education safeguarding benchmark where relevant;
- Children's Wellbeing and Schools Act 2026 - provisions in force and as commenced;
- Data Protection Act 2018, UK GDPR and current information-sharing guidance for safeguarding practitioners;
- Domestic Abuse Act 2021, Modern Slavery Act 2015 and Female Genital Mutilation Act 2003;
- current Prevent Duty Guidance where relevant;
- DfE Non-school Alternative Provision: Voluntary National Standards (2025), adopted by CVOL as an internal minimum benchmark;
- Pan-Dorset Safeguarding Children Partnership procedures and local threshold / escalation arrangements; and
- commissioning framework requirements and individual placement agreements.

All CVOL staff are required to read KCSIE 2026 Part One in full as an internal safeguarding requirement. The Part One overview can be used as a quick reference but does not replace Part One.

5. Roles, responsibilities and safeguarding cover

5.1 Directors / Proprietors

- ensure effective safeguarding arrangements, resources and culture are in place;
- ensure an appropriately trained DSL and deputies are appointed and that robust safeguarding cover is available during operational hours;

- ensure safer recruitment, training, allegations management, information security and recordkeeping arrangements are effective;
- ensure commissioners receive appropriate safeguarding assurance and material concerns / incidents are communicated promptly;
- review safeguarding themes, complaints, incidents and learning at leadership level.

5.2 Designated Safeguarding Lead and Deputies

- provide advice to staff and coordinate the child protection response;
- understand Family Help, section 17, section 47 and local referral / escalation pathways;
- make or coordinate referrals to children's social care, police and other agencies as appropriate;
- work with commissioning school DSLs and local authority professionals to obtain and share relevant information;
- keep detailed, accurate and secure records of concerns, decisions, rationale, referrals and outcomes;
- ensure the child's wishes and feelings are heard and communication barriers are addressed;
- use professional challenge and local escalation routes where CVOL remains concerned after another agency decision.

5.3 All staff, workers and volunteers

- know the DSL / Deputy DSLs and how to contact them;
- act immediately on concerns and never assume somebody else will refer;
- listen to the child, reassure them, record factually and report promptly;
- do not investigate, promise confidentiality, confront an alleged perpetrator or ask leading questions;
- call 999 in an emergency and make a direct social care referral if necessary to protect a child;
- use only approved systems and maintain professional boundaries.

6. Help, support and protection pathways

6.1 Community-based early help

Emerging needs may be met through universal or community-based support. This can include education, family hubs, health, SEND, youth, housing, mental health, domestic abuse and other local services. Early support must never be used to delay a statutory referral where risk has escalated.

6.2 Family Help

Working Together 2026 places Family Help at the centre of coordinated targeted support. It combines targeted early help and section 17 support within a more seamless system of assessment, planning and multi-disciplinary practice. In Dorset, Family Help is consent based.

- CVOL may identify that a child or family would benefit from Family Help and will work with the commissioner / local authority route as appropriate;
- consent to Family Help does not prevent a child protection referral where significant harm is suspected;
- CVOL contributes relevant attendance, behaviour, relationship, risk and progress information to assessments and plans;
- family networks and family group decision-making may be considered where appropriate and safe.

6.3 Section 17 - child in need

Children's social care may provide or coordinate support under section 17 of the Children Act 1989 where services are needed to safeguard or promote a child's welfare. CVOL contributes to assessment and planning and keeps the commissioner informed.

6.4 Section 47 - child protection

Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, children's social care may undertake enquiries under section 47 of the Children Act 1989. CVOL shares relevant information, attends meetings where requested, follows protection plans and immediately reports new or escalating risk.

7. Responding to a concern or disclosure

A concern may arise from something a child says, an injury, behaviour, attendance, online activity, peer relationships, the home or community environment, information from another person, or a pattern of smaller concerns.

1	NOTICE / LISTEN - Stay calm. Take the child seriously. Observe what you see or hear without attempting to prove what happened.
2	CHECK IMMEDIATE SAFETY - If anyone is in immediate danger or needs urgent medical help, call 999 / emergency health services.
3	REASSURE - Tell the child they were right to speak. Do not blame them. Do not promise secrecy; explain that information may need to be shared to keep them or others safe.
4	DO NOT INVESTIGATE - Do not interrogate or ask leading questions. Use only open prompts needed to clarify immediate safety, for example: "Tell me what happened" or "Is anyone in danger now?"
5	REPORT NOW - Contact the DSL or a Deputy DSL immediately or as soon as safely practicable. Significant concerns arising off-site or on outreach are not held until the end of the day.
6	RECORD FACTUALLY - Record what was seen or heard, the child's own words where important, date, time, context and actions taken. Distinguish fact, allegation, observation and opinion.
7	FOLLOW UP - Make sure advice, referral, decisions, rationale and outcomes are recorded. If the child remains at risk, raise the concern again or refer directly.

8. Referrals, emergency action and escalation

The DSL will normally coordinate a referral, but any practitioner may make a referral and must do so if necessary to protect a child. Staff do not need proof of abuse before raising a concern.

8.1 When to contact children's social care

- a child is suspected of suffering or likely to suffer significant harm;
- there are serious concerns about abuse, neglect, exploitation, trafficking, sexual abuse, domestic abuse or serious violence;
- a child's whereabouts are unknown and there is a welfare concern;
- concerns are escalating or repeated and the existing support is not protecting the child;
- advice is needed because the threshold or safest next step is unclear.

8.2 Emergency action

Call 999 where there is immediate danger, a serious crime in progress, an immediate threat from a weapon, or urgent medical risk. Do not wait for the DSL before taking emergency action. Inform the DSL as soon as it is safe to do so.

8.3 Professional challenge and escalation

If CVOL remains concerned after a decision not to assess, refer, investigate or take protective action, the DSL will use professional challenge and local escalation procedures. Staff must never assume that a referral has been made or accepted unless this has been confirmed and recorded.

9. Recording, MyConcern, information sharing and confidentiality

Safeguarding concerns are recorded on MyConcern as soon as practicable. Where MyConcern is temporarily unavailable, a secure approved contingency record is made and transferred promptly when the system is restored.

- record the date, time, place, people present and source of information;
- use the child's own words where important and avoid interpretation that is not clearly identified as professional opinion;
- record visible injuries or presentation factually; do not take photographs unless specifically authorised and necessary under CVOL procedures;
- record actions, advice, referrals, decisions, rationale and outcomes, including decisions not to refer;
- keep child protection information secure and accessible only to those who need it;
- share relevant information lawfully, proportionately, accurately, timely and securely;
- do not allow fear of UK GDPR or confidentiality to prevent information sharing needed to protect a child.

No promises of secrecy

Staff must never promise a child that a safeguarding disclosure will be kept secret. Explain, in age-appropriate language, that information will only be shared with people who need to help keep them safe.

10. Parents, carers and the child's voice

CVOL will usually involve parents or carers in concerns, support and referrals where it is safe and appropriate to do so. The child's wishes and feelings are considered throughout, but the need to protect the child remains paramount.

Parents or carers will not be informed before a referral where doing so could place the child or another person at greater risk, lead to evidence being lost, compromise a police / social care investigation, or be contrary to professional advice. The rationale for informing or not informing a parent is recorded.

A parent's agreement is not required before safeguarding information is shared or a child protection referral is made where the law and professional judgement permit or require action without consent.

11. Concerns and allegations about adults, low-level concerns and LADO

Concerns about adults working with children are managed transparently and without delay. This includes employees, directors, workers, agency staff, volunteers, contractors and other adults acting on behalf of CVOL.

11.1 Harm threshold

An allegation may meet the harm threshold where an adult has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children; or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Such concerns are reported immediately to the designated senior manager / Director. LADO advice is sought without delay where the threshold or circumstances require it. Staff must not investigate the allegation, repeatedly question the child, confront the adult concerned or compromise evidence.

11.2 Low-level concerns

A low-level concern is any concern, however small, that an adult may have acted in a way inconsistent with the Staff Code of Conduct but the behaviour does not appear to meet the harm threshold. Low-level does not mean insignificant.

- all low-level concerns are reported promptly and recorded securely;
- patterns and repeated boundary concerns are reviewed;
- staff are encouraged to self-report incidents that could be misunderstood or where a boundary was inadvertently crossed;
- if the harm threshold may be met, the matter is escalated to the LADO route.

11.3 Conflict of interest

A concern about the DSL is reported to another Director / designated senior manager. A concern involving a Director / proprietor is taken directly to the relevant LADO where necessary, and to children's social care or police if there is a child protection or criminal concern. Conflicts of interest must never prevent referral.

12. Child-on-child abuse, sexual violence, harassment and harmful sexual behaviour

CVOL recognises that children can abuse, harass or use violence against other children. This can happen on site, away from provision, in intimate relationships, in the community and online. The absence of reports does not mean abuse is not occurring.

- bullying, cyberbullying and prejudice-based or discriminatory abuse;
- physical abuse, threats, hazing / initiation and weapon-related violence;
- abuse in intimate relationships between children, including coercive control and stalking;
- sexual violence, sexual assault and sexual harassment;
- causing someone to engage in sexual activity without consent;
- making or sharing nudes or semi-nudes, including AI-generated or altered sexual imagery;
- upskirting and online sexual harassment.

All child-on-child abuse is a safeguarding issue. It must never be dismissed as banter, part of growing up or normal relationship behaviour. The initial response is important: staff listen, protect, record and report immediately.

12.1 Response and risk assessment

- prioritise immediate safety and any medical needs;
- consider risk to the child harmed, the child alleged to have caused harm and other children;
- consider online, transport, peer-group and community contexts;
- contact children's social care and police where thresholds are met;
- use interim safety plans, changes to staffing / sessions / transport and other protective measures as needed;
- avoid automatic mediation or restorative approaches where there is coercion, sexual violence, fear, power imbalance or risk of re-traumatisation;
- keep the risk assessment and support plan under active review.

12.2 Harmful sexual behaviour (HSB)

Sexual behaviour exists on a continuum from developmentally expected behaviour through inappropriate, problematic, abusive and violent behaviour. Staff consider age and developmental stage, consent, power imbalance, coercion, frequency, persistence, secrecy, impact and context. HSB can indicate that a child has also experienced abuse, trauma or exposure to harmful sexual content.

13. Making or sharing nudes or semi-nudes, including AI-generated imagery

CVOL uses the KCSIE 2026 terminology "making or sharing nudes or semi-nudes" rather than legacy terms such as sexting or youth-produced sexual imagery. The term includes photographs, video, livestreams, digitally altered content and content wholly generated using artificial intelligence.

Every incident requires a safeguarding response

Any incident involving the making or sharing of nudes or semi-nudes involving a person under 18 must be reported to the DSL and managed under current KCSIE / UKCIS safeguarding guidance, whether the content was initially made or shared consensually or non-consensually.

- staff must not view, copy, print, forward, save or ask a child to resend an image unless specific police / safeguarding advice makes this necessary and lawful;
- do not use personal phones to capture or retain evidence;
- assess coercion, age difference, distribution, blackmail, threats, exploitation, adult involvement, AI manipulation, bullying and the child's emotional state;
- consider police and children's social care referrals where there is adult involvement, coercion, exploitation, threats, significant power imbalance, repeated distribution or serious harm;
- never blame the child. The response should educate, protect and reduce further harm.

14. Extra-familial harm, exploitation, serious violence and online harm

Child protection assessment considers harm beyond the home, including peer groups, neighbourhoods, parks, transport, sport, community venues, other education settings and online spaces. Parents may have limited influence over these contexts.

14.1 Child sexual and criminal exploitation

- missing episodes, unexplained travel, gifts or money, multiple phones, association with older or controlling people, injuries, hotel / taxi use, threats, weapons, drug paraphernalia and sudden changes in attendance or online activity can be indicators;
- children may believe exploitative relationships are consensual or may be criminalised for conduct undertaken under coercion;
- consider siblings, peers, locations, transport routes and online networks, not only the individual child;
- avoid victim-blaming language such as "making bad choices" where coercion or exploitation may be operating.

14.2 Serious violence and weapons

Possession or threatened use of a weapon is a safeguarding concern as well as a possible criminal matter. Staff do not search for or seize a weapon if doing so would create unsafe risk. Immediate danger is a 999 matter.

14.3 Technology-assisted and online abuse

Technology can facilitate grooming, sexual abuse, coercion, bullying, exploitation, radicalisation, stalking, impersonation, deepfakes, financial scams and other harm. Online and offline abuse may occur together. Concerns are reported and managed as child protection matters, not treated as separate from safeguarding because they occurred online.

15. FGM, forced marriage and other specific child protection concerns

15.1 Female Genital Mutilation (FGM)

All concerns about FGM are reported to the DSL immediately. Where a member of staff is personally subject to the statutory mandatory reporting duty and discovers that FGM appears to have been carried out on a girl under 18, that person must make the required police report themselves in addition to following CVOL safeguarding procedures. Suspected risk of FGM without direct discovery is referred through normal safeguarding routes.

15.2 Forced marriage and honour-based abuse

A forced marriage is one in which one or both parties do not or cannot consent and pressure or abuse is used. Honour-based abuse may include threats, coercion, restrictions, surveillance, FGM, forced marriage or other physical, sexual, emotional or financial abuse. Staff do not attempt family mediation or contact relatives where this could increase risk. The DSL seeks specialist / police / social care advice promptly.

15.3 Domestic abuse and coercive control

Children are victims in their own right when they see, hear or experience the effects of domestic abuse. Risk can continue or increase after separation. Staff are alert to fear, controlling contact, injury, housing instability, financial abuse, changes in collection arrangements and disclosures. An alleged perpetrator is not contacted about a disclosure where this may increase risk.

15.4 Radicalisation and extremism

Radicalisation is a safeguarding issue. Concerns are reported to the DSL without delay and local Prevent / Channel routes are used where appropriate. Immediate terrorism-related threats are reported to police / 999. Staff assess behaviour and risk objectively and avoid stereotyping by faith, ethnicity, nationality or political belief.

16. SEND, communication barriers, mental health and vulnerability

Children with SEND, disabilities, communication needs, trauma, mental health difficulties or high anxiety can face additional barriers to recognising, disclosing or being believed about abuse. Staff must not assume that injury, behaviour, distress, non-attendance or communication is explained by a diagnosis or disability.

- use communication profiles, visual / alternative communication and trusted adults where helpful;
- allow time and avoid pressure to repeat a disclosure;
- consider masking, shutdown, dissociation, sensory distress and survival responses;

- recognise that self-harm, suicidal ideation or mental health change can be an indicator or consequence of abuse, neglect or exploitation;
- escalate immediate suicide, serious self-harm or medical risk urgently through emergency health / 999 routes as appropriate;
- consider whether a child's vulnerability requires additional safeguards around peers, transport, online access, outreach or community activity.

17. Training, quality assurance and review

- all staff receive safeguarding and child protection induction before or immediately on beginning child-facing duties;
- all staff read KCSIE 2026 Part One in full as a CVOL requirement and receive training to support understanding;
- permanent staff receive formal child protection training at least annually with updates throughout the year;
- DSLs and deputies receive role-specific safeguarding training at least every two years and refresh knowledge and skills at least annually;
- child-on-child abuse, sexual harm, exploitation, online safety, SEND communication, professional boundaries and lone working training are provided according to role and risk;
- management samples MyConcern records for timeliness, quality, decision rationale and follow-up;
- significant incidents, complaints, safeguarding themes and local / national changes are reviewed and used to improve practice;
- this policy is reviewed at least annually and sooner after a serious incident, audit finding, material complaint or change in law, guidance, local procedures or CVOL delivery.

Appendix A. Staff quick child protection procedure

THE SEVEN ACTIONS

1. NOTICE / LISTEN > 2. CHECK IMMEDIATE SAFETY > 3. REASSURE > 4. DO NOT INVESTIGATE > 5. REPORT TO DSL / DDSL NOW > 6. RECORD FACTUALLY > 7. REFER / ESCALATE AND FOLLOW UP

Situation	Action
Immediate danger	Call 999. Then inform DSL / DDSL as soon as safe.
Child discloses	Listen. Do not promise secrecy. Do not ask leading questions. Use the child's own words in the record.
Observation / third-party concern	Record what you saw / heard, source, date, time and context. Separate fact from opinion.
Contact DSL	Kirstie Smith 07429 846814. If unavailable, Tom Smith or Jennifer Holloway 07729 776203.
Do not wait	Significant concerns arising off-site or on outreach are reported at once; do not wait to return to CVOL.
Referral	DSL normally coordinates. Any practitioner can refer directly to children's social care when necessary.
Parent / carer	Usually informed unless this could increase risk, compromise evidence / investigation, or professional advice says otherwise.
Record outcome	Record advice, referral, decision, rationale, action and outcome, including any decision not to refer.

Appendix B. Managing concerns or allegations about an adult

1	RECEIVE / IDENTIFY CONCERN - Any allegation, conduct concern or low-level concern about an adult working with children must be taken seriously.
2	PROTECT - If a child is in immediate danger, call 999. Do not confront the adult if this could increase risk or compromise evidence.

3	REPORT - Report without delay to the designated senior manager / Director. If the concern involves that person or there is a conflict, use another Director or contact the LADO directly.
4	DO NOT INVESTIGATE - Do not repeatedly question the child, interview witnesses or conduct an internal investigation before LADO / police advice where the harm threshold may be met.
5	LADO / AGENCY ADVICE - Seek LADO advice without delay where the harm threshold or circumstances require it. Refer to social care / police where there is also a child protection or criminal concern.
6	RECORD / REVIEW - Keep a factual secure record. Review patterns, risk, staffing arrangements and any low-level concerns. Make required DBS / regulatory referrals where legal criteria are met.

Appendix C. External safeguarding contacts

Contact details below were checked against current official sources on 7 September 2026. They should be verified at each annual review and whenever local safeguarding arrangements change.

Service	Contact / use
Emergency services	999 - immediate danger, crime in progress or urgent medical emergency.
Police non-emergency	101 - non-emergency police advice / reporting.
Dorset Family Support and Advice Line	01305 228558 - child safeguarding concerns, advice and Family Help route. Current published opening hours include evenings and weekends.
Dorset out-of-hours emergency contact	01305 221000 - current Dorset Council published out-of-hours emergency number for concerns about a child.
Dorset LADO	01305 221122 lado@dorsetcouncil.gov.uk - allegations / concerns about adults working with children.
BCP Children's First Response MASH	01202 123334 childrensfirstresponse@bcpcouncil.gov.uk - BCP safeguarding concerns / professional referral route.
BCP Children's Social Care - out of hours	01202 738256 - urgent BCP safeguarding concerns outside normal hours.
BCP LADO	01202 817600 lado@bcpcouncil.gov.uk - allegations / concerns about adults working with children.
Dorset Safeguarding in Education / Standards Advisors	01305 221122 safeguardingandstandardsadvisors@dorsetcouncil.gov.uk - education safeguarding advice.
NSPCC Whistleblowing Advice Line	0800 028 0285 - advice for professionals concerned about how child protection issues are being handled.
Childline	0800 1111 - confidential support for children and young people.

Appendix D. 2026 update and reference register

D1. Principal 2026 updates reflected in this policy

Update	How reflected
KCSIE staff reading	All staff read Part One in full; the Part One overview is supplementary only.

Update	How reflected
Family Help terminology	Targeted early help and section 17 support are aligned through the 2026 Family Help framework; community-based early help is distinguished from Family Help.
Anti-discriminatory practice	Working Together 2026 strengthens expectations for anti-racist and anti-discriminatory safeguarding practice.
Overlapping harms	Policy explicitly recognises that children can experience multiple forms of harm at the same time, including domestic abuse, exploitation, online harm and extra-familial harm.
Child-on-child abuse	Updated response to harassment, violence, coercive control, harmful sexual behaviour and wider peer contexts.
Nudes / semi-nudes	Uses current KCSIE 2026 terminology and includes digitally altered and wholly AI-generated sexual imagery.
Recordkeeping	Emphasises summary, actions, decisions, rationale and outcomes for every concern.
Local routes	Updates Dorset and BCP referral / LADO contact information to current published details.

D2. Core references

- Keeping Children Safe in Education 2026, Department for Education, in force from 1 September 2026.
- Working Together to Safeguard Children 2026, Department for Education, updated 18 March 2026.
- Children Act 1989 and Children Act 2004.
- Information sharing advice for safeguarding practitioners, current Department for Education guidance.
- DfE Non-school Alternative Provision: Voluntary National Standards (2025).
- UK Council for Internet Safety guidance on sharing nudes and semi-nudes: responding to incidents and safeguarding children.
- Pan-Dorset Safeguarding Children Partnership procedures and current local threshold / escalation guidance.
- Dorset Council: Worried about a child; Family Help in Dorset; LADO / education safeguarding contacts.
- BCP Council: Children's First Response MASH and LADO arrangements.