

# Practitioner's Safeguarding Guide 2025

## Introduction

This information is intended to support practitioners to reflect on, further develop and embed robust safeguarding practices which keep all children safe from harm.

**Peterborough Safeguarding Partnership Board's** website has been developed to help professionals access information about safeguarding children. [Cambridgeshire & Peterborough Safeguarding Partnership Board](#)

The website provides information, guidance and multi-agency training for all practitioners to help keep children safe from abuse or neglect.

**The Early Years Foundation Stage (EYFS)** states: Providers must take all necessary steps to keep children safe and well. [EYFS statutory framework for group and school-based providers](#) / [EYFS statutory framework for childminders](#)

**Safeguarding and promoting the welfare of children is defined in** [Working together to safeguard children 2023: statutory guidance](#)

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Promoting the upbringing of children with their birth parents, or otherwise their family network
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

## Designated Safeguard Lead (DSL)

In every setting, a practitioner **must** be designated to take lead responsibility for safeguarding children. Childminders are the designated lead. The DSL must be named in the providers Safeguarding Policy.

## What is meant by the term Safeguarding

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

## What is meant by the term Child Protection

Child Protection is the plans and actions that are undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online. (Working Together, 2023)

[Working together to safeguard children 2023: statutory guidance](#)

## Who is Responsible for Keeping Children Safe

### **Safeguarding is everyone's responsibility!**

The EYFS states the minimum legal requirements and responsibility of providers in meeting the safeguarding and welfare needs of all children. Providers must take all necessary steps to keep children safe and well.

[EYFS statutory framework for childminders](#)

[EYFS statutory framework for group and school-based providers](#)

**You must also be aware of, read and adhere to your setting's safeguarding policy and procedures.**

## Abuse

Child abuse happens when someone harms a child. There are four categories of abuse.

### **The Four Categories of Abuse**

- Neglect
- Physical Abuse
- Emotional Abuse

- Sexual Abuse

## Neglect

The **persistent failure** to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### Some of the following signs may be indicators of neglect:

- Delayed physical development
- Hygiene concerns
- **Persistent** recurring untreated infections such as sore throats, urinary tract infections (UTI's) or skin complaints including nappy rash
- Poor oral health/dirty unkempt appearance
- Unsuitable home environment
- Left unattended
- Persistently hungry
- Stealing and/or hiding food
- Lack of routine/chaotic homelife
- Not attending medical appointments or accessing treatment

## Physical Abuse

Physical abuse is defined as 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 the symptoms of, or deliberately induces, illness in a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

### Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises or cuts; burns or scalds; or bite marks

## **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Some of the following signs may be indicators of Sexual Abuse:**

- Injuries to genital/anal area
- Sexually transmitted infections
- Bleeding from vagina or anus
- Discharge
- Pain in passing urine or faeces
- Self-harm
- sexual awareness inappropriate to child's age and development stage
- Sexually aggressive towards other children, generally aggressive
- Unexplained sources of money
- Talk of keeping secrets
- Nightmares and disturbed sleeping patterns
- Frequent masturbation
- Persistent offending, non-attendance, not wanting to go home/running away
- Wetting, soiling, smearing
- Changes in eating habits / developing an eating problem

## **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views,

deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened

or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Some of the following signs may be indicators of Sexual Abuse:**

- Developmental/language delay
- Changes in eating habits / developing an eating problem
- Repetitive comfort behaviour
- Sudden speech disorders
- No sense of achievements
- Lack of confidence and positive identity
- Inability to play
- Struggling to express and manage emotions
- Fear of making mistakes

Revisit the types and signs of abuse at [Types of Child Abuse & How to Prevent Them | NSPCC](#)

[Child abuse concerns: guide for practitioners - GOV.UK](#)

## **Domestic Abuse**

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members.

[Domestic Violence and Abuse | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)  
[www.cambsdasv.org.uk](http://www.cambsdasv.org.uk) **Peterborough IDVA service:** 01733 863138

## **What can Lead to Abuse, Harm and/or Neglect**

**Factors – Are things that increase the risk of abuse/harm/neglect.** In families this may include domestic abuse, substance misuse, depression. For practitioners this may include being unfit to work, being under the influence of drugs/drink, ignoring policies and procedures.

**Situations – Situations we put ourselves in or others put us in.** For families this may include letting their child play alone on the street or run away out of sight. For practitioners this may include being out of ratio, alone with a child, failing to risk assess.

**Actions – Things we do that put children at risk.** May include leaving the children/child on their own, leaving dangerous liquids/knives where children can reach them, leaving medication around.

## Serious Case Reviews

Case reviews are conducted when a child dies, or is seriously harmed, as a result of abuse or neglect.

They aim to identify how local professionals and organisations can improve the way they work together to safeguard children.

There are reviews interwoven throughout this guide which will help you reflect on the need for [Working together to safeguard children - GOV.UK](https://www.gov.uk/government/consultations/working-together-to-protect-children)

## Professional Curiosity and The Child's Lived Experience

[The lived-experience-of-the-child](#) is 'What a child sees, hears, thinks and experiences on a daily basis that impacts on their personal development and welfare whether that be physically or emotionally. As practitioners we need to actively hear what the child has to say or communicate, observe what they do in different contexts, hear what family members, significant adults/carers and professionals have said about the child, and to think about history and context. Ultimately, we need to put ourselves in that child's shoes and think 'what is life like for this child right now?' [Definition of 'lived experience' partnership task and finish group 2018]

Practitioners should work to build up a picture of a child's lived experience and show professional curiosity about their life outside of the setting, such as their home environment and family relationships. [Briefing-on-Professional-curiosity.pdf](#)

If practitioners recognise injuries or bruises that happened outside the setting, they should ask the child open questions and speak to parents and carers to find out what happened. It also relates to practitioners understanding their responsibility and knowing when to act, rather than making assumptions or taking things at face value.

### Serious Case Review – Megan

Neglect issues at the nursery from March 2013. Megan attended her nursery sporadically and missed sessions which staff understood to be for 'family reasons.' She attended only three out of a possible ten sessions in March 2013. Staff were not alert to any issues regarding Megan's previous

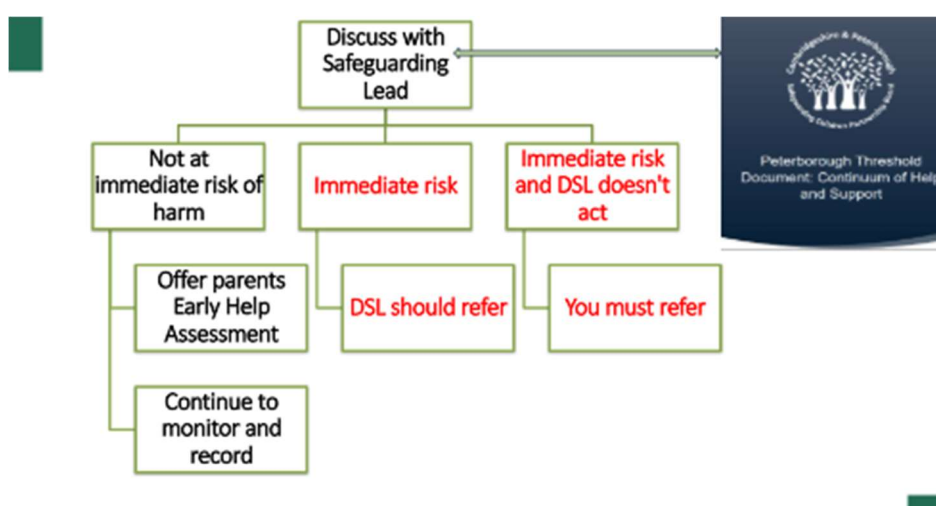
vulnerability because they had not received any contact from other professionals. Staff were clear in their minds and reported during conversations they thought that Megan's Paternal Grandmother (PGM) was Megan's maternal grandmother (MGM) which was not correct. Staff had no understanding of a Special Guardianship Order (SGO) and did not show professional curiosity about the family dynamics or made cursory checks.

On one occasion, Megan attended the nursery when she was very cold, and her lips had turned blue. This was reported to the manager by nursery staff and discussed with the PGM who responded to say Megan 'is very small and feels the cold' which this review believes was dismissive and should have been challenged with the PGM further. There was no consideration to explore this incident further.

Megan on occasions was seen to attend the nursery without a jumper and wearing clothes that were too big for her which, nursery staff believed were 'hand me downs' from a sibling and was not followed up. [2020GloucestershireMeganOverview.pdf](#)

## Recognising, and Responding to Disclosures/Concerns

A disclosure of abuse is when someone shares information about experiencing or witnessing abuse or neglect. This can be a direct statement, an indirect hint, or even expressed through non-verbal cues like changes in behaviour. [Recognising and responding to child abuse and neglect | NSPCC Learning](#)

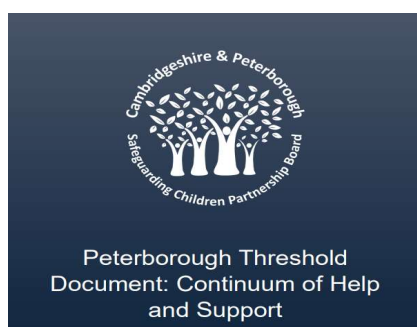


Discuss and record all concerns with the Designated Safeguard Lead (DSL), using the Peterborough Threshold Document to inform your decision making. [Peterborough Threshold Document](#)

Telephone referrals **must be** followed up with an online referral. Please follow this link [Making a Referral | CPSPB](#)

MASH team on 01733 864170 (Mon – Fri 9am – 5pm) **In an emergency, outside of normal hours call the Emergency Duty Team on 01733 234724**

## Using the Threshold Document



This document provides a framework for professionals who are working with children, young people and families. It aims to help identify when a child may need additional support to achieve their full potential. [Peterborough Threshold Document 2025](#)

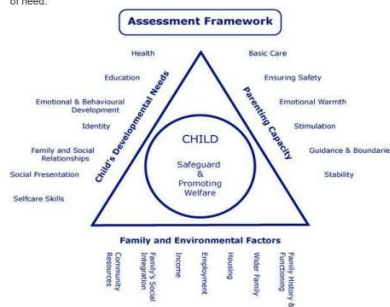
This document should be used in conjunction with the Cambridgeshire and Peterborough multi-agency policies and procedures [Multi-Agency Policies and Procedures | CPSPB](#)

The continuum of need matrix does not provide an exhaustive list but provides examples that can be used as a tool to assist assessment, planning and decision making when considering any safeguarding indicators of concern alongside additional related needs.

HEALTH			
Level 1	Level 2	Level 3	Level 4
The child appears healthy, and has access to and makes use of appropriate health and health advice services	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Or the parent/carer has accessed health services for the child but has not followed professional advice which may have an impact on the child's health and wellbeing  Diagnosed with a life-limiting illness and may meet the criteria for additional funding via continuing care	The child has complex health problems which are attributable to the lack of access to health services. Parent/carer denying professional staff access to the child.
All child's health needs are met by parents/carers.	Additional help required to meet health demands of the child including disability or long-term serious illness requiring support	With additional support, parent not meeting needs of child's health. Parent/carer displays high levels of anxiety regarding	Parents/carers' level of anxiety regarding their child's health is significantly harming the child's development.

#### 4. The Assessment Triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



When making assessments practitioners and other agencies must remember that it is a child centred approach.

## Working in Partnership with Parents and Other Professionals

Successful outcomes for children depend on building strong partnerships between parents/carers and the practitioners working with them. In addition, practitioners must be working closely with other key professionals involved with the family to co-ordinate positive outcomes for a child in their care. Practitioners should take a child centred approach to any identified concerns and actions taken.

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK](#)  
[Working together to safeguard children 2023: statutory guidance](#)

### Serious Case Review Extract – George 2022

Exceptional practice by George's nursery: The practice of the nursery on the morning of the 24th of March was an example of excellent practice. The curiosity of staff greeting George that morning after a period of absence led to them having concern about the injuries/abrasions on his face and undertaking the full examination of his body very shortly after he arrived.

The nursery was asked by Greater Manchester Police to take photographs of the injuries and to send them via email. **The manager had the awareness of Safeguarding Policy to challenge this request initially and point out how it went against their guidance.** It was acknowledged by GMP that requesting these images had been custom and practice, however it was recognised that this policy wasn't appropriate given safeguarding processes. Therefore, there has been a change of policy within GMP, which has been cascaded to all Wigan staff and disseminated through WCSP. Throughout the initial response, George was supported by staff who knew him and could comfort him whilst management proceeded to action the concern.

To read the full case review please visit: [LCSPR-Report-George.pdf](#) (Oct 2022).

## Sharing Information

Sharing information is a key part of any practitioners' role when working with children. The decisions about how much information to share, with whom and when, can cause so much confusion. It's crucial to remember, that information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet. [DfE non statutory safeguarding information sharing advice](#)

Sharing information for safeguarding purposes can be justified solely based on preventing harm to a child. [A 10 step guide to sharing information to safeguard children | ICO](#)

## Attendance - Absences and Keeping Records

- Absences could be a vital warning sign for a range of safeguarding issues.
- [Providers/Childminders] must follow up on absences in a timely manner.
- Consideration must be given to the child's, parent's and/or carer's vulnerability and their home life.
- Where possible, settings should hold more than two emergency contact numbers for each child.

### Serious Case Review into the Death of Child T in 2013

Child T's nursery had reported that the child appeared well presented but was sometimes withdrawn and unkind to other children and her attendance was sporadic. Child T did not come back to nursery after the summer school holidays and died one week after she was expected back at nursery.

The review suggested that early year's childcare providers should be alert to the safeguarding issues raised by sporadic attendance and patterns of poor pre-school attendance should trigger a response from early intervention services.

Patterns of chaotic parenting and disguised compliance begin in early childhood and have long lasting consequences on children's life chances. [SCR-Child-T.pdf](#) **Safeguarding Practice Review into the Significant and Life Changing Injuries of Henry 2022**

Henry attended nursery. Nursery staff thought that Henry's mother lived outside their local area and attended college. Nursery described Henry as a happy and active little boy who loved cuddles and was into everything. He received support from nursery staff for speech delay and was making good progress. His attendance had been poor, and a number of sessions cut short due to illness. On at least one occasion Henry's mother was angry about having to collect Henry early.

Henry was last seen at nursery in October 2022 following being sent home ill with a cold. Mother remained in touch with nursery by text explaining that Henry was still unwell. This was followed up by nursery in mid-November when Henry had not returned with the explanation from mother that she had fractured her ankle and could not get him into nursery until after Christmas.

Four weeks later Henry attended hospital with significant life-threatening injuries. Mother initially provided a story that Henry (age three) had fallen off his bike. The injuries included thirty bruises of differing ages to his head, arms and legs, fractured jaw, fractured spine and serious head injuries causing swelling to his brain. Henry's mother was arrested by police for "wounding with intent to do serious bodily harm". Henry was transferred to Great Ormond Street Hospital for Intensive Care management and treatment where he made a reasonable recovery although his injuries remain life changing. [2025HaveringCSPRHenry.pdf](#)

## When and How to Make a Referral

Before submitting a referral, please refer to the **Peterborough Threshold Document: Continuum of Help and Support** [Peterborough Threshold Document 2025](#)

This provides the relevant part of the Thresholds and Pathways guidance that helps you to identify the child's level of risk and an appropriate level of support.

### PCC Safeguarding Children Referral Online

If you have a concern about a child and wish to make a safeguarding referral, you will need to use the Peterborough online Safeguarding Referral Form. [Making a Referral | CPSPB](#)

Training and guidance on using the Portal to make referrals is available on the Safeguarding Board website <https://app.melearning.co.uk/auth/login>

Should you have any problems in sending through referrals please in the first instance contact MASH using the following number: **MASH General Enquiries 01733 864170**

The Professional Consultation Line can be used when advice about a possible referral is required. This is not in place of the Portal and professionals will be directed back to the Portal to submit referrals as appropriate. **Professional Consultation Line 01733 864180**

When making a referral it is important that:

- All basic details are completed on the referral form. You must ensure that all mandatory fields are completed.
- Consent should always be sought from the family before passing information about a child to Social Care, unless this would place them at increased risk of immediate and significant harm. **If a child is at immediate risk of significant harm, refer to Social Care or dial 999.**
- The referral must clearly identify the concerns, the impact on the child at risk and previous support offered.
- The more information that is provided, the easier it is for the MASH to make a decision about the best course of action to take.

### Safeguarding Practice Review into the Death of Keanu aged 2

Because of her (Keanu's mother) transient nature, professionals found it difficult to keep tabs on where Rebecca and Keanu were living. The one constant in Keanu's life was his place at nursery. The review said that 'the nursery developed a clouded view of Rebecca's ability to care for Keanu because she herself had attended the nursery as a child'. When interviewed, Rebecca referred to the staff at the nursery as 'more like friends.' Little information about Keanu's experiences at nursery was shared with other professionals and key decisions about potential referrals were

overturned by inexperienced staff who believed 'it was no longer necessary as they were happy with the situation'. The professionals that weren't happy with these decisions did not appropriately challenge their other agency colleagues nor escalate this to a line manager, designated or named professional.

[Safeguarding Children Boards Lessons to be Learned - Keanu Williams](#)

## Allegations – When to Refer to LADO

**What is an allegation?** - An allegation is defined as a complaint/concern that might indicate that a person who works or volunteers with children 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 that indicates they may pose a risk of harm to children or may not be suitable to work with children. [Allegations CPSPB](#)

**All Allegations MUST** be acted upon - even if you're unsure whether it is an actual allegation a referral must be made to LADO for them to decide if it meets threshold. (Refer to guidance & flowcharts below)

[Guidance for Early Years Settings for Managing an Allegation.docx](#)

[Designated-Officer-Referral-Form-2025 \(1\).doc](#)

[Childminder-Allegations-Flowchart-2025.docx](#)

[Group-Settings-Allegation-Flowchart-2025.docx](#)

### LADO Contact Details:

**LADO** – Local Authorities Designated Officer 01733 864038

Email [lado@peterborough.gov.uk](mailto:lado@peterborough.gov.uk)

## Whistleblowing

**Whistleblowing** is the term used to describe the disclosure of information about suspected wrongdoing or dangers identified at work. Whistleblowing is where staff or volunteers can voice their concerns, without fear of repercussion.

Settings must ensure they have a clear policy on whistleblowing and that everyone is clear about what to do and who to speak to if they have concerns about an adult in the setting.

Whistleblowing cases may involve allegations of staff misconduct, such as conflicts of interest, boundary violations, or inappropriate relationships with children or parents. Whistleblowers may reveal instances where staff members engage in misconduct, abuse their authority, or violate organizational policies and procedures. This can lead to disciplinary actions, termination of employment, and legal liabilities for individuals involved in staff misconduct.

If you have concerns about the conduct of a member of staff, volunteer, committee member, or owner towards a child then you have a legal duty to report it. [Whistleblowing CPSPB](#)

## See something, Do something

### Suitability

**EYFS (2025) states:** Providers must ensure that people looking after children are suitable; they must have the relevant qualifications, training and have passed any required checks to fulfil their roles. Providers must take appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced. Providers must also ensure that any person who may have regular contact with children (for example, someone living or working on the same premises the early years provision is provided), is suitable.

Providers must obtain an enhanced criminal records check (**DBS**) for every person aged 16 and over (such as, all staff members, volunteers, committee members, students, visitors).

All persons working with children are **expected to disclose** any convictions, cautions, court orders, reprimands and warnings.

### Safer Eating

The EYFS Statutory Framework requires providers to take all necessary steps to keep children safe and well – and you must be confident that those responsible for preparing and handling food in your setting are competent to do so.

Tragically, a child dies in the UK every month from choking and hundreds more require hospital treatment. It can happen quickly, and it can happen to anyone. (DfE, 2025)

### The Safeguarding Practice Review into the Death of Oliver aged 9-months in 2021

*In September 2021, whilst being fed lunch by a member of staff at a nursery school setting, 9-month-old Oliver Steeper appeared to inhale his food and began to choke. Backslaps were*

*administered but he was turning blue, an ambulance arrived but was unable to clear the blockage and CPR was performed. After transfer to Evelina London Children's Hospital scans showed that Oliver had suffered irreversible catastrophic brain injury not compatible with life, and he died six days later. A subsequent bronchoscopy found multiple pieces of pasta and large food debris in his windpipe and lungs. The Consultant concluded that Oliver had choked due to being fed food which was not age appropriate.* [OS-LCSPR-report-FINAL.pdf](#)

[Help for early years providers : Food safety](#)

[Preparing food safely for babies - Start for Life - NHS](#)

[Introducing foods that could trigger an allergic reaction - Start for Life - NHS](#)

[The Benedict Blythe Foundation Allergy & Education Foundation | Benedict Blythe Foundation](#)

## Safer Sleeping

Safer Sleeping needs to be everyone's business and delivering safer sleeping messages when working with families is crucial. A key priority is to embed the messages about safer sleeping, to reduce the risk of infant deaths. (Key information can be found in the below links)

[LullabyTrust-Safer-sleep-information](#)

[NHS newborn-and-baby-sleeping-advice-for-parents](#)

[Safer-sleeping-practices-for-early-years-educators](#)

## Safeguarding Practice Review into the Death of CD aged 13months.

Child CD was placed in the usual sleep environment, which was an adapted cot-bed that allowed the infant to get out of bed to play. Child CD was not checked during the evening/overnight as mother did not want to disturb her infant. She felt she would hear her infant shout if support were needed. The following morning (0730hrs) Child CD was found by mother, head down in a fabric toy box. The fabric toy box was next to the wall, at the bottom of the bed and used to store swimwear. [child-cd-exec-final-version-for-publication.pdf](#)

- Safeguarding scenarios
- DSL roles and responsibilities -
- Legislation, Definitions and Indicators

## Wider Safeguarding Issues

**Child Sexual Exploitation** is illegal activity by people who have power over young people and use it to sexually abuse them. This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes, through to very serious organised crime.

The sexual exploitation of children and young people (CSE) under the age of 18 is defined as: 'situations, contexts and relationships where young people (or a third person or people) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. [Child Sexual Exploitation | CPSPB](#)

**Female Genital Mutilation (FGM)** is carrying out procedures that intentionally alter or injure female genital organs for non-medical reasons. Internationally recognised as a violation of the human rights of girls and women. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM. [Female Genital Mutilation | CPSPB](#)

**Breast Ironing** is the process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely." [Breast Ironing | CPSPB](#)

**Online Safety** Many of us see our online lives and offline lives as different. But for children growing up with technology and the internet, there isn't a difference – online life and offline life is just life. Technology can move at an extraordinarily fast pace, so it is crucial that we bring conversations into everyday life about how to stay safe online. [Online Safety | CPSPB Help keep children safe online with Techosaurus! | NSPCC](#)

**Modern Slavery and Human Trafficking** is child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education. Child trafficking is a form of modern slavery (HM Government, 2014). Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. [Human Trafficking CPSPB](#)

**Radicalisation and Extremism - Radicalisation** is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm. **Extremism** was defined by the Home Office in 2011 as a vocal or active opposition to [Fundamental British Values in early years - Early Education](#), including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs (HM Government, 2011). [Radicalisation and Extremism CPSPB](#)

**Child criminal exploitation** is a form of child abuse where a child or young person is forced or coerced to engage in criminal activity or commit any type of crime. County lines exploitation makes up a large proportion of child criminal exploitation, but there are other forms of criminal exploitation involving children [Child Criminal Exploitation | CPSPB](#) [County lines | NSPCC Learning](#)

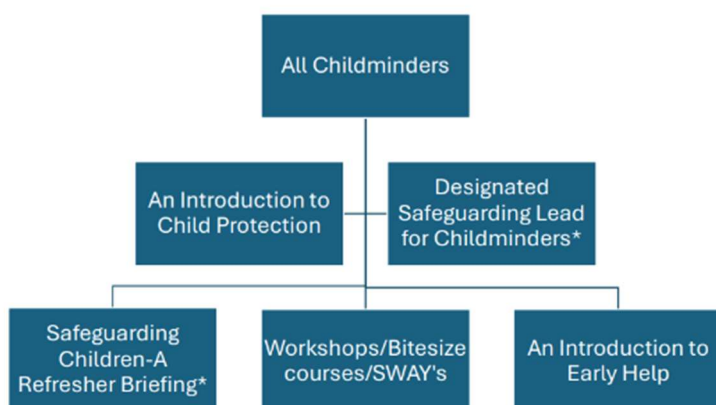
**Prevent** sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms such as substance abuse, involvement in gangs and physical and sexual exploitation. [Prevent | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

The aim of Prevent is to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

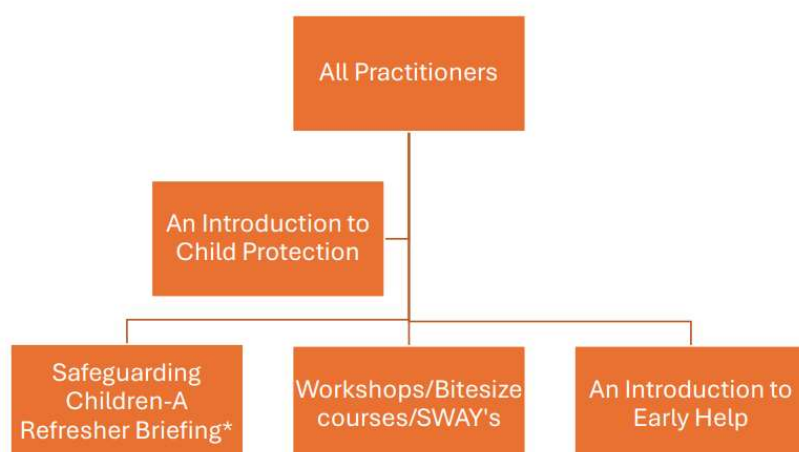
## Safeguarding Training Pathway

### Childminders



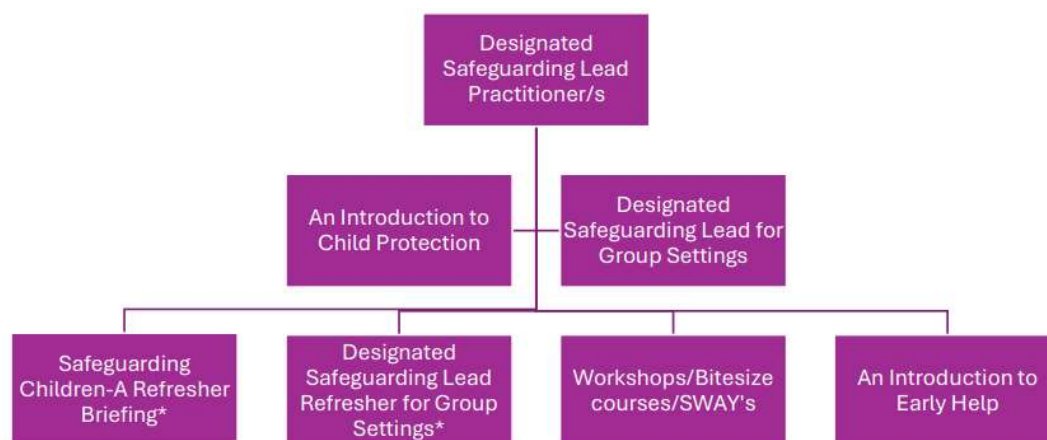
\*to be refreshed every 2 years. Childminder assistants should attend Safeguarding Children-A Refresher Briefing every 2 years, they do not need to attend the Designated Safeguarding Lead course.

### Practitioners (settings)



\*to be refreshed every 2 years.

## Designated Safeguarding Leads



\*to be refreshed every 2 years.

## Tools and Resources

### Key Documents

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK](#)

[Working together to safeguard children 2023: statutory guidance](#)

[What to do if you are Worried a Child is Being Abused](#)

[Keeping children safe in education 2025](#)

**Learn Together:** Guidance and training for Peterborough schools and settings.

[Learn together Peterborough-Safeguarding](#)

**Help for Early Years Providers**[Help for early years providers : Get help for your setting](#)

**Peterborough Safeguarding Board**

[Cambridgeshire & Peterborough Safeguarding Partnership Board](#)

### NSPCC

<https://www.nspcc.org.uk/>

**Talking with children about keeping safe** [Talk PANTS: Conversation to help keep children safe | NSPCC](#)

**Online Safety Guidance** [Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners - GOV.UK](#)

## **Multi-Agency Safeguarding Assessment Tools**

### **Domestic Violence Risk Identification Matrix**

Barnardo's Domestic Violence Risk Identification Matrix Assessing the risks to children from male to female domestic violence. [Barnardos DVRIM](#)

### **Graded Care Profile Tool**

The Graded Care Profile is an assessment tool, which can be used to assist in the assessment of neglect. The tools will identify strengths and difficulties across a number of child development areas. [Graded Care Profile Tool](#)

### **Contextual Risk Screening Tool**

This screening tool is designed to help all professionals working with children and families to identify possible vulnerabilities to exploitation. It should be used when you have concerns that a child is being, or is at risk of being harmed, due to exploitation. Your observations of behaviours and any significant changes will be important as children will often deny, or be unaware, that they are being exploited. [Contextual Risk Screening Tool](#)

### **Child Sexual Behavioural Assessment Tool**

Most children display a range of healthy sexualised behaviours as they grow up. However, some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards. You may need to reassure worried parents that their child is exploring their sexuality in a healthy way. However, if a child is displaying harmful sexual behaviour (HSB) you need to provide them with appropriate advice and make referrals for relevant treatment and support. [Child Sexual Behaviour Assessment Tool](#)