



AIREBOROUGH FAMILY SERVICES SAFEGUARDING & CHILD PROTECTION POLICY

This policy is the intellectual property of Leeds City Council and has been adapted to reflect Aireborough Family Services context, structures and ways of working.



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This Safeguarding & Child Protection Policy is reviewed annually by the Integrated Services Leads (ISLs) and ratified by the JCC or as events, or legislation requires. Any deficiencies or weaknesses identified will be remedied without delay.

Part 1 of this policy is for all staff.

Part 2 of this policy has a suite of model pro-formas for staff to utilize, to support safeguarding arrangements and is principally for use in conjunction with ISL's.

| Policy Review date | Date Ratified by JCC | Date Shared with staff |
|--------------------|----------------------|------------------------|
| October 2024 | November 2024 | November 2024 |
| October 2025 | | |

Aireborough Family Services (AFS)
 Child Protection and Safeguarding Advice
 Contact List – August 2025

| Role / Agency | Name | Contact Details |
|--|---|---|
| Integrated Service Leaders- Aireborough Family Services | Jemima Lutter | jemima.lutter@aireboroughxs.co.uk 07916263064 |
| | Dawn Jennings | dawn.jennings@aireboroughxs.co.uk 07817297399 |
| CSWS Duty and Advice / Front Door Safeguarding Hub | Urgent Child Protection concerns / initial referral | Professionals – 0113 3760336 Members of the public – 0113 2223301 |
| CSWS Emergency Duty Team (out of hours) | Urgent Child Protection concerns | childrensEDT@leeds.gov.uk 0113 535 0600 |
| Education Safeguarding Team | Advice / Training / Safeguarding Audit | estconsultation@leeds.gov.uk 0113 3789685 |
| Local Authority Designated Officer | Allegations against adults in school | lado@leeds.gov.uk 0113 3789687 |
| NSPCC Whistleblowing Helpline | Allegations against adults in school | 0800 028 0285 |
| PREVENT Team | Prevent training/advice | prevent@leeds.gov.uk 0113 535 0810 |

AFS are committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, contractors, and visitors to share this commitment.

All staff refers to all adults, volunteers, or students on placement, working in any capacity in the Cluster, or in activities organised by the Cluster which brings them in to contact with children and families.

Child Protection refers to the multi-agency arrangements to identify and protect children who are or may be at risk of or suffering significant harm.

Safeguarding refers to the protection, safety, and promotion of the welfare of all children and young people supported by cluster staff.

Glossary

- ISL Integrated Services Lead
- AFS Aireborough Family Services
- CSWS Childrens Social Work Services
- KCSiE Keeping Children Safe in Education (DfE, July 2025)

Volunteers/student placements

All volunteers or students on placement must be supervised as appropriate and are subject to requisite pre-employment checks, including DBS and supervision arrangements.

An AFS One Minute Guide which outlines our Child Protection and Safeguarding procedures, and how to report any concerns regarding a child/young person or another adult within a school will be given to all volunteers and students working with our families either face-to-face, virtually or over the phone.

Part One:

1. Aims

1.1 AFS aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children and young people's (CYP), welfare.
- All staff are aware of their statutory responsibilities with respect to safeguarding, identifying children/young person in need of early help, at risk of harm or those that have been harmed.
- Staff are appropriately trained in recognising and reporting safeguarding issues.
- A culture of vigilance is created and maintained to ensure that we will act in the best interests of children/young people to protect them online and offline.
- Systems for reporting concerns are well promoted, easily understood and easily accessible for staff See Appendix III

1.2 AFS take as our priority the responsibility to safeguard and promote the welfare of our children and young people to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our service to identify, assess and support children/young people, who are suffering harm and to keep them safe and secure.

1.3 The responsibilities set out in this policy apply to all members of AFS including staff, volunteers and students on placement and trainees working within the service.

2. Legislation and guidance

2.1 This policy is informed by the Department for Education's statutory guidance, [Keeping Children Safe in Education \(KCSiE\) 2025](#) and [Working Together to Safeguard Children \(WTTSC 2018\)](#). We comply with this guidance and the procedures set out by the Leeds Safeguarding Children partnership (LSCP).

2.2 This policy is based on the following legislation and guidance:

- Section 175 of the [Education Act 2002](#), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils.
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children.
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children.
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children.
- Statutory [Guidance on the Prevent duty](#), which explains schools' duties under the Counter- Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism.

- Guidance for safer working practice for those working with children and young people in education settings (GSWP) (Safer Recruitment Consortium Feb 2022) <https://c-cluster-110.uploads.documents.cimpress.io/v1/uploads/d71d6fd8-b99e-4327-b8fd-1ac968b768a4~110/original?tenant=vbu-digital>.
- Government Guidance [Sharing nudes and semi-nudes: how to respond to an incident \(overview\)](#).
- [Children Missing Education – Statutory guidance for local authorities \(DfE September 2016\)](#).

This policy conforms to locally agreed inter-agency procedures [LSCP - Local Protocols for Leeds Practitioners \(leedsscp.org.uk\)](#) and has been ratified by the LSCP Education Reference Group. It is available to all interested parties on our website and on request from the ISL. It must be read in conjunction with other relevant policies and procedures and KCSiE (DfE 2025). <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>.

3. Definitions

3.1 **Safeguarding and promoting the welfare of children and young people means:**

- Protecting children/young people from maltreatment
- Preventing impairment of children/young people’s mental or physical health or development
- Ensuring that children/young people grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children/young people to have the best outcomes.

3.2 **Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

3.3 [Appendix I](#) explains the different types and indicators of abuse.

3.4 **Children** includes everyone under the age of 18.

4. Equality statement

4.1 Some children/young people are at an increased risk of abuse, and additional barriers can exist for some children/young people with respect to recognising or disclosing abuse. We are committed to anti-discriminatory practice and recognise children/young people’s diverse circumstances. We ensure that all children/young people have the same protection, regardless of any barriers they may face.

4.2 We give special consideration to children/young people who:

- Have special educational needs or disabilities or health conditions.
- Are young carers.
- May experience discrimination due to their race, ethnicity, disability, religion, gender identification, sex, or sexual orientation.

- Have English as an additional language.
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence.
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation.
- Are asylum seekers.
- Are at risk due to either their own or a family member's/carers mental health needs.
- Are absent from education.
- Children/young people who are in care, previously looked after or any children not growing up with their birth family (this covers private fostering and all kinship arrangements)
- Whose parent/carer has expressed an intention to remove them from school to be home educated.

5. Roles and responsibilities

5.1 Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff (including those not directly employed by the Cluster). All staff are expected to read this policy as part of their induction arrangements, as well as the documents referenced in section.

5.2 All staff

5.2.1 All staff working directly with children will read and understand their statutory responsibilities outlined in Part 1 and Annex B of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance annually.

5.2.2 Staff who do not work directly with children will have read our One Minute Guide.

5.2.3 All staff will be aware of:

- Our systems which support safeguarding, including reading and understanding their professional responsibilities and understanding the role of the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL).
- The Early Help process and their role in it. This should be informed by the Leeds Practice Model, and staff will undergo regular training on ensuring this knowledge is up to date and in line with Local Authority expectations of Early Help Practice.
- That children's behaviours can be indicative of their emotional wellbeing and can be linked to mental health. They should be aware of behaviours that may communicate that poor wellbeing can be an indicator of factors such as abuse, neglect, or exploitation. Staff should understand the children's experiences such of abuse, neglect, trauma, and adverse childhood experiences can impact on children's mental health, behaviour & education.
- The process for making referrals to local authority Children's Social Work Service (CSWS), and for statutory assessments that may follow a referral, including the role they might be expected to play. Fig 1: **Summary of AFS procedures to follow where there are concerns about a child /young person** illustrates the procedure to follow if you staff have concerns about a child/young person's welfare. Wherever possible, staff need to speak to the DSL or DDSL first to agree a course of action. In the absence of a DSL or DDSL being available, staff must not delay in directly

contacting Children's Social Work Duty and Advice team, or the police if they believe a child is at immediate risk of significant harm.

- We work in partnership with other agencies in the best interests of the children/young people. Where a child/young person already has a social worker, staff will immediately contact the social worker involved or in their absence, the social workers team manager. If social workers or managers are not available by phone, an email will be sent. All correspondence will be recorded on Mosaic, including where phone calls or emails go unanswered.
- What to do if staff identify a safeguarding issue or a child/young person tells them they are being abused or neglected, including specific issues such as Female Genital Mutilation (FGM), and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), child criminal exploitation (CCE) FGM, radicalisation, child-on-child sexual abuse and serious and violent crime. All staff to be aware CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child/young person into sexual or criminal activity.
- Children/young people persistently absent from education or missing/absconding during the school day can be a sign of a range of safeguarding concerns including sexual abuse, sexual exploitation, or child criminal exploitation.
- Children/young people may not feel ready or know how to tell someone they are being abused, exploited, neglected, and/or they may not recognise their experiences as harmful.

[Appendix I](#) details different kinds of abuse.

[Appendix II](#) provides guidance to staff on how to respond to children who report abuse.

5.3 The Designated Safeguarding lead (DSL) and Deputy Designated Safeguarding Lead.

The DSL for AFS is Jemima Lutter. The DSL takes lead responsibility for child protection and wider safeguarding (including online safety and understanding the filtering and monitoring systems which are in place). The DDSL for AFS is Dawn Hardy.

5.3.1 The optimal scenario is to have a trained DSL or DDSL available on site during normal working hours. Where this is not possible a trained DSL or DDSL will be available to be contacted via phone or online video – for example when working from home. If a DSL or DDSL is not available staff are directed to contact CSWS in the event of a safeguarding concern, as outlined above.

5.3.2 The DSL will be given the time, training, resources, and support to:

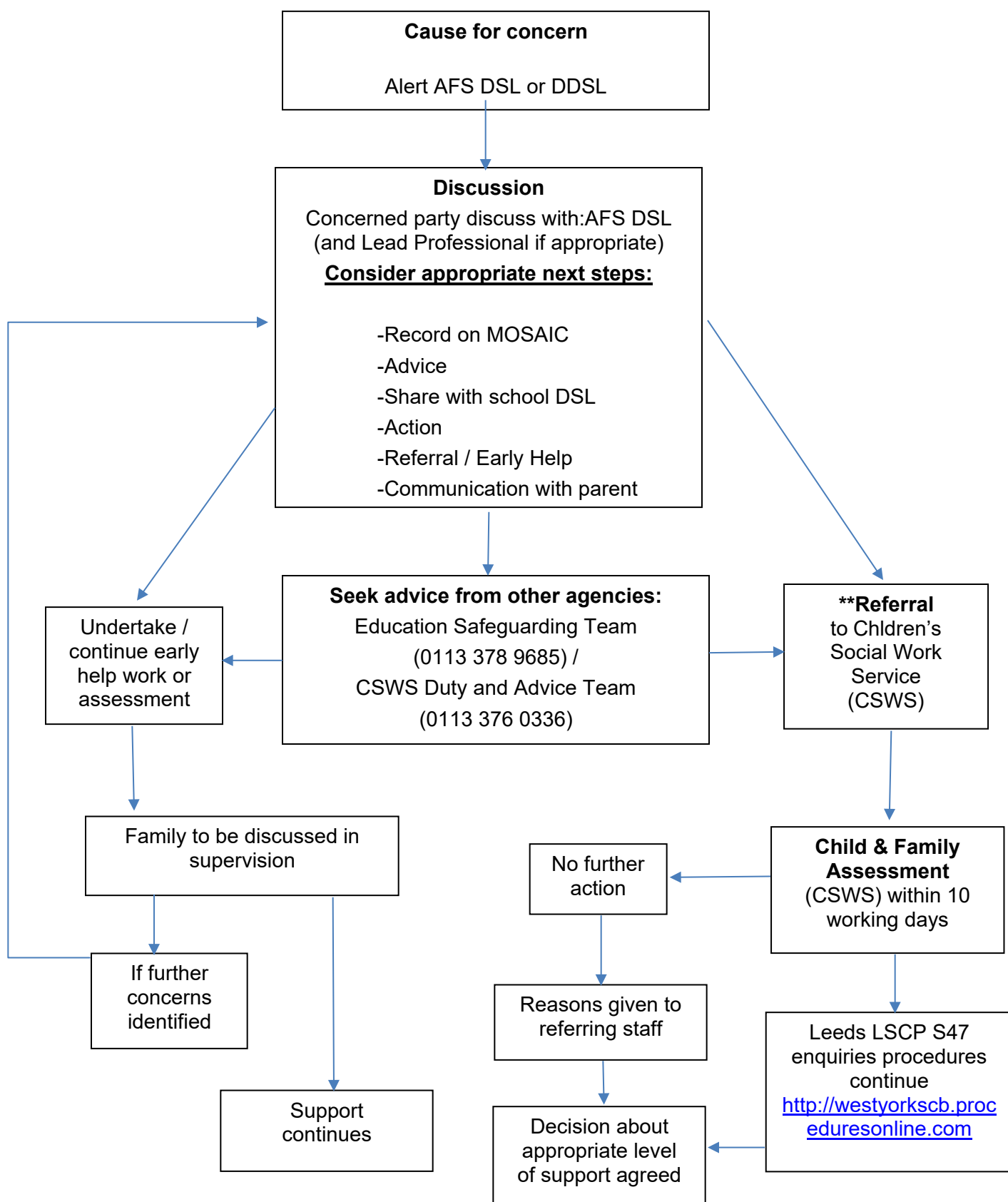
- Provide advice and support to other staff on child welfare and child protection matters.
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- Contribute to the assessment of children/young people by providing as much information as possible as part of the referral process to help social care assessments consider contexts outside the home and enable a contextual

approach to harm.

- Refer suspected cases, as appropriate, to the relevant body (Children's Social Care Duty and Advice team, Channel programme, LADO, Disclosure and Barring Service, Teaching Regulation Agency and/or police), and support staff who make such referrals directly. Provide support for staff to comply with their mandatory reporting duties in cases where FGM has been identified.
- Ensure that all staff involved in direct case work of vulnerable children/young people, where there are child protection concerns/issues, have access to regular safeguarding supervision. (Ref: LCC Framework for Supervision (2021).).
- Ensure representation at appropriate inter-agency meetings such as Initial and Review Child Protection Conferences, and Planning and Core Group meetings, as well as Family Support Meetings.
- Provide reports as required for meetings. Reports will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting.

The full responsibilities of the DSL are set out in [Annex C of KCSiE](#). Role of the Designated Safeguarding Lead. All Designated Safeguarding Leads and Deputy Safeguarding Leads must read and comply with this.

Fig 1: Summary of AFS procedures to follow where there are concerns about a child/young person.



** If unhappy about the outcome of the referral to Children's Services Social Care, please refer to: Leeds LSCP Local Protocol: [Concerns Resolution](#).

6 Confidentiality and Information Sharing

- 6.1.1 Confidentiality is an issue that needs to be understood by all those working with children/young people, particularly in the context of safeguarding.
- 6.1.2 AFS recognises that the only purpose of confidentiality in this respect is to benefit the child/young people. Staff/volunteers should never promise a child/young people that they will not tell anyone about an allegation/report of abuse and must pass any safeguarding concerns to a DSL.
- 6.1.3 Timely information sharing is essential for effective safeguarding. AFS will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance document, [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(DfE 2018\)](#). This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.
- 6.1.4 Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children/young people.
- 6.1.5 All staff must have due regard for the relevant data protection principles which allow them to share (in the context of their role) and withhold personal information, as provided for in the Data Protection Act 2018 and GDPR.
- 6.1.6 To promote positive outcomes for vulnerable children/young people, including children with social workers information that can help to support positive outcomes being achieved will be shared with colleagues across services that are not DSLs or DDSLs as appropriate.
- 6.1.7 If staff are in any doubt about sharing information, they must speak to the designated staff.

6.2 Working with parents/carers and other agencies to protect children.

- 6.2.1 Parents/carers will be made aware of safeguarding procedures in respect to taking any reasonable action to safeguard the welfare of children and young people. In cases where AFS has reason to be concerned that a child/young person may be suffering significant harm, ill treatment, neglect or other forms of harm, staff will follow the procedures for responding to suspected cases of child abuse or neglect outlined in this policy document and contact CSWS Duty and Advice team to discuss their concerns.
- 6.2.2 In general, we will seek to inform parents/carers and receive their consent when making a referral to another agency. The exception to this rule will be in situations where a member of staff has reasonable cause to believe that informing parents/carers of a referral to another agency may increase the risk of significant harm to the child/young person.
- 6.2.3 Parents/carers are informed about our Safeguarding & Child Protection policy upon starting work with our team.

6.3 Multi-agency work

- 6.3.1 In the best interests of our families, we will work with all relevant professionals and agencies as required to safeguard children and promote their welfare.

- 6.3.2 Staff will work in line with the Leeds Practice Model, and Leeds Practice Principles. See Appendix IV.

7 Children with Special Educational Needs, Disabilities, or Health Issues

AFS recognise that while all children/young people have a right to be safe, some children/young people *may* be more vulnerable to abuse e.g., those with a disability, special educational needs, mental health issues or those living with domestic violence or drug/alcohol abusing parents, parents' mental health issues, learning disabilities, children who are in care or previously looked after, children having adverse childhood experiences etc. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child/young person's condition without further exploration.
 - Children/young people being more prone to peer group isolation or bullying (including prejudice- based bullying) than other pupils.
 - The potential for children/young people with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.
 - Communication barriers and difficulties in managing or reporting these challenges.
- 7.2 All staff have a role in preventing impairment of children/young people's mental health/emotional wellbeing, including promoting positive mental health and identifying where children are struggling with their Mental Health.
- 7.3 Concerns regarding a child/young people's mental health/emotional wellbeing should be recorded on MOSAIC and discussed in supervision.

8 Female Genital Mutilation

- 8.1 The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".
- 8.2 FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.
- 8.3 **Any staff member** who discovers that an act of FGM appears to have been carried out on a **child** must immediately (in consultation with the DSL) report this to the police, personally. The duty above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff must not examine children/young people.
- 8.4 **Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **child/young person under 18** must speak to the DSL and follow our local safeguarding procedures.
- 8.5 **Any member of staff** who suspects a child/young person is *at risk* of FGM or discovers that a **child/young person age 18 or over** appears to have been the victim of FGM must speak to the DSL and follow our [local safeguarding children's partnership procedures](#).

9 Radicalisation and Terrorism

- 9.1 Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
- 9.2 If staff are concerned about a change in the behaviour of an individual or see something that concerns them (**this could be a colleague too**) they must seek advice appropriately with the DSL.
- 9.3 Staff should be able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children/young people who may be at risk of radicalisation and what to do to support them. The Education Safeguarding Team and the Prevent team can advise and identify local referral pathways.

10 Channel

- 10.1 Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. An individual's engagement with the programme is entirely voluntary at all stages.

11 Child on child abuse

- 11.1 We recognise that children/young people are capable of abusing their peers and that child on child abuse can manifest in many different ways, including bullying, cyber bullying, criminal and sexual exploitation, sexual harassment and violence, initiation/hazing, sharing of nudes and semi-nudes, up skirting (taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm) and abuse within intimate partner relationships. It is very clear that this type of abuse should always be treated seriously, and never just as banter, part of growing up or boys being boys.
- 11.2 We recognise that abuse can often go unreported or be reported latterly. We will encourage and support young people to report child-on -child abuse to trusted adults or the NSPCC helpline.

All concerns around child-on-child abuse will be taken seriously, reported, investigated, recorded, and managed in line with the child protection procedures outlined in this policy.

- 11.3 Children/young people who may have sexually harmed others will be considered separately from the needs of those who have/may have been subject to sexual harm. Children/young people who have/may have sexually harmed others will be responded to in a way that meets their needs as well as protecting others through

a multi-agency risk assessment management plan (RAMP). Where appropriate there must be a coordinated multi-agency approach to risk assessment which will include involvement of parent/carers, social care, health, police and youth justice (where appropriate). Further support and advice on AIM Checklists and/or undertaking a RAMP can be obtained from the Education Safeguarding Team.

- 11.4 Where child exploitation (i.e., criminal, sexual, trafficking, modern day slavery etc), or the risk of it, is suspected, frontline practitioners must notify the DSL, in line with the child protection policy reporting systems.
- 11.5 The DSL must complete the child exploitation response checklist for partners (see Appendix 7) and refer to the table at the end of the tool to help decide how to proceed. The DSL can also refer a pupil to the monthly Multi- agency Child Exploitation (MACE) meeting (see Appendix 8) if it is felt that the criteria for referral is met and a discussion is warranted, information should be emailed to chs.mace@leeds.gov.uk . Information provided should include name; date of birth; what the risks are; what has been put in place to lessen the risk; and the plan that the child is subject to. Referrals will be triaged and if selected, the social worker, team manager or other relevant practitioner involved will be invited to attend the MACE meeting for a short discussion.
- 11.6 If the child /young person already has an allocated social worker, the DSL must contact them (or their team manager) to discuss any concerns about child exploitation. Where children may currently be looked after or previously looked after the DSL should also notify the Designated Teacher for children looked after.
- 11.7 A copy of the child exploitation risk identification tool for partners (see [Appendix VII](#)) can be obtained from the [LSCP Website](#).

12 Pre-selection and pre-employment vetting

- 12.1 The service pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures as outlined in part three of KCSiE.
- 12.2 The school linked to AFS will maintain a single central record which demonstrates the relevant vetting checks required including: a barred list check, DBS check at the correct level, identity, qualifications, prohibition order and right to work in the UK. (see Part 3 of KCSiE).
- 12.3 All recruitment materials will include reference to the school's commitment to safeguarding and promoting the wellbeing of children/young people (see [Appendix V](#)).
- 12.4 The school linked to AFS will ensure that all recruitment panels include at least one person that has undertaken the safer recruitment consortium, safer recruitment training as recommended by the Local Authority/Leeds LSCP.
- 12.5 For individuals who have lived or worked outside the UK, in addition to the same checks as all other staff, the school linked to AFS will complete any additional checks required to satisfy themselves that the individual is suitable to work with children/young people. This may include obtaining a letter from the professional regulatory authority in the country (countries) in which the candidate has worked confirming that they have not imposed any sanctions or restrictions, and /or that they are aware of any reason why they are unsuitable to teach where possible.
- 12.6 The school linked to AFS will ensure that written risk assessments are undertaken

in situations where information provided on DBS certificates necessitates so. Written risk assessments must be undertaken for all volunteers **not** engaging in regulated activity. Advice and support for carrying out risk assessments can be accessed through the school's HR Advisor/Provider/Contact or the Education Safeguarding Team.

- 12.7 The school linked to AFS will inform shortlisted candidates that online searches may be done as part of due diligence checks.
- 12.8 Copies of documents used to verify the successful candidate's identity, right to work and required qualifications should be kept in their personnel file.

13 Managing allegations or safeguarding concerns against a member of staff procedures.

13.1 These procedures must be followed in any case in which it is alleged that a member of staff, visiting professional or volunteer has met the harm test, this includes where an adult has:

- a) behaved in a way that has harmed a child/young person or may have harmed a child/young person.
- b) possibly committed a criminal offence against or related to a child/young person.
- c) behaved towards a child/young person or children/young people in a way that indicates s/he may pose a risk of harm to children/young people.
- d) behaved or may have behaved in a way that indicates they may not be suitable to work with children/young people. *(This includes any behaviour that may make the individual unsuitable to work with children/young people. This is known as transferable risk.)*

13.2 All adults working with AFS have duty to disclose to the DSL where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children in school.

13.3 All staff must fully understand that any adult behaviours that deviate from the Guidance for Safer Working Practice, including inappropriate conduct outside of work are a concern. Any staff/volunteers who are dismissed by AFS for gross misconduct or cumulative misconduct relating to safeguarding of children/young people will be referred to the DBS for consideration of barring.

- **LADO Contacts: Claire Ford, or Jo Peake Tel: 0113 3789687**
- **Advice can also be sought from – Team Manager Education Safeguarding Team 0113 3789475**

13.4 Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, staff can contact any of the professionals named in the above paragraph, in addition to other whistleblowing channels which may be open to them.

13.5 The Leeds City Council whistleblowing policy states that concerns can be raised by the following methods:

- Whistleblowing hotline 0113 3788008 (dedicated hotline answered by a member of the Internal Audit team or an answerphone).
- E-mail concerns@leeds.gov.uk

- In writing Internal Audit, 3rd Floor West, Civic Hall, Leeds, LS1 1JF
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: help@nspcc.org.uk.

14 Training and Support

All staff members will be made aware of systems within our service that support safeguarding, and these will be explained to them as part of our staff induction. This includes: our safeguarding/child protection policy; our safer working practice document and our whistleblowing procedures, as well as their responsibilities to read and understand KCSiE Part 1 and Annexe B, this must be done as part of their induction and reviewed annually.

- 14.1 We recognise the stressful and traumatic nature of child protection work. Support is available for any member of staff from Jemima Lutter. Access to regular and timely supervision is an essential form of support for all staff. Children's Services Education Safeguarding team are also potentially available for advice and support (Tel: 0113 3789685).
- 14.2 Designated Safeguarding staff must have attended the 3-day Children's Services Education child protection training course. **They will attend refresher training at least every two years.** The DSL will undertake Prevent Awareness Training (e.g., Workshop to Raise Awareness of Prevent [WRAP]) to enable them to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- 14.3 The service will ensure all staff including temporary and volunteers receive induction appropriate to their roles and responsibilities. All AFS employed staff will access basic child protection training including online safety and refresher training at least every three years. All staff should have regular safeguarding, child protection training and online safety updates (for example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Training will include briefings on how to manage a report of child-on-child sexual violence or harassment and on the government's anti- radicalisation strategy, PREVENT, to enable staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Access to training can be via Leeds for Learning, the Children's Services Education Safeguarding Team and the LSCP.
- 14.4 The DSL will attend appropriate safeguarding training at least every two years and is expected to stay up to date on emerging themes in safeguarding.
- 14.5 All training must be recorded on the Training Log which is maintained by DSL/DDSL. It is the responsibility of the person booking to notify DSL/DDSL that training that has been booked and the responsibility of the member of staff to notify DSL/DDSL if the training has not been undertaken.

15 Child Protection Records - MOSAIC

- 15.1 The responsibility to maintain, process, share, transfer and store child protection and safeguarding records in accordance with the Data Protection Act 2018 and the GDPR principles is the responsibility of the DSL and any safeguarding deputies. Child protection information will be held on MOSAIC.
- 15.2 All staff using MOSAIC will access appropriate training. Staff will not search for information regarding young people that they are not currently working with or where there is no reasonable professional purpose for that search.
- 15.3 Recording on MOSAIC will be timely and comprehensive and is the responsibility of the Lead Professional on the Early Help Plan
- 15.4 Managers will audit record keeping every other month on a rolling schedule and this is recorded on an audit schedule.

16 Children's and parents' access to child protection files

- 16.1 Under Data Protection legislation (General Data Protection Regulation & Data Protection Act 2018) children/young people or their nominated representative have several legal rights in respect of information relating to them. These rights include the right to access and the right to rectification of inaccurate data. Therefore, all information will be accurately recorded, objective in nature and expressed in a professional manner.
- 16.2 Any child/young person who has a child protection file has a right to request access to it. However, neither the child nor the parent has an automatic right to see all the information held in child protection records. Information can be withheld if disclosure:
 - could cause serious harm or is likely to cause serious harm to the physical or mental health or condition of the child/young person or another person; or
 - could reveal that the child/young person or another person has been a subject of or may be at risk of child abuse, and the disclosure is not in the best interests of the child; or
 - is likely to prejudice an on-going criminal investigation; or
 - information about the child/young person also relates to another person who could be identified from it, or the information has been given by another person who could be identified as the source, unless the person has consented to the disclosure or the person providing the information is an employee of the establishment or the Local Authority.
- 16.3 It is best practice to make reports available to the child/young person or their parents/carers unless the exceptions described above apply. If an application is made to see the whole record, advice can be sought from the Leeds Adults, Health, and Children's Information Governance Hub.

Contact email: IMG.AC@leeds.gov.uk

Telephone: 0113 3784251.

- 16.4 The establishment's report to a child protection conference will (wherever possible) be shared with the child/young person, if old enough, and parent at least two days before the conference.

17 Archiving

Records containing personal information will be kept securely in line with our data protection policy.

18 Safe Destruction of records

- 18.1 Where records have been identified for destruction, they will be disposed of securely at the end of the academic year (or as soon as practical before that time). Records which have been identified for destruction will be confidentially destroyed. This is because they will either contain personal or sensitive information, which is subject to the requirements of Data Protection legislation, or they will contain information which is confidential.

Part Two:

Appendix I

Definitions and indicators of abuse

Reference: Working Together to Safeguard Children (DfE 2018). See also KCSiE Part one and Annex B.

Neglect: Neglect is 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 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 including online harms
- 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.

Examples which may indicate neglect (it is not designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather.
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour.
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight.
- Failure to develop intellectually or socially.
- Neurotic behaviour

Physical abuse: Physical abuse 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.

Examples which may indicate physical abuse (not to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred.
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds.
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted.

- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying.
- Isolation from peers

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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse can be committed by men, women, and children.

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness, or scratching
- Reluctance to go home.
- Inability to concentrate, tiredness.
- Refusal to communicate.
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse.
- Aggressive behaviour including sexual harassment or molestation.
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately.
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

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 in participating in normal social interaction. It may also 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.

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development.
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics, and twitches.
- Self-harming, drug, or solvent abuse

- Fear of parents being contacted.
- Running away / Going missing
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

Child Sexual Exploitation: Child sexual exploitation 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 or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

Reference: Child Sexual Exploitation. *Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation* (DfE 2017)

All staff should ensure they are aware of and respond to wider safeguarding issues outlined in KCSiE 2023 Annex B, this includes further information on:

- Child abduction and community safety incidents
- Children and the court system
- Children who are absent from education
- Children with family members in prison
- Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
- County lines
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic abuse
- Homelessness
- So-called ‘honour-based’ abuse (including Female Genital Mutilation and Forced Marriage)
- Preventing radicalisation (including the Prevent duty and Channel)
- Child on child abuse
- Sexual violence and sexual harassment between children in schools and colleges (including Upskirting)

Responses from parents/carers

Research and experience indicate that the following responses from parents/carers may suggest a cause for concern across all four categories:

- An unexpected delay in seeking treatment that is obviously needed.
- An unawareness or denial of any injury, pain, or loss of function (for example, a fractured limb).
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development.
- Reluctance to give information or failure to mention other known relevant injuries.
- Frequent presentation of minor injuries.
- Unrealistic expectations or constant complaints about the child/young person.
- Alcohol misuse or other drug/substance misuse.
- Parents request removal of the child/young person from home.
- Violence between adults in the household.

Children/young people with special educational needs and disabilities

When working with children/young people with special educational needs and disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child. The LSCP have a multi-agency protocol to support professionals in making informed judgements for bruising in non-independently mobile children/young people: [Bruising in Non-independently Mobile Children Protocol | Leeds Safeguarding Children Partnership \(leedsscp.org.uk\)](https://www.leedsscp.org.uk)
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g., deprivation of liquid medication, food, or clothing, disabling wheelchair batteries.
- Unwillingness to try to learn a child's means of communication.
- Ill-fitting equipment e.g., callipers, sleep boards, inappropriate splinting.
- Misappropriation of a child's finances
- Invasive procedures

Appendix II

Responding to children/young people who report abuse.

When a child/young person tells me about abuse s/he has suffered, what must I remember?

- Stay calm.
- Do not transmit shock, anger, or embarrassment.
- Reassure the child/young person. Tell her/him you are pleased that s/he is speaking to you.
- Never enter a pact of secrecy with the child. Assure her/him that you will try to help but let the child/young person know that you will have to tell other people to do this. State who this will be and why.
- Tell her/him that you believe them. Children/young people very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child/young person that it is not her/his fault.
- Encourage the child/young person to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child/young person is trying to tell you.
- Praise the child/young person for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child/young person that what s/he experienced is dirty, naughty, or bad.
- Do not take photographs or make videos of any injuries reported by a child/young person.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child/young person may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child/young person again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB: It is not AFS staff's role to investigate reports of abuse. Their role is to observe that something may be wrong, ask about it, listen, be available and respond appropriately.

Immediately afterwards

Staff must not investigate disclosures from children/young people yourself. All reports of abuse must be recorded and responded to in keeping with the professional roles and responsibilities outlined in Fig 1: Summary of procedures to follow where there are concerns about a child/young person.

Appendix III

Working Together with Children, Young People and Families



One Minute Guide to Safeguarding & Child Protection at Aireborough Family Services – Staff.

At Aireborough Family Services we are committed to the highest standards of Safeguarding. Our Designated Safeguarding Lead will ensure that we have:

- Knowledgeable, well trained, and vigilant staff who understand the concept of 'it could happen here'.
- Clear and robust systems that are underpinned by both local and national best practice.
- Strong partnerships with local stakeholders including Local Authority, Childrens Social Work Services and West Yorkshire Police.

Who are the Designated Staff?

- Jemima Lutter, Integrated Services Lead, is the Designated Safeguarding Lead and Dawn Hardy, Integrated Services Lead is the Deputy Designated Safeguarding Lead.

What happens if you are concerned about a child or young person, or a child or young person is at risk or discloses a safeguarding concern?

- The staff member who identifies a safeguarding concern/risk or who receives a disclosure from a child/young person, will inform the Designated Safeguarding Lead for Aireborough Family Services – Jemima Lutter or in her absence the Deputy Safeguarding Lead – Dawn Hardy.
- The Designated Safeguarding Lead (DSL) will inform the DSL of the relevant child/young person's school.
- The member of staff reporting the concern will record all information on the appropriate system (MOSAIC) and share with appropriate members of staff from other agencies on a need-to-know basis.
- Depending on the level of risk, or concern, the child/young person will be spoken to by the most appropriate member of staff, this would mainly be the DSL within their school. A child's/young person's voice is at the heart of safeguarding practice, and so this will almost always be the first step.
- Depending on our assessment of risk, or the most appropriate next steps, we will then consider the following actions:
 - Safety planning and support for the child.
 - Notify parents and discuss appropriate support.
 - Notify or refer to other agencies, such as Childrens Social Work Services.

Will parents be notified of all concerns?

- While we would always look to involve parents/carers in planning to support safeguarding concerns, particularly where other agencies may become involved, there are times and circumstances where this may not be appropriate.

Aireborough Family Services, Albion House, Rawdon Park, Yeadon, LS19 7XX
Tel: 0113 378 0064 Web: www.aireboroughx.co.uk



Who can a member of staff speak to if they are concerned about a child/young person's safety?

- For general concerns, you can speak to either Jemima Lutter – DSL or Dawn Hardy – Deputy DSL.
- If you believe your child is at immediate risk of harm, you can contact Children's Social Work Services Duty & Advice Team on 0113 3760336 or West Yorkshire Police on 101 or 999 as appropriate.

Appendix IV

Leeds Practice Model and Principles



One minute guide

Leeds Practice Model

No. 173, April 2021

What is Leeds Practice Model?

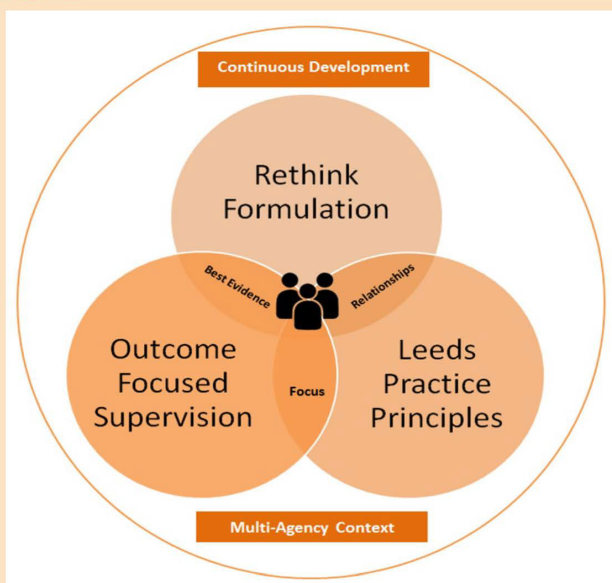
Leeds Practice Model builds on all aspects of practice and what we know to be useful when assessing, implementing and evaluating what we do. It is based on findings from a wide range of practices and does not necessarily represent anything new or unknown. Rather it is a bringing together of best practice that in itself naturally aligns to working restoratively with both families and colleagues. The Leeds Practice Model contains the five key elements of:

- Rethink Formulation,
- Leeds Practice Principles;
- Outcome Focused Supervision;
- Continuous Development; and
- Multi-agency Context.

The model places the family at the central point of convergence of these elements (see below); each element is complementary and necessary to the other, and in turn they place emphasis on creating effective relationships, staying focused and using evidence based approaches.

If all the elements are in place then we are creating conditions that are much more likely to provide meaningful and effective help, support and care whilst also fully utilising the family's strengths and skills in the creation, implementation and evaluation of plans. This will enable to us to truly work with families in an explicit context of high support and high challenge. The Leeds Practice Model is applicable to providing any service for children, young people and their families, at any level of intervention.

Leeds Practice Model



What is Rethink Formulation and Outcome Focused Supervision?

Rethink Formulation or the 6Ps, is a way of unifying and developing practice across services in Leeds. The aim is to extend Rethink Formulation into as many of the various aspects of our work with children, young people and families as possible, centred within a series of regular and ongoing multi-agency Rethink Formulation forums and other complementary approaches.

Outcome Focused Supervision is where a supervisor holds a supervisee to account for plans put forward for any given family, and thoroughly explores and checks the rationale and thinking behind each plan. The fundamental question is whether the plan is likely to achieve the desired goal or outcome; and if not, why not, considering how this affects the overall understanding of what is going on. This approach will involve scrutiny using Rethink Formulation and challenge around practice behaviours as described in the Leeds Practice Principles below.

What are the Leeds Practice Principles?

Always working WITH – creating a context of high support and high challenge with children, young people and families and each other;

Relationship based – assuming that engagement and best outcomes are achieved through trusting and respectful relationships with each other, taking responsibility for creating and maintaining effective relationships at all levels;

Enabling the utility of the family – putting the family at the heart of everything we do; recognising and enabling the networks and skills within the family; and wherever possible, families determine the direction of care and intervention;

Early in the life of a problem - engaging families in appropriate and effective support immediately when an issue is identified and maintaining a persistent offer to engage in support;

One family, one lead worker, one plan - wherever possible, working to reduce numbers of practitioners involved with a single family and defining one lead practitioner to coordinate a single comprehensive family plan. Where agencies are also involved with the adults in the family, a Think Family, Work Family approach should be adopted;

Systemic, formulation driven and evidence based - all plans consider the whole system around a family, information is effectively analysed and plans are created using the best available evidence;

Transparent - children, young people and families are as fully informed as possible and are always involved in and understand decisions that concern themselves and their families;

Strength focussed - all interactions, interventions and plans are seeking, affirming and utilising existing knowledge, skills and abilities; and adopt an evidence based approach to assessing needs and managing risk;

Recognising that engagement with education is a protective factor – seeking to maximise attendance, attainment and achievement;

Accountability, evaluation and sustainability - always working to continually understand a situation, improve plans and find ways to enable independence and reduce reliability on services.

Key contacts or for more information

More information is available from: childrens.innovations@leeds.gov.uk. There is also a One Minute Guide on Rethink Formulation.

[One minute
guides homepage](#)

**Making
Leeds a child
friendly city**

Appendix V

Recruitment and Selection Checklist

Post _____

Date _____

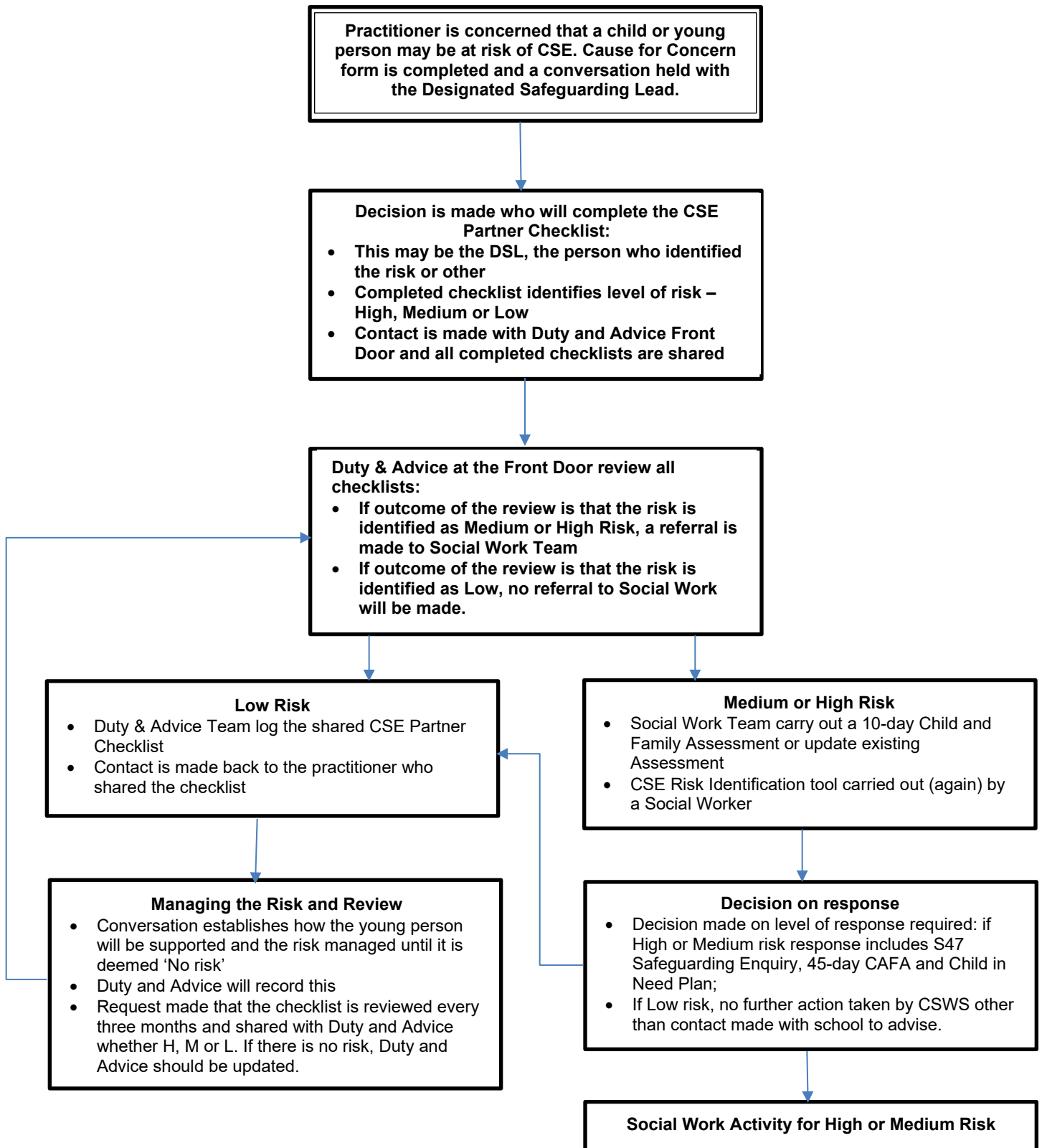
| Recruitment and selection checklist | Initials | Date |
|--|----------|------|
| Pre-interview: | | |
| Planning - Timetable decided: job specification and description and other documents to be provided to applicants, reviewed, and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc. | | |
| Vacancy advertised (where appropriate) Advertisement includes reference to safeguarding policy, that is, statement of commitment to safeguarding and promoting welfare of children and need for successful applicant to be DBS checked | | |
| Applications on receipt - Scrutinised – any discrepancies/anomalies/gaps in employment noted to explore if candidate considered for short-listing | | |
| Short-list prepared | | |
| References – seeking. Sought directly from referee on short-listed candidates; ask recommended specific questions; include statement about liability for accuracy | | |
| References – on receipt Checked against information on application; scrutinised; any discrepancy/issue of concern noted to take up with referee and/or applicant (at interview if possible) (If received by email – accompanying email to verify authenticity. If not from professional email address, follow up to ensure authenticity) | | |
| Invitation to interview - Includes all relevant information and instructions and the self-disclosure form. | | |
| Interview arrangements - At least two interviewers; panel members have authority to appoint; have met and agreed issues and questions/assessment criteria/standards | | |
| Online checks – Exploring any content publicly available online that might compromise their professional role so this can be discussed with candidates at interview | | |
| Self-Disclosure – Completed self-disclosure is submitted and seen by the member of the panel who is safer recruitment trained. | | |
| Interview - Explores applicants' suitability for work with children as well as for the post | | |

| | | |
|--|--|--|
| Note: identity and qualifications of successful applicant verified on day of interview by scrutiny of appropriate original documents; copies of documents taken and placed on file, where appropriate applicant completed application for DBS disclosure | | |
| Conditional offer of appointment: pre appointment checks. Offer of appointment is made conditional on satisfactory completion of the following pre-appointment checks and, for non-teaching posts, a probationary period | | |
| References before confirmation of appointment: (if not obtained and scrutinised previously) (If received by email – accompanying email to verify authenticity. If not from professional email address, follow up to ensure authenticity) | | |
| Identity (if that could not be verified at interview) Evidence to be kept in HR file | | |
| Qualifications (if not verified on the day of interview) Evidence to be kept in HR file | | |
| Permission to work in UK, if required Evidence to be kept in HR file | | |
| School record sight of DBS certificate - where appropriate satisfactory DBS certificate. | | |
| DBS Barred list check – applicant is not barred from working with Children (this must be completed before the applicant commences work) | | |
| Childcare (Disqualification) Regulations 2009 Letter – for any staff who work in childcare provision or who are directly concerned with the management of such provision as defined in the statutory guidance. | | |
| Health – the candidate is medically fit Medical Pre-Employment Questionnaire | | |
| Overseas Checks – for individuals who have lived or worked abroad in the last 5 years. (For those carrying out teaching work within the EEA area this will include an EEA prohibition order check through Employer Access until Jan 21, after this date it will include a reference from any employer overseas in the same period) | | |
| Risk Assessment – for Volunteers a written Risk assessment in relation to undertaking an Enhanced DBS | | |

| | | |
|---|--|--|
| <p>Child Protection & Online safety training and other induction such as H&S, Safe Working Practice / Code of staff behaviour, etc Including:</p> <p>Safeguarding & Child Protection Policy Safer Working Practice Guidance Whistleblowing procedures KCSiE Part 1 or Annex A & Annexe B ICT Acceptable Use Policy Online Safety Policy & Guidance Children Missing Education Policy Behaviour Policy</p> | | |
|---|--|--|

Appendix VI

Child Exploitation Response Checklist



Appendix VII

MACE Panel Referral Form

Please submit this form via email to CHS.MACE@leeds.gov.uk

Referrer's Details

| | |
|--------------------|--|
| Referrer's Name: | |
| Referrer's Agency: | |
| Telephone: | |
| Email: | |
| Date of Referral: | |

Child/Young Person's Details

| | | | |
|--|--------------------------|---|--------------------------|
| Name: | | | |
| DOB: | | Mosaic ID: | |
| Ethnicity: | | Gender: | |
| Address: | | Sibling(s): | |
| Is the child open to CSWS? | Yes / No | Is the child open to Early Help? | Yes / No |
| Does the child have a disability or SEN? | | Is the child attending an educational provision? <i>(Please state)</i> | Yes / No |
| What type of educational provision does the child attend? <i>(Please state details of their timetable and attendance)</i> | | | |
| What service(s) are currently working with the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of Exploitation: (please tick) | CSE | CCE | Both CSE & CCE |
| Has the child experienced online abuse? <i>(If yes, please state which online platforms/names)</i> | Yes / No | | |

| | | | |
|---|--|--|--|
| Has a Child Exploitation Risk Assessment (Toolkit) been completed? <i>(please tick)</i> | (please delete) <input type="checkbox"/> Yes / No | | Date of last toolkit: <input type="checkbox"/> |
| Assessed Level of Risk: | <input checked="" type="checkbox"/> No Risk | <input type="checkbox"/> Low Risk | <input type="checkbox"/> Medium Risk <input type="checkbox"/> High |
| VRMP in place? | Yes / No | Has there been an FGC? | Yes / No |
| Has a Mapping Meeting taken place? | Yes / No | Is the child part of a peer group of children identified as being at risk of exploitation? | Yes / No |
| Has the child been discussed at MACE previously? <i>If so, please provide a summary of previous MACE actions / interventions.</i> | | | |
| What is the main presenting issue(s): <i>What is happening right now for the child that you are concerned about in relation to potential exploitation? (e.g., If the child is going missing, how often, where do they go missing to if known, what do missing episodes look like?) Consider what the associated risk(s) are.</i> | | | |
| What concern(s) are the presenting issue(s) causing? <i>What are you worried will happen to the child?</i> | | | |
| What or who are protective factor(s) in the child's life? | | | |

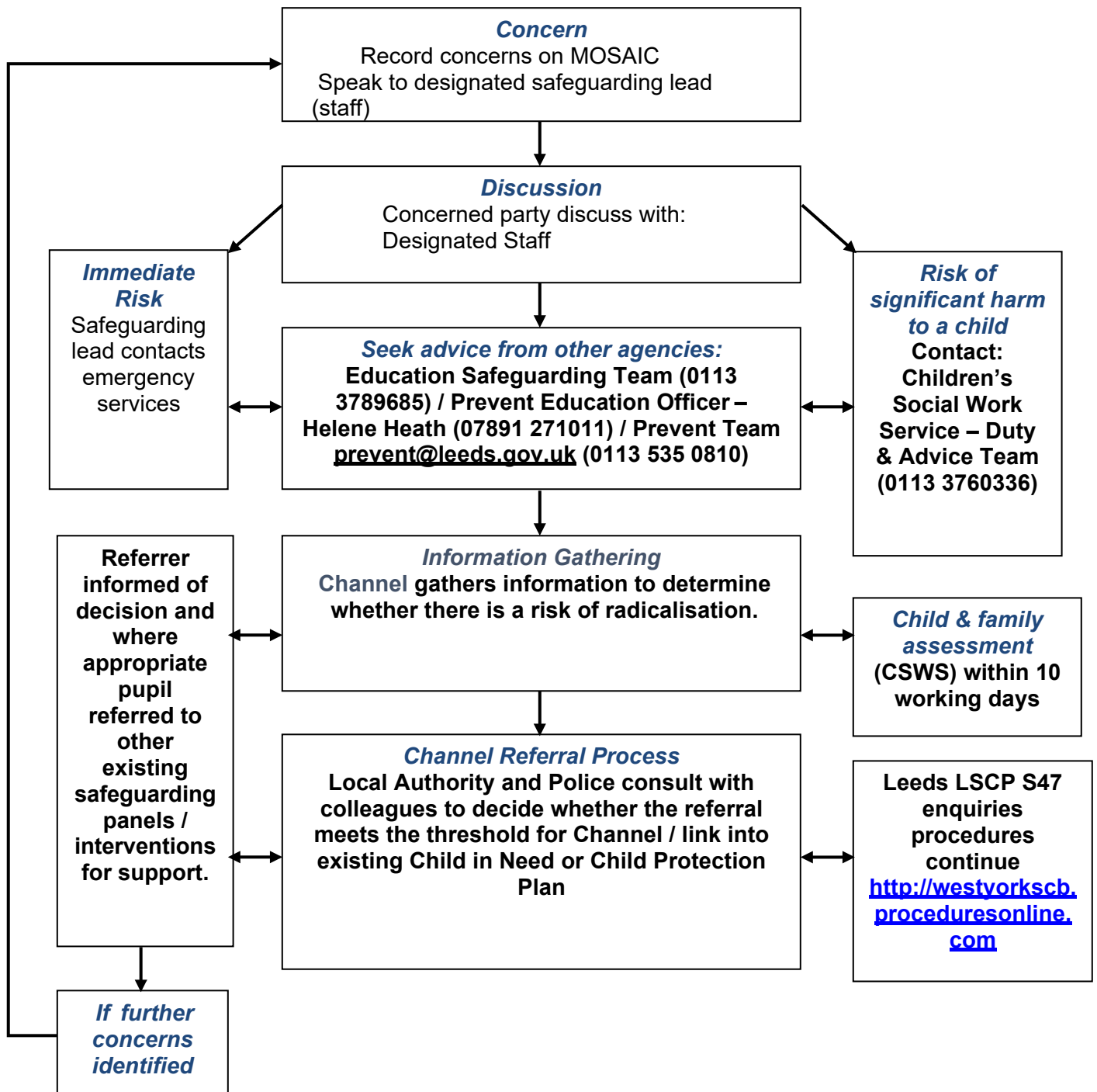
TO BE COMPLETED INTERNALLY:

| | | | |
|---|-------|---|------------------|
| Screened By: | Date: | Has the referral been accepted? Yes / No | MACE Panel Date: |
| If referral not accepted, please state why: | | | |

Appendix VIII

Radicalisation Response Checklist

Summary of AFS procedures to follow where there are potential radicalisation concerns about a child/member of staff.



Further information and relevant guidance documents are available from the Prevent Team or directly upon request from education.training@leeds.gov.uk

Appendix IX

LADO Notification Form



ALLEGATIONS OR CONCERN ABOUT A PERSON WORKING WITH CHILDREN

This form has been designed to help all agencies working with children record and refer

Children's Services
Integrated Safeguarding Unit

Notification to Local Authority Designated Officer
(Managing Allegations)

information when it has been alleged that a person who works 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; or
- Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children.

PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN AND SEND TO
LADO@leeds.gov.uk WITHIN ONE WORKING DAY

| | |
|----------------------------------|--|
| Date of Notification: | |
| Date of Alleged Incident: | |
| Name of Referrer: | |
| Agency: | |
| Contact Details: | |

Professional's Details:

| Name: | D.O.B: | Employment Sector: | Occupation: | Employer: |
|-------|--------|--------------------|-------------|-----------|
| | | | | |

| | |
|----------------------|--|
| Home Address: | |
|----------------------|--|

Child/ren's Details (if applicable):

| Name: | D.O.B: | Legal Status i.e. Looked after child (S.31, S.20, LASPO) | Social Worker or Case Worker: | Independent Reviewing Officer: |
|-------|--------|--|-------------------------------|--------------------------------|
| | | | | |
| | | | | |

| | |
|----------------------|---|
| Address: | Referral Details (to include name of referrer, date, time, detail of allegation and professional (s) involved) |
| Detail of Allegation | |

| | |
|------------------------------|--|
| Child or young person's view | Has the young person's views been sought: Yes/No (to include when, by whom and detail of interview) If not please specify reason and date when young person will be seen) |
| Parent or carer's view | Has the parent/carer been notified, and their views sought: Yes/No (to include when, by whom and detail of interview) If not please specify reason) |

| |
|--|
| Have you discussed this concern with the appropriate Line Manager and Human Resources within your organisation? |
| <i>What is their view</i> |

| |
|---|
| Does the professional have children of their own? if known please give names & ages. |
| |

Previous concerns of a safeguarding nature:

Please identify (in chronological order) any previous/historical concerns of a safeguarding nature by the professional concerned.

Does the professional work with children in any other capacity?

**Does the professional acknowledge the concern?
Please consult with HR if advice is required about talking to the member of staff**

What is their view

Do you believe that the individual concerned poses a current risk of significant harm to children and young people in your organisation?

Please explain your rationale for both a Yes or No response.

In your professional opinion what action should be taken in regard to the individual facing the allegation or concern?

If the professional who these concerns are about, is not a member of staff directly employed by your organisation (*i.e., an agency worker*). Have you discussed this concern with the appropriate Line Manager for the organisation concerned? (*If not, please contact the employer and complete the section below, prior to submitting this notification*)

What is their view

Name of employer:

Contact details:

LADO Discussion

Please provide relevant details

Form Completed by:

Contact details:

Information entered on MOSAIC: YES

NO

Appendix X

Prevent Referral Form

| REFERRAL PROCESS | |
|---|--|
| <p>Once you have completed this form, please email via secure email arrangements to: prevent@leeds.gov.uk and fimucentral@ctpne.police.uk.</p> <p>All public sector organisations (including schools) have appropriate email security in place. Please contact prevent@leeds.gov.uk if you wish to refer from outside this sector.</p> <p>If you have any questions whilst filling in the form, please call: 0113 535 0810 (Leeds City Council Prevent Team) or 0113 395 4141 (Police Prevent Team).</p> | |
| INDIVIDUAL'S BIOGRAPHICAL & CONTACT DETAILS | |
| Forename(s): | First Name(s) |
| Surname: | Last Name |
| Date of Birth (DD/MM/YYYY): | D.O.B. |
| Approx. Age (if DoB unknown): | Please Enter |
| Gender: | Please Describe |
| Known Address(es): | Identify which address is the Individual's current residence |
| Nationality / Citizenship: | Stated nationality / citizenship documentation (if any) |
| Immigration / Asylum Status: | Immigration status? Refugee status? Asylum claimant? Please describe. |
| Primary Language: | Does the Individual speak / understand English? What is the Individual's first language? |
| Contact Number(s): | Telephone Number(s) |
| Email Address(es): | Email Address(es) |
| Any Other Family Details: | Family makeup? Who lives with the Individual? Anything relevant. |
| DESCRIBE CONCERNS | In as much detail as possible, please describe the specific concern(s) relevant to Prevent. |
| Please Describe | |
| <p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> • How / why did the Individual come to your organisation's notice in this instance? • Does it involve a specific event? What happened? Is it a combination of factors? Describe them. • Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How? • Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact? • Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information? • Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly? • Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider <i>any</i> extremist ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures. • Please describe any other concerns you may have that are not mentioned here. | |
| COMPLEX NEEDS | Is there anything in the Individual's life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense? |
| Please Describe | |
| OTHER INFORMATION | |
| | |

| PERSON WHO FIRST IDENTIFIED THE CONCERNS | |
|---|--|
| Do they wish to remain anonymous? | Yes / No |
| Forename: | Referrers First Name(s) |
| Surname: | Referrers Last Name |
| Professional Role & Organisation: | Referrers Role / Organisation |
| Relationship to Individual: | Referrers Relationship To The Individual |
| Contact Telephone Number: | Referrers Telephone Number |
| Email Address: | Referrers Email Address |
| PERSON MAKING THIS REFERRAL (if different from above) | |
| Forename: | Contact First Name(s) |
| Surname: | Contact Last Name |
| Professional Role & Organisation: | Contact Role & Organisation |
| Relationship to Individual: | Contact Relationship to the Individual |
| Contact Telephone Number: | Contact Telephone Number |
| Email Address: | Contact Email Address |

| RELEVANT DATES | |
|---------------------------------------|--|
| Date the concern first came to light: | When were the concerns first identified? |
| Date referral made to Prevent: | Date this form was completed & sent off? |

FOR EXAMPLE:

- Victim of crime, abuse or bullying.
- Work, financial or housing problems.
- Citizenship, asylum or immigration issues.
- Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
- On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
- Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
- Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
- Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.

Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..

Please Describe

| REFERRER'S ORGANISATIONAL PREVENT CONTACT (if different from above) | |
|---|--|
| Forename: | Referrers First Name(s) |
| Surname: | Referrers Last Name |
| Professional Role & Organisation: | Referrers Role / Organisation |
| Relationship to Individual: | Referrers Relationship To The Individual |
| Contact Telephone Number: | Referrers Telephone Number |
| Email Address: | Referrers Email Address |

| SAFEGUARDING CONSIDERATIONS | |
|---|----------|
| Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues? | Yes / No |
| Please describe, stating whether the concern has been diagnosed. | |
| Have you discussed this Individual with your organisations Safeguarding / Prevent lead? | Yes / No |
| What was the result of the discussion? | |
| Have you informed the Individual that you are making this referral? | Yes / No |
| What was the response? | |

| | |
|---|----------|
| Have you taken any direct action with the Individual since receiving this information? | Yes / No |
| What was the action & the result? | |
| Have you discussed your concerns around the Individual with any other agencies? | Yes / No |
| What was the result of the discussion? | |

| INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS | |
|--|---------------------------------------|
| Current Occupation & Employer: | Current Occupation(s) & Employer(s) |
| Previous Occupation(s) & Employer(s): | Previous Occupation(s) & Employer(s) |
| Current School / College / University: | Current Educational Establishment(s) |
| Previous School / College / University: | Previous Educational Establishment(s) |

| THANK YOU |
|--|
| <p>Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.</p> <p>If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.</p> |

Appendix XI

Keeping Children Safe in Education (KCSiE) [Part 1 Annex A&B](#)