

**MEDICAL NEEDS AND HOSPITAL EDUCATION SERVICE**

**SAFEGUARDING & CHILD PROTECTION POLICY**

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| --- | --- |
| **Owner** | Hannah Whittaker |
| **Date:** | September 2023 |
| **Prepared by** | Claire Wright |
| **Next Review** | September 2024 |

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**MNHES Child Protection and Safeguarding Advice**

**Contact List – September 2023**

|  |  |  |
| --- | --- | --- |
| **Role / Agency** | **Name and role** | **Contact Details** |
| **School Designated Safeguarding Lead (DSL) / Child Protection Coordinator** | Rob Holladay | 07816 355161  [robert.holladay@bradford.gov.uk](mailto:robert.holladay@bradford.gov.uk) |
| **Deputy DSL** | Hannah Whittaker | 07974 623628  [hannah.whittaker@bradford.gov.uk](mailto:hannah.whittaker@bradford.gov.uk) |
| **Other DSLs** | Claire Wright | 07971 832642  [claire.wright@bradford.gov.uk](mailto:claire.wright@bradford.gov.uk) |
| **Children’s Trust Advice & Referral Line** | Urgent child protection concerns/ initial referral | 01274 433999 |
| **Children’s Trust Emergency Duty Team** | Out of hours child protection concerns/ initial referral | 01274 431010 |
| **BMDC Education Safeguarding Team** | Advice/training/safeguarding audit | 01274 437043 |
| **BMDC Local Authority Designated Officer** | Allegations against adults in service | lado@bradford.gov.uk |
| **NSPCC Whistleblowing Helpline** | Allegations against adults in service | 0800 028 0285 |
| **BMDC PREVENT Team** |  |  |

MNHES is 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 at MNHES or in activities organised by MNHES which brings them in to contact with students of the service.

**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 students including when in off-site provision or activities and using ICT. This includes the building of resilience and awareness of risk through the formal and informal curriculum.

**Child** is any student under the age of 18.

**Glossary**

* DSL Designated Safeguarding Lead
* DDSL Deputy Designated Safeguarding Lead
* PSHE Personal, social, health and economic education
* RSE Relationships, sex and health education
* CT Children’s Trust
* KCSIE Keeping Children Safe in Education (DfE, September 2023)

**Visitors to MNHES**

All visitors must sign in on arrival and collect a visitor’s sticker and an MNHES information leaflet which outlines Child Protection and Safeguarding procedures at MNHES and how to report any concerns regarding a child/young person or another adult at MNHES. Visitor stickers must be worn at all times when in the building. Staff must ensure that visitors to school are supervised as appropriate and the requisite pre-employment checks have been completed as referenced in Part 3 of KCSIE - All contractors must follow the school’s signing in arrangements as set out in contractual commissioning agreements.

# Aims

1. MNHES aims to ensure that:

* Appropriate action is taken to safeguard and promote children’s welfare
* All staff are aware of their statutory responsibilities with respect to safeguarding, identifying children in need of early help, at risk of harm or those that have been harmed.
* Staff are properly trained in recognising and reporting safeguarding issues
* A culture of vigilance is created and maintained to ensure that we will also act in the best interests of children to protect them online and offline.
* Systems for reporting abuse are well promoted, easily understood and easily

accessible for children

1. The responsibilities set out in this policy apply (as appropriate) to all members of MNHES including students, staff, visitors/contractors, volunteers, supply staff, students on placement and trainees working within the school. It is fully incorporated into the ethos and is underpinned throughout the teaching of the curriculum, within PSHE and within the safety of the physical environment provided for the students.

# Legislation and guidance

1. This policy is based on the Department for Education’s statutory guidance, [Keeping Children Safe in Education (KCSIE) 2023](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) and [Working Together to Safeguard Children (WTTSC 2018)](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) and the [Governance Handbook](https://www.gov.uk/government/publications/governance-handbook). We comply with this guidance and the procedures set out by the Leeds Safeguarding Children partnership (LSCP).
2. This policy is also based on the following legislation and guidance:

Section 175 of the [Education Act 2002](http://www.legislation.gov.uk/ukpga/2002/32/section/175), which places a duty on schools and local authorities to safeguard and promote the welfare of students

[The School Staffing (England) Regulations 2009](http://www.legislation.gov.uk/uksi/2009/2680/contents/made), which set out what must be recorded on the single central record and the requirement for at least one person on a school interview/appointment panel to be trained in safer recruitment techniques

[The Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents) (and [2004 amendment](http://www.legislation.gov.uk/ukpga/2004/31/contents)), which provides a framework for the care and protection of children

Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](http://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/female-genital-mutilation), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18

[Statutory guidance on FGM](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM

[The Rehabilitation of Offenders Act 1974](http://www.legislation.gov.uk/ukpga/1974/53), which outlines when people with criminal convictions can work with children

Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](http://www.legislation.gov.uk/ukpga/2006/47/schedule/4), which defines what ‘regulated activity’ is in relation to children

Statutory [Guidance on the Prevent duty](https://www.gov.uk/government/publications/prevent-duty-guidance), 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>

[Sharing nudes and semi-nudes: advice for education settings working with children and young people (Department for Digital, Culture, Media & Sport and UK Council for Internet Safety 2020)](https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people)

[Safeguarding and remote education during coronavirus (COVID-19) (DfE, 2021b)](https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19)

[Children Missing Education – Statutory guidance for local authorities (DfE September 2016)](https://www.gov.uk/government/publications/children-missing-education)

[When to call the police – Guidance for schools and colleges (NPCC – 2020)](https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf)

[Education and Training (Welfare of Children) Act 2021](https://www.legislation.gov.uk/ukpga/2021/16/contents/enacted)

Schools and colleges are under a statutory duty to cooperate with the published BCSB arrangements. This policy conforms to locally agreed inter-agency procedures. It is available on request from the main school office. It must be read in conjunction with other relevant policies and procedures and KCSIE (DfE 2023). <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

The [Childcare (Disqualification) Regulations 2018](http://www.legislation.gov.uk/uksi/2018/794/contents/made) and [Childcare Act 2006](http://www.legislation.gov.uk/ukpga/2006/21/contents), which set out who is disqualified from working with children

This policy also complies with our funding agreement and articles of association.

This policy should also be read in conjunction with MNHES’ Online Safety Policy, The Acceptable Use Policies for Staff, Students and Visitors which set out the acceptable use of ICT, including the use of 3/4G devices on school site.

# Definitions

1. **Safeguarding and promoting the welfare of children** means:

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

1. **Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.
2. Appendix 1 explains the different types and indicators of abuse.
3. **Children** includes everyone under the age of 18.

# Equality statement

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

# Roles and responsibilities

1. Safeguarding and child protection is **everyone’s** responsibility. This policy applies to all staff (including those not directly employed by MNHES), volunteers and contractors. Our policy and procedures also apply to off-site activities. 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) below and any updates therein.
2. **All staff**
3. 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](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2), and review this guidance at least annually.
4. Staff who do not work directly with children will read either Part 1 or Annex A as determined by the DSL dependent on their roles, responsibilities and contact with children.
5. All staff will be aware of:

* Our systems which support safeguarding, including reading and understanding their professional responsibilities as outlined in Guidance for Safer Working Practice (2022) understanding the roleof the designated safeguarding lead (DSL/DDSL), reading and understanding MNHES’ behaviour policy and our safeguarding responses to children who go missing from education during the school day or otherwise and reading and understanding MNHES' online safety policy.
* The early help process and their role in it, including being alert to emerging problems that may warrant Early Help intervention, particularly those identified in Part 1 of KCSIE. All staff should be reporting emerging problems that may warrant early help intervention to/by
* 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 the children’s trust and for statutory assessments that may follow a referral, including the role they might be expected to play. Fig 1: **Summary of procedures to follow where there are concerns about a child** (Page 16) illustrates the procedure to follow if you have concerns about a child’s welfare. Wherever possible, speak to the DSL, DDSL(in the absence of a DSL) or service manager first to agree a course of action. In the absence of a DSL or service manager being available, staff must not delay in directly contacting children’s trust advice & referral team or the police if they believe a child is at immediate risk of significant harm.
* Our work in partnership with other agencies in the best interests of the children. Requests for service to the children’s trust advice & referral team will (where possible) be made by the DSL, to children’s trust referral and advice team (01274 433999). Where a child already has a child protection social worker, staff will immediately contact the social worker involved or in their absence, the team manager of the child protection social worker.
* What to do if they identify a safeguarding issue or a child 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.
* MNHES procedures for recording any cause for concerns and passing information on to DSLs in accordance with school’s recording systems.
* 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 safeguarding incidents/ behaviours can occur outside MNHES or be associated with outside factors. 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 into sexual or criminal activity.
* Children absent from education or missing/absconding during the school day can also be a sign of a range of safeguarding concerns including sexual abuse, sexual exploitation or child criminal exploitation.
* Children may not feel ready or know how to tell someone that they are being abused, exploited, neglected, and/or they may not recognise their experiences as harmful.

Appendix 1 details different kinds of abuse.

Appendix 2 provides guidance to staff on how to respond to children who report abuse

1. **The designated safeguarding lead (DSL) and deputy designated staff.**
2. 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). Refer to D f E Guidance [Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges/filtering-and-monitoring-standards-for-schools-and-colleges)
3. The optimal scenario is to have a trained DSL available on site. Where this is not possible a member of the safeguarding team will be available to be contacted via phone or online video – for example when working from home.
4. During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns. Where a trained DSL (or deputy) is not on site, in addition to the above, a senior leader will assume responsibility for co-ordinating safeguarding at MNHES.
5. When the DSL is absent, other safeguarding team members will act as cover.
6. 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 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 trust referral & advice team, Channel programme, 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.
* The DSL will ensure that all staff involved in direct case work of vulnerable children, where there are child protection concerns/issues, have access to regular safeguarding supervision.
* The DSL will also keep the service manager informed of any issues and liaise with relevant professionals for child protection concerns as appropriate.
* The DSL is responsible for responding to domestic abuse notifications from the local authority and providing support to children and their families as appropriate
* MNHES will 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.
* Where a student is subject to an inter-agency child protection plan or any multi-agency risk management plan, the DSL will contribute to the preparation, implementation, and review of the plan as appropriate.
* The DSL and safeguarding team should liaise with safeguarding partners and work with other agencies in line with Working Together to Safeguard Children (2018). When to call the police (NPCC 2020) should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.
* Promote the educational outcomes of children with a social worker and other vulnerable students. Children who need help and protection must also have their learning needs prioritised in planning to ensure education is a protective factor and not only by way of regular attendance in education.

**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.**

1. **The service manager**
2. The service manager is responsible for the implementation of this policy, including:

* Ensuring that staff, (including temporary and supply staff), and volunteers are informed of this policy as part of their induction
* Communicating this policy to parents when their child starts to attend MNHES and via their home school
* Ensuring that the roles and responsibilities of the DSL/DDSL as referenced in Annex C of KCSIE (2023), are reflected in their job description.
* Ensuring that the DSL has appropriate time, training and resources, and that there is always adequate cover if the DSL is absent
* Ensuring they complete the DSL safeguarding and child protection training and that all staff undertake appropriate safeguarding and child protection training and update this every three years.
* Acting as the ‘case manager’ in the event of an allegation of abuse made against another member of staff (including supply staff) or volunteer, where appropriate.
* Ensuring that all recommendations made by the Local Authority in relation to strengthening the service’s safeguarding arrangements are actioned in a timely fashion.

## Fig 1: Summary procedures to follow where there are concerns about a child

Cause for concern

Follow MNHES’ process for recording

child protection concern

Speak to designated safeguarding lead (staff)

**Discussion**

Concerned party discuss with:

Designated Staff /

Service Manager

**Consider whether an early help assessment is needed and discuss concerns with parents/carers**

Seek advice from other agencies:

Education Safeguarding Team

(01274 437043) /

Children’s Trust referral and advice team

(01274 433999)

Undertake early help assessment or monitor

within service

**\*\*Referral**

to Children’s Trust

by Service Manager /Designated Staff

**Child & family assessment**

(BCT) within 10 working days

Designated Staff / Service Manager confirm monitoring procedure and review system

If further concerns identified speak to BCT advice &referral team

Bradford S47 enquiries procedures continue

<http://westyorkscb.proceduresonline.com>

No further action

Reasons given to Designated Staff

Decision about continued monitoring agreed

Child leaves the service – information passed on to next Designated Staff

# Confidentiality and Information Sharing

* + 1. Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of safeguarding.
    2. MNHES recognises that the only purpose of confidentiality in this respect is to benefit the child. Staff/volunteers and visitors to MNHES should never promise a child that they will not tell anyone about an allegation/report of abuse and must pass any cause for concerns immediately to a designated safeguarding lead.
    3. Confidentiality is addressed throughout this policy with respect to record-keeping (see section 18), dealing with reports of abuse (see Appendix 2), allegations of abuse against staff (see section 16.2 ), information sharing and working with parents (see section 6.2).
    4. Timely information sharing is essential for effective safeguarding. MNHES 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)](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice). 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.
    5. 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.
    6. 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 the in the Data Protection Act 2018 and GDPR.
    7. In order to promote positive educational outcomes for vulnerable children, including children with social workers information that can help to support positive outcomes being achieved will be shared with colleagues in school that are not DSLs or DDSLs as appropriate.
    8. If staff are in any doubt about sharing information, they must speak to the designated staff, or the head teacher/principal.

* 1. **Working with parents and other agencies to protect children**

1. Parents/carers will be made aware of our procedures in respect to taking any reasonable action to safeguard the welfare of its students. In cases where MNHES has reason to be concerned that a child 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.
2. In keeping with KCSIE, we will endeavour wherever possible to obtain at least two emergency contacts for every child in the school in case of emergencies, and in case there are welfare concerns at the home.
3. In general, we will discuss concerns with parents/carers before approaching other agencies and will seek to inform parents/carers and receive their consent when making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the DSL. 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.
4. Parents/carers are informed about our Safeguarding & Child Protection policy through school prospectus, website, newsletters etc. A safeguarding & child protection statement is in our reception area.
   * 1. Where a parent/carer has expressed their intention to remove a child from MNHES with a view to educating at home, we will, inform the student’s home school, working in partnership with the LA and other key professionals invite parents/carers to a meeting where possible Ideally, this would be before a final decision has been made, to ensure the parents/carers have considered what is in the best interests of the child. This is especially important where a child has SEND, is vulnerable, and/or has a social worker.
   1. **Multi-agency work**
5. We will co-operate with the children’s trust in accordance with the requirements of the Children Act 1989 and allow access to child and child protection records for them to conduct section 17 or section 47 assessments.
6. In the best interests of our students, we will work with all relevant professionals and agencies as required to safeguard children and promote their welfare.

# ****Opportunities to teach safeguarding – Preventative Curriculum****

1. **Our role in the prevention of abuse**

We will identify and provide opportunities for children to develop skills, concepts, attitudes and knowledge to promote their safety and well-being.

* 1. We will ensure that children are taught about safeguarding, including online safety, and recognise that a one size fits all approach may not be appropriate for all children, and a more personalised or contextualised approach for more vulnerable children, victims of abuse and some SEND children may be needed.
  2. Relevant issues will be addressed through other areas of the curriculum. For example, PSHCE, English, History, Drama, Art and assemblies.

## ****Other areas of work****

1. All our policies that address issues of power and potential harm, e.g., Anti- Bullying, Equality and Diversity, Positive Handling, Behaviour, On-line Safety and PSHE/RSE will be linked to ensure a service wide approach.
2. Our Safeguarding and Child Protection policy cannot be separated from the general ethos of the service which is to ensure that children are treated with respect and dignity, feel safe, and are listened to.
3. The service’s online safety policy is reflective of the requirements set out in KCSIE (2023) in regard to content, contact, conduct and commerce. The online safety policy is aligned to the behaviour policy and reflects our approach to issues of online safety (including the sharing of nudes and semi-nudes) that empowers us to protect and educate everyone in the service in their use of technology and establishes mechanisms to identify, intervene in, and escalate any incident where appropriate.

# ****Our role in supporting children****

**We will offer appropriate support to individual children who have experienced abuse or who have abused others.**

1. In cases where children have experienced abuse/abused others, the DSL will ensure that appropriate support is offered. An individual support plan will be devised, implemented and reviewed regularly should the student or others affected require additional pastoral support/intervention. This plan will detail areas of support, who will be involved (i.e., learning mentor, key worker) and the child’s wishes and feelings. A copy of the individual support plan will be kept in the student’s child protection record (see [Appendix 5](#_Appendix_5_)**).**
2. For children who have sexually harmed or may have sexually harmed peers, where appropriate a Risk Assessment Management Plan (RAMP) will be completed that includes safety and support planning.

# ****Children with special educational needs, disabilities, or health issues****

* 1. We recognise that while all children have a right to be safe, some children *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’s condition without further exploration
* Students being more prone to peer group isolation or bullying (including prejudice-based bullying) than other students
* The potential for students with SEN, disabilities or certain health conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs
* Communication barriers and difficulties in managing or reporting these challenges
  1. When MNHES is considering ending the placement, discussions with the child’s home school will be held, to decide next steps, regardless of whether they are a vulnerable student/a child with additional needs and/or a student who has social care involvement is either subject to a S47 Child Protection plan/child in need plan or there are/have previously been child protection concerns, we will undertake an informed (multi-agency where other professionals are involved) risk-assessment prior to making the decision to exclude. The home school would be advised to speak to the named social worker for the child where the exclusion will be to the home to ensure that any risk is assessed and speak to Area Inclusion Partnership for support if required. Home schools should note advice in the [DFE Exclusions Guidance September 2017](https://www.gov.uk/government/publications/school-exclusion) Section 3. In situations that a looked after child is at risk of exclusion the school will notify the Virtual School. In the event of a one-off serious incident resulting in an immediate decision to permanently exclude, the risk assessment must be completed prior to convening a meeting of the governing board.
  2. All staff have a role in preventing impairment of children’s mental health/emotional wellbeing, including promoting positive mental health and identifying where students are struggling with their mental health. We regularly communicate messages to students regarding wellbeing and the promotion of positive mental health strategies through the curriculum, PSHCE and 1-1s.

1. Concerns regarding a student’s mental health/emotional wellbeing should be reported to a member of the safeguarding team in keeping with the safeguarding reporting arrangement so that students can be offered appropriate support, this may include local or national online services where appropriate. In addition, MNHES are able to make referrals to a wide range of external services to secure additional appropriate support for students.
2. **Children at risk of specific forms of abuse**

* 1. MNHES follows the online locally agreed multi-agency procedures, in circumstances where children are at risk of or specific forms of abuse as outlined in Part 1 and Annex of B KCSIE.

# ****Remote Learning and Remote Welfare****

1. If children are being asked to learn online at home, for example because of the coronavirus pandemic, schools and colleges should follow advice from the DfE on [safeguarding and remote education (DfE, 2021b)](https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19). In addition to following the Guidance for Safer Working Practice (Safer Recruitment Consortium, 2022)
2. Where children are remote learning and the DSL has identified a child to be vulnerable, on the edge of social care support, or who would normally receive pastoral-type support, they should ensure that a robust communication plan is in place for that child or young person. The communication plans can include remote contact, phone contact, door-step visits. Other individualised contact methods should be considered and recorded. Details of this plan must be recorded, as should a record of contact made.
3. We recognise that attendance at MNHES is a protective factor for children and situations such as periods of national lockdown can affect the mental health of students and their parents/carers. Staff will be aware of these issues and have due regard for them in setting expectations of students’ work where they are at home.

# ****Female Genital Mutilation: The Mandatory Reporting Duty****

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”.
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’.
3. **Any teacher** who discovers that an act of FGM appears to have been carried out on a **student under 18** must immediately (in consultation with the DSL) report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.
4. The duty above does not apply in cases where a student is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff must not examine students.
5. **Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **student under 18** must speak to the DSL and follow our local safeguarding procedures.
6. **Any member of staff** who suspects a student is *at risk* of FGM must speak to the DSL and follow our [local safeguarding children’s partnership procedures.](https://www.leedsscp.org.uk/Practitioners/FGM)

# ****Radicalisation and Terrorism****

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.
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 who must contact the Education Safeguarding Team or the Prevent Team 01274 437043 for further advice (see [appendix 9](#_Appendix_9_Radicalisation)).
3. The home school and MNHES are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being 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 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.
4. Effective early help relies on all staff to be vigilant and aware of the nature of the risk for children and young people, and what support may be available. MNHES will ensure that as far as possible all front-line staff will undertake Prevent awareness training.

# ****Channel****

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. A representative from the service may be asked to attend the Channel panel to help with this assessment. An individual’s engagement with the programme is entirely voluntary at all stages.

# ****Child on child abuse****

1. We recognise that children 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. MNHES has a zero tolerance approach to such attitudes and behaviours.

We will take steps to minimise the risk of child-on-child abuse by ensuring students can learn about this through the PSHE/RSE curriculum. The PSHE curriculum will support students to recognise behaviour that is not appropriate and understand how to stay safe and challenge and report unwanted behaviours. We will also regularly review Owlet Road site and MNHES activities to further minimise the risk of child on child abuse occurring.

We recognise that abuse can often go unreported or be reported latterly. We will encourage and support students to report child-on -child abuse to trusted adults at MNHES or the NSPCC helpline.

Most cases of students hurting other students will be dealt with under our behaviour and relationships policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns.

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. The DSL is responsible for providing support to all children involved in incidents of peer on peer sexual abuse. Where incidents of child-on-child abuse involve children attending another school setting we will liaise with the relevant DSL at the setting to ensure appropriate information is shared.

1. We recognise that sexual violence and/or sexual harassment can happen anywhere including educational settings. Where concerns of sexual violence or sexual harassment are witnessed, disclosed or reported to the school (including those that have happened outside of school or online) the concern will be taking seriously. We recognise that sexual violence and harassment exist on a continuum and may overlap; they can occur online and face to face (both physical and verbal) and are never acceptable. In responding to such concerns DSL must (where appropriate) always complete a risk assessment and contact the Duty and Advice team if appropriate **and follow the principles set out in Part 5 of KCSIE**
2. Children who may have/have sexually harmed others will be considered separately from the needs of those who have/may have been subject to sexual harm. Children who have/may have sexually harmed others will be responded to in a way that meets their needs as well as protecting others within the service community 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).
3. We will ensure that all children who may have/has been sexually harmed will be taken seriously and that they will be supported and kept safe. Where appropriate support plans will be put in place for children subjected to sexual harm.
4. In cases where allegations of sexual violence and/or harassment are found to be unsubstantiated, unfounded, false or malicious, the DSL will consider whether the child or person who has made the allegation is in need of support or may have been abused by someone else. In cases where the report is found to be deliberately invented or malicious the school will consider whether it is appropriate to take any disciplinary action in keeping with the school’s behaviour management policy.
5. Where child exploitation (ie, criminal, sexual, trafficking, modern day slavery etc), or the risk of it, is suspected, frontline practitioners must notify the designated member of staff for child protection, in line with the child protection policy reporting systems.
6. The DSL must complete the child exploitation response checklist for partners (see Appendix ) and refer to the table at the end of the tool to help decide how to proceed. A copy of the completed tool must be kept in the child’s child protection records for future reference. The DSL can also refer a student to the Multi-agency Child Exploitation meeting (see Appendix ) if it is felt that the criteria for referral is met and a discussion is warranted, information should be emailed to . 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 meeting for a short discussion.
7. 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.
8. A copy of the child exploitation risk identification tool for partners (see [Appendix](#Appendix7) ) can be obtained from the [BSCB Website](https://www.leedsscp.org.uk/practitioners/safeguarding-topics/risk-identification-tool).
9. We will ensure MNHES, works in partnership with parents / carers and other agencies as appropriate. This includes facilitating return to home interviews as requested.

# ****Sharing Nudes and Semi Nudes****

**Staff responsibilities when responding to an incident**

1. If any adult in school is made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos (also known as ‘sexting’ or ‘youth produced sexual imagery’), they must report it to the DSL immediately.

They must **not**:

* View, copy, print, share, store or save the imagery yourself, or ask a student to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
* Delete the imagery or ask the student to delete it
* Ask the student(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility)
* Share information about the incident with other members of staff, the student(s) it involves or their, or other, parents and/or carers
* Say or do anything to blame or shame any young people involved

**DSL Responsibilities**

1. Following a report of an incident, the DSL will hold an initial review meeting with appropriate school staff – this may include the staff member who reported the incident and the safeguarding or leadership team that deals with safeguarding concerns. This meeting will consider the initial evidence and aim to determine:

* Whether there is an immediate risk to student(s)
* If a referral needs to be made to the police and/or children’s social care
* If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed)
* What further information is required to decide on the best response
* Whether the image(s) has been shared widely and via what services and/or platforms, (this may be unknown)
* Whether immediate action should be taken to delete or remove images, or videos, from devices or online services
* Any relevant facts about the students involved which would influence risk assessment
* If there is a need to contact another school, college, setting or individual
* Whether to contact parents or carers of the students involved (in most cases parents/carers should be involved)

The DSL will make an immediate referral to police and/or children’s social care if:

* The incident involves an adult
* There is reason to believe that a young person has been coerced, blackmailed, or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
* What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent
* The imagery involves sexual acts and any student in the images or videos is under 13
* The DSL has reason to believe a student is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

1. If none of the above apply then the DSL, in consultation with the service manager and other members of staff as appropriate, may decide to respond to the incident without involving the police or children’s social care. The decision will be made and recorded in line with the procedures set out in this policy.

# ****Children who are absent from education****

* 1. A child who is absent as well as missing from education is a potential indicator of abuse or neglect. Where a child is reported to be missing education **we will comply with our statutory duty to inform the local authority of any student who falls within the reporting notification requirements outlined in** [Children Missing Education – Statutory guidance for local authorities (DfE September 2016)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf) **and**  follow the Bradford Children’s Services procedure and contact: [cme@bradford.gov.uk](mailto:cme@bradford.gov.uk). Tel: 01274 438877.
  2. Children who are absent, abscond or go missing during the day are vulnerable and at potential risk of abuse, neglect, CSE or CCE including involvement in county lines. Staff members must follow the MNHES’ procedures for dealing with children who are absent/ go missing, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future (see [**Appendix**](#_Appendix_10_) **).**

# ****A Safer Service Culture****

**The service manager & SLT will ensure that the following appropriate policies, and procedures are in place and shared with staff at the point of induction, in order for appropriate action to be taken in a timely manner to safeguard and promote children’s welfare:**

* Whistle Blowing/Confidential reporting policies (guidance to staff and volunteers on how they can raise concerns and receive appropriate feedback on action taken when staff have concerns about any adult’s behaviour)
* MNHES’ procedures for managing children who are missing from education
* Guidance on Safer Working Practices
* Safeguarding and Child Protection policy (including online safety).
* Behaviour & relationships policy
* The names, roles and responsibilities of the designated safeguarding lead and any deputies.

# ****Safer Recruitment, selection and pre-employment vetting****

1. MNHES pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures as outlined in part three of KCSIE
2. MNHES 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).

1. All recruitment materials will include reference to the school’s commitment to safeguarding and promoting the wellbeing of students. (see Appendix [?](#_Appendix_6_))
2. MNHES will ensure that all recruitment panels include at least one person that has undertaken the safer recruitment consortium, safer recruitment training through Bradford Council.
3. For individuals who have lived or worked outside the UK, in addition to the same checks as all other staff, MNHES will complete any additional checks required to satisfy themselves that the individual is suitable to work with children. 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.
4. MNHES 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 contact and the Education Safeguarding Team.
5. MNHES will inform shortlisted candidates that online searches may be done as part of due diligence checks.
6. Copies of documents used to verify the successful candidate’s identity, right to work and required qualifications should be kept in their personnel file.

# ****Managing allegations or safeguarding concerns against a member of staff or person procedures.****

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

1. behaved in a way that has harmed a child or may have harmed a child
2. possibly committed a criminal offence against or related to a child
3. behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children
4. behaved or may have behaved in a way that indicates they may not be suitable to work with children. *(This includes any behaviour that may have happened away from MNHES that might make the individual unsuitable to work with children. This is known as transferable risk.)*
   1. All adults working at MNHES have duty to disclose to the service manager where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children whilst at work.
   2. Examples of behaviours that would warrant an allegation or safeguarding concern by a member of staff could include:

* Physical, for example intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
* Emotional, for example intimidation, belittling, scapegoating, sarcasm, lack of respect for children’s rights, and attitudes which discriminate on the grounds of race, gender, sex, disability or sexuality.
* Sexual, for example sexualised behaviour towards students, grooming, sexual harassment, sexual assault and rape, sending inappropriate messages through social media and other technologies.
* Neglect which may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc.
  + 1. A safeguarding complaint that meets the above criteria must be reported to the service manager (“case manager”) immediately. If the complaint involves the service manager, then the next most senior member of staff must be informed and the strategic manager*.* At MNHES, the named case manager is Hannah Whittaker. They will follow the processes outlined in this section.
    2. Where the service manager determines that a safeguarding allegation does not meet the harm threshold in line with the criteria above they will refer the matter to be managed in line with paragraphs 20.8 - 20.9 (inc.) by a designated manager with appropriate safeguarding training. It is important for managers to carefully consider who is best placed to manage concerns that do not meet the harm threshold and ensure appropriate action is taken given the sensitive and confidential nature of the information relating to staff over time. In many cases managers may decide to retain this role in the event that they have appropriate safeguarding training.
  1. 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, even if they are low-level. Low-level concerns are concerns that do not meet the harm test/allegations threshold. Examples of such behaviour include:
* *Being over familiar with children*
* *Having favourites*
* *Taking photographs of children on their mobile phone*
* *Engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or*
* *Humiliating students*
  1. The case manager should ensure that the child is not at risk and where appropriate ensure that the child is referred to the local authority Duty and Advice team as referenced in Part 1 of KCSIE.
  2. The case manager should gather as much information about the alleged incident as necessary in order to establish whether there is substance to the allegation. In situations where the case manager determines that the harm test has not been met the case manager must ensure that there is a clear record of the incident, include any actions (including whether any HR advice had been sought and actioned) taken to address the concern raised. This record must be kept confidential, stored securely and comply with the Data Protection Act 2018 and the UK GDPR (2018). Records of low level concerns will be reviewed so that any patterns of recurring low level concerns can be identified and responded to appropriately, this may include a referral to the LADO where repeated behaviours indicate an individual may not be suitable to work with children.
  3. All low level concern records will be kept for (*please add period of time. NB: it is up to the school to determine how long they retain such information, but it is recommended that it is retained at least until the individual leaves their employment).*
  4. In situations where the case manager has sufficient information to suggest that the harm test/allegations threshold has been met, the case manager must use the local authority designated officer (LADO) notification form (see[Appendix](#_Appendix_12_) **)** in order to assess the level of concern, **prior to contacting the LADO**. As part of this initial consideration, the case manager should consult with their school’s HR Advisor/provider/contact or in the case of a supply member of staff the supply agency safeguarding lead/senior manager. The completed LADO notification form must be sent to [lado@bradford.gov.uk](mailto:lado@bradford.gov.uk) **within one working day of the allegation being made**. This will assist the case manager and HR/supply agency senior manager in consultation with the LADO to decide on the most appropriate course of action. This includes when to inform the member of staff of the concerns raised. Parents or carers of the child or children involved should be told about the allegation as soon as possible if they do not already know of it.
  5. The case manager **must** not carry out an investigation or **directly interview** any child/ witness/ or the individual whom the concern relates too, until the above process has been duly completed and relevant partners have been consulted. However, statements of any alleged incidents of harm should be obtained as appropriate at the earliest opportunity in order to establish facts from relevant individuals.

* 1. A multi-agency allegations management meeting may be arranged to look at the complaint in its widest context. The case manager must attend this meeting, which will be arranged by the LADO. All issues must be recorded, and the outcome reached must be noted to ensure closure.
  2. In many cases it may be appropriate to provide further training and support to staff/volunteers and ensure that they are clear about the expectations for their conduct.
  3. In more serious cases, allegations may be investigated under the formal disciplinary procedures and, where allegations are upheld, formal warnings issued as well as specific training and support. In cases where children/young people may be at further risk and/or evidence/witnesses may be compromised and/or the allegations and so serious that they may, if upheld, constitute gross misconduct, suspension of the member of staff/volunteer may be appropriate and should be considered in line with the Disciplinary Policy.
  4. Any staff/volunteers who are dismissed for gross misconduct or cumulative misconduct relating to safeguarding of children/young people will be referred to the DBS for consideration of barring. Similarly, where there is a reasonable belief that the member of staff/volunteer would have been dismissed, had they been employed at the time of the conclusion of investigations, they will be referred to the DBS. MNHES will keep written records of all of the above.
* **LADO Contacts:** [**lado@bradford.gov.uk**](mailto:lado@bradford.gov.uk) **01274 435600**
* **Advice can also be sought from Education Safeguarding Team 01274 437043**
  1. 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.
  2. Bradford Council’s whistleblowing policy states that concerns can be raised by the following methods:
* Service Manager – Hannah Whittaker – 01274 582995
* Strategic Manager – Alice Ngondi – Bradford Council – 01274 ?
* Strategic Director, Children's Services – Bradford Council, Marium Haque: 01274 431266
* Director of Legal and Governance/Monitoring Officer – Bradford Council, Asif Ibrahim:01274 432496
* Corporate Fraud Unit – Bradford Council: 01274 437256

1. 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](mailto:help@nspcc.org.uk).
2. **Training and Support**

All staff members will be made aware of systems within MNHES that support safeguarding, and these will be explained to them as part of our staff induction. This includes: the safeguarding/child protection policy; the safer working practice document and the 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.

* 1. We recognise the stressful and traumatic nature of child protection work. Support is available for any member of staff from the SLT. Access to regular and timely supervision is an essential form of support for all designated safeguarding staff. The Education Safeguarding team are also available for advice and support (Tel: 01274 437043).
  2. Designated Safeguarding staff must have attended the 2-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.
  3. MNHES will ensure all staff including temporary and volunteers receive induction and updated INSET appropriate to their roles and responsibilities, especially staff new to the service. All staff will access basic child protection training including online safety as part of the induction arrangements 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 the Education Safeguarding Team and the BCSB.
  4. The service manager will attend appropriate 1 day safeguarding training at least every three years.
  5. Any training accessed through third party/independent providers must reflect the BSCB protocols and the BSCB minimum standards checklist. This training will be recorded on a separate database.
  6. The service manager and SLT will complete the National Safer Recruitment Training and refresh this training every five years.

# ****Child Protection Records****

* 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 securely, with access being restricted to the DSL and their deputies, service manager and in cases of Early Help, the nominated lead professional, if this is not a designated safeguarding lead. For further information please see** [**Early Help**](https://www.leedsscp.org.uk/practitioners/approaches/early-help/approach)**. The following information must be kept securely with restricted access, whether paper or electronic:**
* Chronology (summary of significant events and the actions and involvement of the school/college)
* A clear and comprehensive summary of the concern
* Details of how the concern was followed up and resolved
* A note of any action taken, decisions reached and the outcome.
* All completed child protection cause for concern records
* Any child protection information received from the child’s previous educational establishment
* Records of discussions, telephone calls and meetings with colleagues and other agencies or services
* Professional consultations
* Letters and emails sent and received relating to child protection matters
* Referral forms sent to the Children’s Trust, other external agencies or education-based services
* Minutes or notes of meetings, e.g., child protection conferences, core group meetings, etc., copied to the file of each child in the family, as appropriate
* Formal plans for, or linked to, the child e.g., child protection plans, Early Help (previously known as CAF’s), risk assessments etc
* **A copy of any support plan for the student concerned** 
  1. Where a student leaves their existing provision, we will ensure that the child protection file is shared with the home school and the home school transfer securely and separately from the main student file to the receiving educational establishment (where this is known) as soon as possible and within 5 school days. This is a legal requirement set out under regulation 9 (3) of ‘The Education (Student Information – England) Regulations 2005. A copy of the chronology must be retained for audit purposes.
  2. Where there is an existing risk management plan/assessment in place for behaviours that are deemed potentially harmful to the student or others (i.e., self-harming or harmful sexualised behaviour), this information must be shared with the destination provision prior to the student starting so that appropriate care and control measures can be put in place to mitigate the potential of any risk of further harm occurring. The DSL will also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving, for example prior to a transfer programme.
  3. Where a child leaves a school before statutory school leaving age, the child protection file must be transferred to the new school or college. There is no need to keep written or electronic copies of the child protection records, therefore these will be deleted from electronic systems once the successful transfer has been confirmed. The exception to this rule will be in any of the following instances:
* Where a vulnerable young person is moving to a Further Education establishment, consideration will be given to the student’s wishes and feelings about their child protection information being passed on, in order that the FE establishment can provide appropriate support. In cases where it is deemed appropriate, relevant child protection information must be shared via the FE Safeguarding Information Sharing Form only. The original records will be retained and archived by the school/college. Due consideration must be given to the sharing of any additional information requested by the receiving establishment.
* Where the destination school is not known *(the original records will be retained by the school/college)*
* Where the child has not attended the nominated school *(the original records will be retained by the school/college)*
* There is any on-going legal action *(the original file will be retained by the school and a copy sent)*
* Where a child moves to a different school outside of the Leeds authority a copy of the child protection record will be retained for reference.
  1. Student records will be transferred in a secure manner, for example, through secure electronic file transfer or by hand. When hand-delivering student records, a list of the names of those students whose records are being transferred and the name of the school/college they are being transferred to must be made and a signature obtained from the receiving school/college as proof of receipt. When sending records through secure electronic file transfer, a delivery and read receipt of the must be retained for audit purposes.
  2. If a student moves from our service, child protection records will be forwarded onto the named DSL at the new provision, with due regard to their confidential nature. Good practice suggests that this will always be done with a face to face handover between designated staff or a verbal conversation is had over the telephone if a face to face handover is not possible. A signed receipt of file transfer or electronic delivery and read receipt must be obtained for audit purposes by the delivering provision.
  3. If sending by post, children records will be sent “Special Delivery”. A **note** of the special delivery number will also be made to enable the records to be tracked and traced via Royal Mail.
  4. For audit purposes a note of all student records transferred or received will be kept in either paper or electronic format. This will include the child’s name, date of birth, where and to whom the records have been sent, and the date sent and/or received. A copy of the child protection chronology will also be retained for audit purposes and kept securely.
  5. If a student is permanently excluded and moves to an alternative or specialist provision, child protection records will be forwarded onto the relevant organisation in accordance with the ‘The Education (Student Information – England) Regulations 2005, following the above procedure for delivery of the records.
  6. If a parent chooses to electively home educate (EHE) their child, please contact the EHE team on [ElectiveHEducation@bradford.gov.uk](mailto:ElectiveHEducation@bradford.gov.uk) or 01274 439340 for information on where the child protection record must be sent.
  7. When a DSL member of staff resigns their post or no longer has child protection responsibility, there will be a full face to face handover/exchange of information with the new post holder.
  8. In exceptional circumstances when a face to face handover is unfeasible, it is the responsibility of the head teacher to ensure that the new post holder is fully conversant with all procedures and case files.
  9. All DSLs receiving current (live) files or closed files must keep all contents enclosed and not remove any material.
  10. All receipts confirming file transfer must be kept in accordance with the recommended retention periods. For further information refer to the archiving section.

# ****Children’s and parents’ access to child protection files****

* 1. Under Data Protection legislation (General Data Protection Regulation & Data Protection Act 2018) a student or their nominated representative have a number of 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.
  2. Any child 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 or another person; or
* could reveal that the child 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 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.
  1. It is best practice to make reports available to the child or their parents unless the exceptions described above apply. If an application is made to see the whole record, advice can be sought from the Educating Safeguarding Team.
  2. The establishment’s report to the child protection conference will (wherever possible) be shared with the child, if old enough, and parent at least two days before the conference.

# ****Archiving****

* 1. The school that the student attended until statutory school leaving age (or the school where the student completed sixth form studies) is responsible for retaining any child protection records they may hold. The recommended retention periods is 35 years from closure when there has been a referral to CSWS. If no referral has been made to CSWS, the child protection record will be retained until the child’s 25th birthday, after which point the file will be deleted from our electronic system. The decision of how and where to store child protection files will be made by the school via the governing board. Due to sensitivity of the information, the records will continue to be held in a secure area with limited access e.g., designated officer or head teacher. The DSL is responsible for ensuring that all CP files are archived in accordance with the timescales referenced above. The DSL is responsible for ensuring that the appropriate timeframes for archiving and destroying child protection records referenced above are set on electronic systems accordingly for each student.

# ****Safe Destruction of the student record****

* 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 to school or the Local Education Authority. Information will be shredded (or deleted as appropriate) prior to disposal or confidential disposal can be arranged through private contractors. For audit purposes the school will maintain a list of records which have been destroyed and who authorised their destruction. This can be kept securely in either paper or an electronic format.

# ****Safeguarding responsibilities for students in transition****

* 1. In the event that a student transitions full-time from a primary setting into a high school setting before the end of their academic school year 6, the high school must place a student on their admissions register on the first day that the student attends and submit a new starter form to the local authority admissions team. Once the student is registered at the new school, the previous school can remove the student from their register. All safeguarding responsibilities, including attendance management, for the student will transfer to the head teacher and/or the senior designated safeguarding lead of the secondary setting. All child protection files, and risk assessments will be transferred in keeping with the guidance outlined In section 18 of this policy – Child Protection Records
  2. Where a vulnerable student transitions from a high school setting to a post-16 provision the school must complete the FE Safeguarding Information Sharing Form only ([Appendix](#Appendix11) ?). All existing child protection records must be archived in keeping with the guidance outlined in section 18.3 of this policy –Archiving.

# 

# Appendix 1: 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
* Ensure adequate supervision (including the use of inadequate care-givers)
* 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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other 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 through the use of 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**

Research and experience indicate that the following responses from parents 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
* Alcohol misuse or other drug/substance misuse
* Parents request removal of the child from home
* Violence between adults in the household

**Children with special educational needs and disabilities**

When working with children 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.
* 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 2 Responding to children who report abuse.

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

* Stay calm
* Do not transmit shock, anger or embarrassment.
* Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
* Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
* Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
* Tell the child that it is not her/his fault.
* Encourage the child to talk but do not ask "leading questions" or press for information.
* Listen and remember.
* Check that you have understood correctly what the child is trying to tell you.
* Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
* Do not tell the child that what s/he experienced is dirty, naughty or bad.
* Do not take photographs or make videos of any injuries reported by a child.
* It is inappropriate to make any comments about the alleged offender.
* Be aware that the child 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 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 education 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**

You must not deal with this 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 (Page? )

# Appendix 3 Personnel File Checklist

**PERSONNEL FILE CHECKLIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Post Title** | **Start Date** | | | |
|  |  |  | | | |
| **SECTION 1 – New Starter Info** | | | **Tick** | **Date** | **Initial** |
| Application Form – Signed | | |  |  |  |
| Personal Statement (required for teachers only) | | |  |  |  |
| Interview notes | | |  |  |  |
| Notes and reasons for pay offers over and above advertised rate of pay | | |  |  |  |
| Notification of Appointment Form/Offer Letter | | |  |  |  |
| Job description - Signed | | |  |  |  |
| Statement of Main Terms and Conditions of Employment – Signed | | |  |  |  |
| Immigration, Asylum and Nationality Act 2006 Declaration – Signed | | |  |  |  |
| Criminal Background Self Declaration Form – Signed | | |  |  |  |
| P45 or P46 – sent to Payroll | | |  |  |  |
| Bank Details Form | | |  |  |  |
| Staff Data Collection Sheet | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 - SCR** | **Tick** | **Date** | **Initial** |
| TRN/QTS Number |  |  |  |
| Prohibition Check Completed |  |  |  |
| DBS Certificate/Check |  |  |  |
| Staff Disqualification Declaration Form |  |  |  |
| DBS Overseas Check |  |  |  |
| Eligibility to work in UK |  |  |  |
| S128 Management Check |  |  |  |
| EEA Sanction Check |  |  |  |
| Proof of Qualifications |  |  |  |
| Reference 1 |  |  |  |
| Reference 2 |  |  |  |
| ID (Passport/Birth Certificate/Marriage Certificate/DL/Other) |  |  |  |
| Proof of Address |  |  |  |
| Proof of QTS |  |  |  |
| Proof of NQT registration |  |  |  |
| KCSIE Part 1 and Appendix A read and understood – Signed |  |  |  |
|  | | | |
| **TRAINING** | **Tick** | **Date** | **Initial** |
| Safeguarding Online training completed (inc. FGM) |  |  |  |
| Safeguarding face to face training completed |  |  |  |
| Prevent Training completed |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3 – Performance** | **Tick** | **Date** | **Initial** |
| Performance Management Documentation |  |  |  |
| Probation Documents |  |  |  |
| End of Probationary Period (6 months) |  |  |  |
| Proof of Threshold – **Teachers only** (if applicable) |  |  |  |
| Pay Statements |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4 – Attendance** | **Tick** | **Date** | **Initial** |
| Sickness/Absence Information |  |  |  |
| Leave of Absence request forms and replies |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 5 – Other General Information** | **Tick** | **Date** | **Initial** |
| General letters of correspondence from employee to employer and from employer to employee |  |  |  |
| Resignation Letter |  |  |  |

**Appendix 4 Cause for Concern Form**

**CAUSE FOR CONCERN FORM**

**STUDENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **DOB:** |  | **Year/Form:** |  | **SEN Status:** |  |
| **Address:** |  | | | | |

**STAFF DETAILS**

|  |  |
| --- | --- |
| **Staff Name:** |  |
| **Date of Incident/report/disclosure:** |  |
| **Location of incident/report/disclosure:** |  |
| **Date/time record is being made:** |  |

*For any sections below continue recording overleaf if necessary, ensuring it is signed & dated*

**CONCERN DETAILS**

|  |
| --- |
| **NATURE OF CONCERN:**  *Provide details of the incident or concerns you have including times, dates, description of any injuries (use body diagram to indicate area of injury), witness details, what you have observed, heard or been told, if the information is first hand, fact or opinion, any other relevant details/information, etc Ensure you clearly record the voice of the child’s (suggestion – use capital letters to ensure it can be easily recognised) Ensure you act in a timely manner when reporting concerns, especially if there is an injury noted.*  ***Please clearly sign and date the record at the end of your statement.***  16 Best Images of Anger Management Worksheets For Children - Self ...  🞏 Front  🞏 Back |

TO BE COMPLETED BY SENIOR DESIGNATED PERSON/DEPUTY DESIGNATED PERSON

|  |
| --- |
| **AGREED ACTIONS & ANTICIPATED OUTCOMES:**  *Record all discussions, communications, referrals & decisions made. Include details of conversations with parents/other agencies & rationale behind key decision making.* ***Clearly sign & date at the end of the record*** |

*This form should be used to record concerns about a young person. It should be completed as accurately as possible & passed directly to the Senior Designated Person/Deputy Designated Person who should action & file securely. The school’s child protection & safeguarding procedures should always be followed.*

**Appendix 5 Bradford’s Child Exploitation Risk Assessment**

**Bradford’s Child Exploitation Risk Assessment**

If you need assistance to complete this risk assessment, please contact the CE hub on 01274 435080 and have a consultation with one of our Child Exploitation specialist social workers.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s full name |  | | | | | | | | | | | | | Alias | | | |  | |
| DOB |  | Age |  | | | Gender | | | | | Male  Female  Non-binary  Unborn  Questioning  other (state) -  Does their gender identity match the gender assigned at birth Y  N | | | | | | | | |
| Ethnicity |  | | | | | | | Religion  If other please state | | | | | | |  | | | | |
| Is English their first language? | Child | | | Yes | | |  | | | | | | | | No | | | |  |
| Parent/Carer | | | Yes | | |  | | | | | | | | No | | | |  |
| If no, please specify preferred language |  | | | | | | | | | | | Is an interpreter required ? | | | | | | | Y  N |
| Address and postcode |  | | | | | | | | Contact number(s) | | | | | | |  | | | |
| School |  | | | | | | | | | | | | | | | | | | |
| Other children (under 18 years of age) in household | Full Name | | | | Date of Birth/Age | | | | | | | | Gender | | | | Relationship to the above child | | |
|  | | | |  | | | | | | | |  | | | |  | | |
|  | | | |  | | | | | | | |  | | | |  | | |
|  | | | |  | | | | | | | |  | | | |  | | |
|  |  | | | |  | | | | | | | |  | | | |  | | |
|  |  | | | |  | | | | | | | |  | | | |  | | |
| Details of Parent/Carers and other significant adults in the child’s life | Full Name | | | | Date of Birth (if known) | | | | | Parental Responsibility  (PR) Y/N | | | | | | | Relationship to the above child | | |
|  | | | |  | | | | | Y  N | | | | | | |  | | |
|  | | | |  | | | | | Y  N | | | | | | |  | | |
|  | | | |  | | | | | Y  N | | | | | | |  | | |
| List professional involvement and contact details |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional Completing the Child Exploitation Risk Assessment** | | | | | |
| **Name** |  | | | | |
| **Job Title/Role** |  | | | | |
| **Agency** |  | | | | |
| **Address & Contact Details** |  | | | | |
| **Date Assessment commenced** |  | **Date assessment completed** |  | **Initial/Review**  **Assessment ?** |  |

|  |
| --- |
| **Reason for completing this risk assessment:** |

|  |
| --- |
| **Details of any known or suspected perpetrators:** |

|  |  |  |
| --- | --- | --- |
| **What are we worried about:** | **Yes** | **No** |
| Sexual Exploitation |  |  |
| Criminal Exploitation |  |  |
| Trafficking /Modern Day Slavery |  |  |
| Radicalisation | **Follow Prevent Pathway** |  |

Are you aware of a National Referral Mechanism (NRM) form that has been completed for this child? YES  NO

**Professional Assessment of Risk Indicators**

* In order to identify children at risk of / or experiencing exploitation it is imperative to complete a clear and concise assessment which includes the views of the child, the family, and other professionals who are involved.
* The main heading risk indicators are not exhaustive; they are simply those most commonly recognised which may indicate a risk of exploitation; there may be other relevant factors present which require consideration and analysis. **One** tick in a high risk box, or several in low risk may indicate a serious risk of exploitation, alternatively this might be an indication of other concerns that require addressing via the child’s overall plan, or by accessing other appropriate services.
* When assessing a child’s risk of exploitation, it is essential to highlight if the concerns and the information being provided is **current or historic**. If the concern or information is historic but relevant, it is necessary to evidence how this relates to the current assessed risk.
* When completing this risk assessment, it is crucial that the child’s use of **social media** is considered throughout.

\*Please indicate a level of risk and analysis against **ALL** the following risk indicators, ensure that as part of this we are clear what behaviours we are worried about & what is the evidence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.**  **Family Relationships** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | No concerns regarding parenting, rules and boundaries not always adhered to by child, some recent change in behaviour. |  |
| Moderate | Some concerns regarding parenting capacity, poor/strained relationships, lack of communication and reduced contact or engagement. |  |
| Significant | Suspected or confirmed neglect/abuse in family. Relationship breakdown / no contact. Lack of family support. |  |
| **Analysis** | | *Who are the significant adults in the child’s life, quality of relationships, protective factors / risk factors?* | | |
| **2.**  **Peer**  **Relationships** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Some concerns regarding risky friendships / negative influence. |  |
| Moderate | Change in child’s friends / associates, concerns regarding negative influence, some friends considered at risk of exploitation. Child is being attracted to Gang related indicators/ activities. Has relationships with a perceived negative imbalance of power. Believed to be spending time with local gangs. |  |
| Significant | Known association with gangs, concerns child is being groomed in gang related activities or indicative activities. |  |
| **Analysis** | | *Detail the child’s friends / associates, ability to form and maintain friendships, positive or negative influences, how and where they socialise / spend time, any indicators relevant to gang association including online activities?* | | |
| **3. Accommodation** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Some concerns but overall accommodation meets the child’s needs |  |
| Moderate | Unsuitable, unstable, conditions are concerning. |  |
| Significant | Temporary, overcrowded, unsupported, homeless / sofa surfing or repeated breakdowns. Concern home is being exploited by gangs. |  |
| **Analysis** | | *Who does the child live with, detail the property and it’s condition, describe the local area and any concerns?* | | |
| **4.**  **Education** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Mainly engaged, some limited concerns i.e. truanting / behaviour |  |
| Moderate | Irregular or low attendance, whereabouts often unknown, breakdown in School placements/ fixed term exclusions. Noticeable change in child’s presentation in School. |  |
| Significant | Significant absence from school or no school placement/ permanent exclusion. Whereabouts unknown. |  |
| **Analysis** | | *Detail attendance, attainment, support offered in School and any concerns raised?* | | |
| **5.**  **Emotional Health / behaviour** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Low self-esteem, confidence, struggles to verbalise feelings. Some signs of anger. |  |
| Moderate | Significant low self-esteem, self-confidence, self-harm, overdosing, eating disorder, noticeable change / decline in emotional health. Child aggressive at home. |  |
| Significant | Recognised or suspected mental health needs. Regular self-harming, overdosing, suicidal attempts / ideation. Child causing physical / emotional harm to others. |  |
| **Analysis** | | *Describe how the child presents emotionally, any identified triggers, support already in place? What works / what exasperates the child’s emotional wellbeing? Add dates / details of any concerning incidents i.e. self-harm / overdose.* | | |
| **6.**  **Experience of Violence** | | **Risk Indicator** | | |
|  | | |
| No known risk | No concerns identified. |  |
| Emerging | Some concerns child is exposed to violence at home or in  the community. |  |
| Moderate | Reported concerns of violence at home or in the community. Evidence of injuries. Disclosures followed by withdrawal. |  |
| Significant | Significant concerns child is experiencing violence at home or in the community. Injuries. Fear or refusal of accessing medical treatment. Reluctant to disclose. |  |
| **Analysis** | | *Detail all known incidents, who is the victim / perpetrator, nature of injuries and treatment accessed?* | | |
| **7.**  **Running away / going missing** | **Risk Indicator** | | | |
| No known risk | | No concerns identified. |  |
| Emerging | | Stays out late, no missing episodes. |  |
| Moderate | | Occasional goes missing for short or prolonged periods. |  |
| Significant | | Frequently goes missing for short or prolonged periods. |  |
| **Analysis** | *Detail missing episodes – times, whereabouts, associates, where located, was they reported missing?* | | | |
| **8.**  **Contact with abusive adults and / or unsafe environments** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Some concerns child is associating with adults / unsafe environments; this is a change in behaviour. |  |
| Moderate | Child is occasionally associating with adults/ unsafe environments. Concerns regarding phone / social media use. |  |
| Significant | Child is frequency associating with adults / unsafe environments, secretive with phone, multiple calls being received. Getting in and out of cars / unknown premises. Significant concerns regarding Gangs. |  |
| **Analysis** | | *Who are the adults, how are they known to the child, where is the child spending time and frequency of association?* | | |
| **9.**  **Alcohol / substance misuse** | | **Risk Indicator** | | |
| No known risk | No concerns identified. |  |
| Emerging | Occasional Use of alcohol and substances. |  |
| Moderate | Evidence of increasing or regular alcohol / substance misuse. |  |
| Significant | Evidence of frequent / dependant alcohol / substance misuse. |  |
| **Analysis** | | *Detail nature of alcohol / substance misuse? Has the child been found in possession but not believed to be misusing?* | | |
| **10.**  **Coercion / control** | | **Risk Indicator** | | |
| No known risk | No concerns identified |  |
| Emerging | Some concerns the child is vulnerable to coercion or control / negative influences. |  |
| Moderate | Concerns child presents coerced or controlled by others and displays signs of fear. |  |
| Significant | Significant concerns child is being coerced, controlled, in fear of others. Stories appear rehearsed (eg coached) |  |
| **Analysis** | | *Describe how the child presents? Detail the perpetrators and their behaviours?* | | |
| **11.**  **Unexplained items** | **Risk Indicator** | | | |
| No known risk | | No concerns identified |  |
| Emerging | | Suspect that child has some unexplained items and no finances to have purchased these. |  |
| Moderate | | Evidence of concerns about unexplained items with no finances to purchase. |  |
| Significant | | Child is in possession of significant unexplained items, no finances to purchase. More than one mobile phone and or sim card. |  |
| **Analysis** | *What is the child in possession of? what moneys do they get from family? what is unexplained? Ie money, taxis, takeaways,drugs.* | | | |
| **12.**  **Sexual abuse concerns** | | **Risk Indicator** | | |
| No known risk | No concerns identified |  |
| Emerging | Concerns child may be at risk of coercion into unhealthy relationships. |  |
| Moderate | Suspicion of Child is being coerced into unhealthy relationships.  Suspicion that the child is being coerced sexual acts/at risk of sexual abuse are not considered safe or child is feeling pressured. |  |
| Significant | Evidence child of sexual coercion, sexually assaults rapes. Recurring or multiple STI’s / signs of genital anal injuries consistent with sexual assaults or violence, pregnancies – treated or untreated. Concerns child is made to watch sexual assault / rape on others. |  |
| **Analysis** | | *Detail nature of sexual health needs and any concerns? List any concerning people? Are Police involved and has child accessed sexual health services? Detail any injuries?*  *Penetrative sexual contact with a Child under 13 will always constitute rape.*  *Consideration should be given to the age of alleged perpetrators* | | |
| **13.**  **Risk to others** | | **Risk Indicator** | | |
| No known risk | No concerns identified |  |
| Emerging | Some concerns child influences others into risky situations. |  |
| Moderate | Concerns child is influencing other children into risky situations and introducing to adults who pose a risk. Some bullying / threatening behaviour displayed. |  |
| Significant | Significant concerns child is causing harm to other children, introducing to adults or environments that pose a potential risk. |  |
| **Analysis** | | *Detail the behaviours displayed by the child and to whom? Are any weapons involved?*  *This includes sexually harmful behaviours.* | | |
| **14.**  **Ability to identify exploitative behaviours** | | **Risk Indicator** | | |
| No Known risk | No concerns identified |  |
| Emerging | Some understanding and ability to recognise exploitative behaviours and safeguard themselves, including online. Significant numbers of followers on social media. |  |
| Moderate | Some understanding, cannot recognise exploitative behaviours and unable to apply knowledge to safeguard themselves, including online. |  |
| Significant | No recognition of exploitative behaviours and unable to safeguard themselves, including online. Including the sending and and receiving of indecent images |  |
| **Analysis** | | *What is the child’s understanding of exploitation, how are they able to safeguard themselves, what social media are they using and how are they keeping themselves safe online / identified risks?* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other factors to consider eg, wider environmental factors:** | | | | |
|  | | **Yes** | **No** | **Details:** |
| Domestic Abuse | |  |  |  |
| Parental Alcohol / Substance Misuse | |  |  |  |
| Parental Mental Health | |  |  |  |
| Parental Health Needs / Disabilities | |  |  |  |
| Parental Learning Needs | |  |  |  |
| Parental Trauma | |  |  |  |
| Child Health Needs / Disabilities | |  |  |  |
| Child has additional learning / communication needs | |  |  |  |
| Previous abuse of child | |  |  |  |
| Engagement with services | |  |  |  |
| Criminality in family / Anti-Social Behaviour | |  |  |  |
| Parents / carers understanding of grooming / exploitation and ability to protect | |  |  |  |
| Poverty / debt / financial pressures in the family | |  |  |  |
| Child Protection / Abuse | |  |  |  |
| Family separation / bereavement / imprisonment | |  |  |  |
| Parents in Prison | |  |  |  |
| **Views of the child or young person:** (regarding any identified/ potential risksand any support they would want/need, regarding existing strengths and protective factors) |  | | | |
| **Has the child/young person contributed to this assessment** (Yes/No and if no please explain why ) |  | | | |
| **Views of the parent / carer:** (regarding any identified/ potential risksand any support they would want/need) |  | | | |

|  |  |
| --- | --- |
| **Views of other professionals:** (regarding risk of exploitation) |  |
| **Overall analysis** | *Detail date referral was received / by who / and initial concerns. Analysis the information you have gathered during this assessment and what this is telling you about the child, their life, and the current risk and protective factors. Consider: is this a repeat referral, any information that is missing from agencies, any grey areas and any other information which may be relevant and indicate a risk. Provide an overall views / risk level in respect of exploitation.* |

**Bradford’s Child Exploitation Risk Assessment Decisions and Further Action**

**Professional Judgement of Overall Assessed Level of Risk**

* On completion of this risk identification tool, please make an indication of your initial professional judgement about the level of risk of Exploitation for the child. Please **tick** against your assessed level of risk

|  |  |  |
| --- | --- | --- |
| **No risk** | No identified risk of exploitation.  Other identified concerns which may require alternative provision. |  |
| **Emerging** | Some concerns that the child is vulnerable of exploitation. |  |
| **Moderate** | Child is at risk of exploitation, concerns not immediate / urgent safeguarding.  Child may be a risk of opportunistic abuse, or is being targeted / groomed. |  |
| **Significant** | Child is at risk of exploitation or being exploited. |  |

Your assessment will contribute to the risk rating agreed by the multi-agency reviewing team who will also review and take into account any other information, intelligence and views of other professionals and services working with the family.   All input will provide evidence for the creation of a robust safeguarding plan with the child and family and will be completed in accordance with the local authority/ multi agency procedures.

**Review timescales**

For those children who are judged to be at emerging, moderate or significant risk of Exploitation, the level of risk must be reviewed with an updated risk assessment at the following frequency unless additional concerns are raised which require an immediate updated risk assessment.

**Emerging – every 90 DAYS**

**Moderate – every 60 DAYS**

**Significant - every 30 DAYS**

**Submit into Children’s portal**

Email: Child.Exploitation@bradford.gov.uk

# Appendix 6 Radicalisation Response Checklist

Summary of in-school procedures to follow where there are potential radicalisation concerns about a child/member of staff

*Cause for concern*

Complete “Cause for Concern” form

Speak to designated safeguarding lead (staff)

*Discussion*

Concerned party discuss with:

Designated Staff /Head teacher

***Seek advice from other agencies:***

**Education Safeguarding Team (01274) / Prevent Education Officer – Danielle King 07870 991647**

**Prevent Team**

***Information Gathering***

**Channel gathers information to determine whether there is a risk of radicalisation.**

***Channel Referral Process***

**Local Authority and Police consult with colleagues to decide whether the referral meets the threshold for Channel / link into existing Child in Need or Child Protection Plan**

***Immediate Risk***Safeguarding lead contacts emergency services

*Risk of significant harm to a child*

**Contact: Children’s Trust Advice & Referral Team**

**(01274 433999)**

***Child & family assessment***

**(CSWS) within 10 working days**

**Referrer informed of decision and where appropriate pupil referred to other existing safeguarding panels / interventions for support.**

**Leeds LSCP S47 enquiries procedures continue**

[**http://westyorkscb.proceduresonline.com**](http://westyorkscb.proceduresonline.com)

***If further concerns identified***

# Appendix 7 Missing from School Response Checklist

Referral pathway for reporting children and young people missing /absconded during the school day



**Appendix 8 PREVENT Referral Form**

**PREVENT REFERRAL FORM**

|  |  |  |
| --- | --- | --- |
| **REFERRAL PROCESS** | | |
| Once you have completed this form, please email via secure email arrangements to: [prevent@bradford.gov.uk](mailto:prevent@bradford.gov.uk) and [fimucentral@ctpne.police.uk](mailto:fimucentral@ctpne.police.uk).  All public sector organisations (including schools) have appropriate email security in place.  Please contact [prevent@bradford.gov.uk](mailto:prevent@leeds.gov.uk) if you wish to refer from outside this sector.  If you have any questions whilst filling in the form, please call: 01274 376215 or [danielle.king@bradford.gov.uk](mailto:danielle.king@bradford.gov.uk) tel: 07870 991647 (Bradford Council Prevent Team). | | |
| **INDIVIDUAL’S BIOGRAPHICAL & CONTACT DETAILS** | | |
| **Forename(s):** | |  |
| **Surname:** | |  |
| **Date of Birth (DD/MM/YYYY):** | |  |
| **Approx. Age (if DoB unknown):** | |  |
| **Gender:** | |  |
| **Known Address(es):** | |  |
| **Nationality / Citizenship:** | |  |
| **Immigration / Asylum Status:** | |  |
| **Primary Language:** | |  |
| **Contact Number(s):** | |  |
| **Email Address(es):** | |  |
| **Any Other Family Details:** | |  |
|  | | |
| **DESCRIBE CONCERNS** | **In as much detail as possible, please describe the specific concern(s) relevant to Prevent.** | |
|  | | |
| **FOR EXAMPLE:**   * 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 *any* 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?** | |
|  | | |
| **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. | | |
| **OTHER INFORMATION** | **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..** | |
|  | | |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
|  | |
| **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? |

|  |  |  |
| --- | --- | --- |
| **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** |
| **Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.**  **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.** |