

Child Protection Policy, Procedures & Guidelines

Learning for Life

Early Start Children's Centres

Date of Policy: September 2016

Review Date: September 2017



Alwoodley, Roundhay & Moortown
Children's Centre Group



Foreword

The introduction of the Child Protection Policy for the service, several years ago, was important as the Children Act 2004 placed a duty on organisations to make arrangements to ensure that when providing services to children and young people, they take account of the need to protect, safeguard and promote the welfare of the child.

It is good practice to regularly review & update the policy to ensure that it reflects all new legislation & developments in relation to Safeguarding practice, and changes in service delivery. I hope that the revised Policy will also help the service create and maintain an organisational culture which reflects the importance of protecting and safeguarding children and young people.

The Child Protection Policy provides a structure by which all reasonable measures are taken to ensure that the risk of harm to a child's welfare is minimised and staff are able to take appropriate action to address concerns relating to the safety and protection of a child or young person.

The Learning for Life Child Protection Policy will support staff to respond with confidence to any concern relating to the safety of a child. This will enable us to support the best possible outcomes for children and young people and improve the well-being of children and families.

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Head of Service Learning for Life



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CHILD PROTECTION POLICY

Ratified by the Advisory Board (insert date)

Our Children's Centre, Alwoodley, Roundhay and Moortown Group, is committed to safeguarding and promoting the welfare of all children. We believe all staff, students, volunteers and visitors have an important and unique role to play in child protection.

We believe:

- Children's Centres can contribute to the prevention of abuse.
- All children have the right to be protected from harm.
- Children need support which matches their individual needs, including those who may have experienced abuse.
- Children need to be safe and feel safe in our setting.

Introduction

Children's Centres are dynamic and exciting places, the two service areas; family services and early learning; provide care, support and learning opportunities which support children and families to realise their potential. It is essential that Children's Centres and their associated services are safe places for children and families, they must be a place where children and/or families feel secure to explore, and confident to enjoy resources and know they will receive appropriate help.

This policy is intended to support all staff, students and volunteers to create a secure environment, and to ensure a clear understanding of duty of care to children and families using Early Start Children's Centres and Family Services. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.

As a key frontline service it is important that practitioners create safe settings and services which take the issue of safeguarding and promoting the welfare of children seriously.

Safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

The challenge for any setting is to produce, 'living' policies rather than dry, easily forgotten documents – and child protection is no exception. Consideration needs to be given to the range of people who will access the policy; staff, kitchen staff, parent helpers, volunteers, supply staff etc. Other issues to consider are:

- How will visiting staff be made aware of the information contained within your Child Protection policy?
- Who will go through issues like confidentiality or the use of 'incident' forms with a volunteer from the local community?



Child Protection policies are not stand alone documents and link to a range of other policies, procedures and guidance.

Overall Aims

To contribute to the prevention of abusive experiences in the following ways:

- Clarifying standards of behaviour for staff and children
- Introducing appropriate work in the curriculum
- Developing staff awareness of the causes of abuse
- Encouraging child and parental participation in safeguarding practice
- Addressing concerns at the earliest possible stage

To contribute to the protection of our children in the following ways:

- Including appropriate work in the curriculum
- Implementing child protection policies and procedures
- Working in partnership with children, parents and agencies
- Ensure all children feel safe, are treated as individuals and their rights, values and beliefs are respected.

To contribute to supporting our children in the following ways:

- Identifying individual needs where possible
- Designing support plans and interventions to meet individual needs

Links with other Policies, Procedures & Guidance

The Child Protection policy has obvious links with the wider Safeguarding agenda, and staff should always be aware of the impact this policy has on other related issues. For example, when agreeing or reviewing a policy for child protection, links should be made with a range of other guidelines and procedures:

Outings & visits	Social Media Guidance (LCC)
Health & Safety	Whistle blowing
Behaviour	Use of mobile phones & cameras
Accidents	Employee Code of Conduct
Safe Working Practice	Absence
Child Sexual Exploitation	Collection of children
Children Missing 0-5 years	Compliments & Complaints
Electronic Communications Code of Conduct (LCC)	
Female Genital Mutilation	
Early Start Safeguarding Supervision Standards	
Harmful Sexual Behaviour Checklist & Guidance	
Medication Guidance	Domestic Violence
Home Visits & Lone Working	Sick Child
Evacuation Policy	Access to Centre/Security Policy
Case File Retention Guidance	Children's Centre Ipad Protocol

Safeguarding and promoting the welfare of children is defined as:

Protecting children from maltreatment

Preventing impairment of children's health or development

Ensuring that children grow up in circumstances consistent with provision of safe and effective care; and

Taking action to enable all children to have the best outcomes

Child Protection is defined as:

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm

Working Together to Safeguard Children, HM Government, 2015

Legal Framework

Children Act (2004) Section 11: places a duty on agencies to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their function

Childcare Act (2006) Section 40: Early Years providers have a duty to comply with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage (2014).

Early Years Foundation Stage (2014): Section 3: Safeguarding and Welfare Requirements are given legal force by Regulations made under section 39(1) (b) of the Childcare Act 2006. This statutory guidance sets out the steps providers must take to keep children safe and promote their welfare.

Working Together to Safeguard Children (2015): covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. It aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe.

Equality Act (2010): puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

United Nations Convention on the Rights of the Child (UNCRC): This is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

The Designated Safeguarding Lead

Our named designated safeguarding lead officer for our Children's Centre Family Services Group who has lead responsibility and management oversight/accountability for child protection in relation to Family Services is Deborah Town (Children's Centre Service Manager)

The designated safeguarding lead officer is supported by the following appropriately trained designated staff (Keeley Thompson and Rebecca Storey) who are responsible for co-ordinating all child protection activity.

The designated safeguarding lead officer must 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.

Where there are concerns about a child, the designated safeguarding lead officer, will act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. The designated safeguarding lead or an appropriately trained member of the management team will be available during opening hours for staff to discuss safeguarding concerns.

The designated safeguarding lead officer is responsible for referring all cases of suspected abuse to Children's Social Work Service at the Front Door Safeguarding Hub. Anyone in the setting can make a referral, however, wherever possible this should be done by appropriately trained designated safeguarding staff.

Child Protection information will be dealt with in a confidential manner. A written record will be made of what information has been shared with who, and when and the reasons for sharing recorded. Staff will be informed of relevant details only when the Designated Safeguarding lead feels their having knowledge of a situation will improve their ability to deal with an individual child and /or family.

Training for Designated Safeguarding Staff

The designated safeguarding lead should receive appropriate training carried out every two years and their knowledge and skills should be refreshed at least annually in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff and volunteer has access to and understands the child protection policy and procedures, including new and part time staff
- Be alert to the specific needs of children in need and those with additional needs
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources and attend any relevant or refresher training courses



- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff.

Raising Awareness

The designated safeguarding lead should ensure the Children's Centre policies are known and used appropriately:

Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the Children's Centre in this.

Link with the local authority and LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

All staff should familiarise themselves with local protocols and be aware of LSCB training opportunities, these can be found on Leeds Safeguarding Children Board website:

www.leedslscb.org.uk/practitioners/local-protocols

Staff

Safer Recruitment, selection and pre-employment vetting

- The service pays full regard and commitment to following safer recruitment, selection and pre-employment vetting procedures.
- The centre will maintain a single central record which demonstrates the relevant vetting checks required including: enhanced DBS check, Disqualification by Association (where appropriate) identity, qualifications, and right to work in the UK.
- All recruitment materials will include reference to the services commitment to safeguarding and promoting the wellbeing of children.
- The service will ensure that all recruitment panels include at least one person that has undertaken safer recruitment training as recommended by the Local Authority/Leeds LSCB.
- The service will ensure that appropriate DBS risk assessments will be undertaken as required. Advice and support for carrying out the risk assessments can be accessed through the service HR Advisor/Provider/Contact.

Safe Recruitment practices must be adhered to ensure that people looking after children are suitable to fulfil the requirements of their roles. Staff must be made aware that they are expected to disclose any convictions, court orders, reprimands and warnings that may affect their suitability to work with children (whether received before or during their employment).

All staff and volunteers will:



- Read and be familiar with Section 3 – The Safeguarding and Welfare Requirements, Statutory Framework for the Early Years Foundation Stage, 2014
- Read and be familiar with Leeds City Council Electronic Communications Code of Practice 2012
- Read and be familiar with the Children’s Centre child protection policy including issues of confidentiality.
- Read and be familiar with Leeds City Council Social Media Guidance for Staff, 2015
- Be alert to signs and indicators of possible abuse. **See pages 21 to 22** for categories of abuse and signs and indicators.
- Record concerns on a, “Cause for Concern form” (**page 30**) which, once completed, must be handed to the Designated Staff (insert names).
- Deal with a disclosure of abuse from a child in line with the recommendations on **page 23**. These must be passed to one of the Designated Staff immediately, followed by a written account.
- Be involved in ongoing monitoring and recording to support the implementation of individual support plans and interagency child protection and child support plans.
- Be subject to Safer Recruitment processes and checks whether they are new staff, supply staff, contractors, volunteers etc.
- Will be expected to behave in accordance with the Guidance for Safer Working Practice for People who Work with all Children and Adults at Risk (Leeds City Council 2014)

Visitors will be made aware of the centre’s child protection procedures and be given the name of the person they must speak to should they have any concerns whilst in the centre.

All staff must be given a mandatory safeguarding induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has concerns about a child’s safety or welfare.

Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member’s ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children at all times.

At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children on outings. (*Statutory framework for the early years foundation stage 2014*)

Adults in areas designated for children's use

It is important to remember that adults will be present in Children's Centres when leaving or collecting children or when adults are visiting the site. Such visits should be negotiated with the centre manager e.g. timing and appropriate length of visit. Visitors should be made aware of the Child Protection policy and know who they should discuss concerns with that relate to children, families or staff members. Staff must be watchful of adults behaving in ways which may threaten a child's safety, and be responsive to children's concerns. This is a very sensitive area and staff should be cautious, but the child's welfare must come first. The use of mobile phones is not permitted in any areas used by children. Adults should be advised of the public areas where phones can be used.

- Children's areas need to be clearly signed as designated for use by children.
- Concerns about an adult's behaviour should be immediately shared with a line manager or Designated Child Protection Representative who will ensure the Child Protection Lead Officer is informed and the matter reported to the relevant authorities.
- If necessary, staff should remain in the children's area with the adult, or the adult should be asked to leave the area.

Parents supporting children's learning should be supervised at all times.

Training

Providers must train all staff to understand their safeguarding policy and procedures, and ensure all staff have up to date knowledge of safeguarding issues. Training must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:

- Significant changes in children's behaviour
- Deterioration in children's general well-being
- Unexplained bruising, marks or signs of possible abuse or neglect
- Children's comments which give cause for concern
- Any reasons to suspect neglect or abuse outside the setting, for example in the child's home; and/or
- Inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images

Statutory framework for the early years foundation stage: Department for Education (2014)

The degree and frequency of types of unacceptable behaviour (including racist, homophobic and sexist language) varies from place to place. If a situation arises in a Children's Centre or group it is important to deal with it calmly and quietly, using a

common sense and consistent approach to avoid putting yourself or others in danger.

When dealing with incidents of unacceptable behaviour; the following provides guidance for good practice:

- Action should be taken as soon as individuals make a nuisance of themselves. This should be in the form of a verbal request or warning to modify their behaviour.
- Unruly behaviour that is repeated after a verbal warning should lead to stronger action by staff, i.e. a standard warning letter is sent and a final sanction indicated should unacceptable behaviour continue.
- Accidents/ incidents should be recorded on a form CF50, (see insite, LCC).
- Incidents of violence and aggression should be recorded on a form CF50A (see insite, LCC)
- For guidance on reporting hate incidents please refer to insite, LCC
- If anyone is attacked – staff or members of the public – ring 999 immediately.
- In no circumstances should you physically strike or handle a member of the public or staff – the only exception to this is if you are acting in self-defence.
- Persistent or known troublemakers can be requested to leave the centre if they cause a disturbance to other people – staff or members of the public.

All staff entering the service should complete Basic Awareness in Child Protection training within 3 months of their start date. It is expected that all staff should be provided with continuing professional development opportunities which includes access to training to ensure their safeguarding knowledge and practice remains up to date and in line with local arrangements. For all other training requirements please refer to the Early Start Children's Centre Safeguarding and Child Protection Training Pathway.

It is good practice to ensure that all staff access refresher training every three years.

Designated leads for Child Protection should access refresher training every two years.



Working with parents and other agencies to protect children

Involving Parents / Carers

Parents/carers should be aware that our Children's Centre (Early Learning & Family Services staff) will take any reasonable action to safeguard the welfare of children. In cases where the centre has reason to be concerned that a child maybe suffering significant harm, ill treatment or neglect or other forms of harm staff have no alternative but to follow the LSCB procedures and contact Children's Social Work Service Duty and Advice team to discuss their concern.

In general, we will discuss concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency.

Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding lead. However, there may be occasions when the centre will contact another agency before informing parents / carers, if the centre decides that contacting them may increase the risk of significant harm to the child.

Ways of informing parents/carers about our child protection policy are: website, displays, policy book, newsletters, parent's forums and Advisory Board.)

Multi-agency work

We work in partnership with other agencies in the best interests of the children. Therefore the centre will, where necessary, liaise with the health visitor, other agencies involved with the child and family, and make referrals to Children's Social Work Service. Referrals (contact) should be made, preferably by the Designated Safeguarding Lead, to the Front Door Safeguarding Hub (0113 3760336)- Where a child already has a child protection social worker, the centre will immediately contact the social worker involved, or in their absence the team manager of the child protection social worker.

We will co-operate with Children's Social Work Service where they are conducting child protection enquiries. Furthermore, the centre 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

We will provide reports as required for these meetings. If the centre is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

Where a child in the centre is subject to an inter-agency child protection plan or a daily Multi-agency Risk Assessment (MARAC) , the centre will contribute to the information gathering, preparation, implementation and review of any plan as appropriate.

Radicalisation

The Counter-Terrorism and Security Act 2015 places a duty on early years providers to “have due regard to the need to prevent people from being drawn into terrorism”.

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and is a process, not a one off event; it can take place over an extended period or within a very short time frame. It is important that staff are able to recognise possible signs and indicators of radicalisation.

Children and young people may be vulnerable to exposure or involvement with groups or individuals who advocate violence as a means to a political or ideological end. From more than 4,000 referrals to the Channel process (A multi-agency safeguarding programme to identify and support people at risk of radicalisation) more than half of the concerns raised are about children.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet, including through social media sites. This can put children and young people at risk of being drawn into criminal activity and has the potential to cause significant harm.

Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right (UK) and international terrorist organisations such as Al Qaeda and the Islamic State.

Potential indicators identified include:

- Use of inappropriate language
- Possession of violent extremist literature
- Changes in behaviour, language, clothing or appearance
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

PREVENT is part of the UK’s counter terrorism strategy, it focusses on supporting and protecting vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. PREVENT is not about race, religion or ethnicity, the programme is to prevent the exploitation of susceptible people.

Responding to concerns

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 should seek advice appropriately with the designated safeguarding lead who should contact the



Education & Early Years Child Protection Team or the Local Authority Prevent Lead – Nadeem Siddique, 07891 275424 for further advice.

PREVENT does not require staff to do anything in addition to their normal duties, what is important is that if staff are concerned that someone is being exploited in this way they have the confidence to raise these concerns. The Education & Early Years Child Protection Team and the PREVENT lead can advise and identify local referral pathways.

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.

A child-centred approach

Effective safeguarding systems are child-centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

Key Principles: Effective safeguarding arrangements should be underpinned by two key principles:

Safeguarding is **everyone's** responsibility: for services to be effective each professional and organisation should play their full part; and

A child centred approach: for services to be affective they should be based on a clear understanding of the needs and views of children

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. *Working Together to Safeguard Children, HM Government (2015)*

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, *including self-confidence and self-awareness, managing feelings and behaviour and making relationships* (Personal, social and emotional development, Statutory framework for the early years foundation stage, 2014).

Planning

Relevant issues will be addressed through planning under the EYFS Framework. For example; e-safety; self-esteem and confidence; managing feelings and behaviour; positive relationships; emotional literacy; assertiveness; recognising and managing risk and health and self-care.



Other areas of work

All our policies which address issues of power and potential harm, e.g. Equal Opportunities, Manual Handling, Positive Behaviour, e-safety will be linked, to ensure a whole centre approach.

Our child protection policy cannot be separated from the general ethos of the centre and its' services, which should ensure that children are treated with respect and dignity, feel safe, and are listened to.

Our role in supporting children

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

An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's child protection record.

Where children have exhibited sexually inappropriate/harmful behaviour and/or abused others, the Harmful Sexual Behaviour checklist must be completed and contact made with Children's Social Work Service if appropriate. Good practice dictates that there should be a co-ordinated multi-agency approach, in way of a risk assessment, to respond to their needs, which will include parent/carers, children's social work service and health.

We will ensure that the needs of children who abuse others will be considered separately from the needs of their victims.

Children who abuse others will be responded to in a way that meets their needs as well as protecting others within the centre through a multi-agency risk assessment. We will ensure the centre works in partnership with parents / carers and other agencies as appropriate.

Children with additional needs

ARM Children's Centre Group recognises that whilst all children have a right to be safe, some children may be more vulnerable to abuse e.g. those with a disability or special educational need, those living with domestic violence and abuse, parental learning disability, parental mental health issues or drug/alcohol abusing parents/carers.

A Safer Culture

Whistle Blowing/Confidential reporting

Leeds City Council Whistle Blowing/Confidential reporting Policies provides guidance to staff and volunteers on how they can raise concerns and receive appropriate feedback on action taken, when staff have concerns about any adults' behaviour.

Allegations against a member of staff, or volunteer

Inappropriate behaviour by staff/volunteers could take the following forms:

Physical includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

Emotional includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race, gender, disability or sexuality.

Sexual includes, for example, sexualised behaviour towards children, sexualised language, sharing inappropriate images, sexual assault and rape.

Neglect: 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

If an allegation is made against a staff member, student, volunteer or any other professional working in a Children's Centre the managing allegations process must be implemented by the Children's Centre Manager/Day Care Manager. In the event of an allegation against the manager the process must be implemented by their Early Start Manager. **(see flowchart p29)**

Managing allegations against staff

In order to manage allegations, every Local Authority appoints a Local Authority Designated Officer (LADO). The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child, or
- behaved towards a child or children in a way that indicates s/he may pose a risk to children. (*Working Together 2015*)

In this context, the term "professional" includes paid employees, volunteers, casual/agency staff and self-employed workers who will have contact with children as a part of their role. The LADO ensures that all allegations or concerns about professionals or adults working or volunteering with children are recorded appropriately, monitored and progressed in a timely and confidential way. The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO provides advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process

Reporting Allegations/Concerns

1. Any allegation should be reported immediately to the senior manager (see flowchart). The LADO should also be informed **within one working day** of all allegations that come to an employer's attention or that are made directly to the police. The LADO must also be informed of any assessments/allegations about a professional's personal /family life which could suggest that they may be a risk to children with whom they are working. Additionally OFSTED must be notified as soon as is reasonably practicable, but at the latest **within 14 days** of the allegations being made.



2. All cases will be subject to an initial joint evaluation between the LADO and referring agency, involving relevant sectors as and when appropriate including, the Police, Children's social work services, employers and regulatory bodies. The assessment will focus on the nature of the concern, safeguarding for the particular child/children and appropriate consideration for the professional/volunteer involved. An allegations management meeting will be convened where necessary to agree an appropriate way forward.

3. The protection of a child/young person will be the prime consideration in the process of managing an allegation. The child/young person's involvement in the process including support and feedback will be given careful consideration with the LADO ensuring that the child's voice is heard.

4. For the professional involved, the assessment and subsequent action will be stressful whatever the outcome and support for each individual must be considered and acted upon.

5. If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service

LADO Contacts: Ted O'Sullivan or Carolyn Hargreaves Tel: 0113 2478652. Advice can also be sought from either of the two named senior managers for Children's Centres – Amanda Ashe, Children's Centre & Early Start Lead – 0113 3784500, or Carole Gillan, 0-11 Safeguarding Coordinator - 0113 2474744.

Information Sharing

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children. *Working Together to Safeguard Children, HM Government (2015)*

The seven golden rules to sharing information

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. **You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.** You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The Principles:

Necessary and proportionate: When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Relevant: Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate: Information should be adequate for its purpose. Information should be of the right quality to ensure it can be understood and relied upon.

Accurate: Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely: Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure: Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisations policy on security for handling personal information.

Record: Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisations retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe.

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers: HM Government 2015

There may be circumstances where a child is attending more than one setting, for example, a family may be accessing day care at one Children's Centre and Outreach/family services at different Centre, or additional day care through a child-minder or private provider. In these circumstances it is essential that you communicate and share relevant information to ensure that you have a complete picture of the child and family.

Recognising and responding to abuse and neglect

Practitioners must make sure they are alert to the signs of abuse and neglect, that they question the behaviour of children and parents/carers and don't necessarily take what you are told at face value. You must make sure you know where to turn if you need to ask for help and that you refer to Children's Social Care or to the Police, if you suspect that a child is at risk of harm or is in immediate danger,

You should make sure that you understand and work within the local multi-agency safeguarding arrangements that are in place. In doing so, you should be guided by the following key principles:

- Children have a right to be safe and should be protected from all forms of abuse and neglect;
- Safeguarding children is everyone's responsibility;
- It is better to help children as early as possible, before issues escalate and become more damaging; and
- Children and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

You should not let other considerations, like fear of damaging relationships with adults get in the way of protecting children from abuse and neglect. If you think that a referral to Children's Social Care is necessary, you should view it as the beginning of

a process of inquiry, not as an accusation. (*What to do if you're worried a child is being abused: Advice for practitioners, HM Government: 2015*)

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Working Together to Safeguard Children, HM Government (2015)

Categories of abuse

There are four main categories of abuse: physical abuse, emotional abuse, sexual abuse and exploitation and neglect. Each has its own specific warning indicators, which you should be alert to. *Working Together to Safeguard Children (2015)* statutory guidance sets out full descriptions.

Physical abuse: is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocation a child. Physical abuse can happen in any family, but children may be more at risk if their parents have a problem with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Emotional abuse: is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Although the effects of emotional abuse might take a long time to be recognisable, practitioners are in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. 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. Emotional abuse may involve serious bullying – including online bullying through social networks, online games, or mobile phones – by a child's peers.

Sexual abuse and exploitation

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation



for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Neglect

Neglect is the persistent failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse. *What to do if you're worried a child is being abused: Advice for practitioners, HM Government: 2015*

The following responses from parents may suggest a cause for concern across all four categories of abuse:

- 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

Disabled Children

When working with children with 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

Dealing with disclosure

Children are most likely to disclose information about abuse to people outside the family and often to a trusted adult. If a child discloses behaviour which constitutes abuse or raises concerns about the welfare of the child you must complete a **Cause for Concern (page 30)**.

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

Listen and 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.

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.

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 early year's staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and make time to talk.

Staff must not deal with these themselves. Clear indications or disclosure of abuse must be reported to Children's Social Work Service without delay, preferably by the designated safeguarding lead/staff using the correct procedures as stated in the guidelines.



Monitoring & Recording

Why?

Clarifies the nature and extent of concerns
Provides a clear record of development of concerns
Identifies patterns of behaviour
Assists any subsequent referrals
Ensures consistency

What?

Signs and indicators, including injuries
Disclosures
Relevant contact with parents

How?

Factually – day, date, time, place
Give background information, keep any initial notes
Record child's words verbatim
Record action taken and the reasons

Referral to Children's Social Work Services (Duty & Advice)

Practitioners should first seek advice and information from the Designated Lead or Children's Centre Manager.

If this support is either not available, or does not resolve the issue, practitioners can seek advice and information through a conversation with a Social Worker at the Front Door Safeguarding Hub. Where the support is usually available but not available on the day, practitioners should not wait for their colleague to return to work and thus delay contacting the Front Door.

When a practitioner is concerned that a child is at risk of or is experiencing significant harm, they must follow their agencies policies and procedures and ensure the Front Door is contacted immediately.

To contact the Front Door Safeguarding Hub, practitioners can ring on:

0113 3760336 (0113 2409536 out of hours).

Following this conversation, Front Door Officers will ask for a **Record of Contact (page 32)** form to be completed. This form must not be sent until a conversation with a Front Door Officer has taken place. The form must be sent by secure email. Details about this are available on the form.

On receipt of the form, Front Door Officers will analyse the information provided and decide the next steps. This may include the need for a Child and Family Assessment to be carried out.



Important information for practitioners when making a contact:

- Practitioners should make the contact as soon as possible and avoid waiting until the end of the day or out of hours. This is so that any work to contact the family and other practitioners to find out more can take place quickly and thus avoid delay for the child.
- Contact should be made where possible by the practitioner who has identified the concern, in line with their agencies policies and procedures. This will enable practitioners to provide the detail needed and be best placed to answer any supplementary questions. Where information is second hand this must be made clear at the point of contact.
- Front Door Officers may ask the practitioner supplementary questions to clarify specific details. These questions are often 'what, when and where' to provide information to assist in decision making about what needs to happen next. For example a practitioner concerned about the cleanliness of a child's home may be asked supplementary questions such as: what rooms are involved; how dirty are they; is there evidence of mould; is there a smell; are there animal faeces; is there drugs paraphernalia visible.
- When making a contact, practitioners must ensure they have accurate and current details about the child as stated on the Record of Contact Form. However if this information is not known this should not delay a contact.
- Practitioners must consider consent before acting. They should have a conversation with the family and seek their consent before contacting the Front Door. However, if the practitioner feels that to do so would put the child at risk, practitioners can seek advice from their Safeguarding Lead or the team at the Front Door.

Outcomes of the contact to the Front Door Safeguarding Hub include:

- Advice is given to the practitioner and no referral accepted.
- An Early Help Assessment and Early Help Plan is needed. The Integrated Processes Team at the Front door will advise.
- A Child and Family Assessment is considered
- An immediate emergency response

Transfer of Child Protection Records

To ensure information is passed between different agencies/settings when a child moves or transfers, the following steps must be taken:

- If a child transfers to another Children's Centre the child protection records must be delivered by hand to the Designated Child Protection Officer at the receiving Children's Centre and a signed receipt obtained. A copy of the chronology should be retained.



- When a child goes to school the child protection records must be delivered by hand to the Designated Child Protection Officer at the school and a signed receipt obtained. A copy of the chronology should be retained.
- If a child moves to a setting in another Local Authority the original file should be retained by the Children's Centre and a copy sent to the Designated Child Protection Officer in the receiving centre.
- If sending by post children records will be sent, "Special Delivery", a note of the special delivery number should also be noted to enable the records to be tracked and traced, via Royal Mail.

Where there is more than one child in a family, **each child must have their own child protection record which must transfer with them.**

A written transfer summary should be completed and sent with the child's record. All files must be complete at transfer, e.g. ensure Family Outreach records are transferred to the main child/family file.

All files retained by the Children's Centre should be archived in accordance with Leeds City Council policy.

Mobile phones, cameras & publicity materials

Children's Centre staff and students, volunteers or any other adult using the centre are not permitted to use mobile phones/cameras in any of the children's play or designated areas. The use of a mobile phone is limited to staff areas only, for example, the staff room, and should not be taken into the children's areas.

Adults attending groups in a Children's Centre are only permitted to use mobile phones in designated areas and should be advised where these are.

Permission must be obtained from the Children's Centre Manager or Deputy Manager for the use of a camera to record a child's progress whilst attending groups, Children's centre activities or within home visits.

Photographs of people including children may be considered personal data, as defined by the Data Protection Act 1998, if an individual can be identified from the photograph or image. Photographs may not be displayed in a public place including Leeds City Council buildings or facilities without the specific consent of the young person or their parent/carer. This includes displays created by members of staff, departmental publicity or marketing material or material created by any external organisation.

Publicity and invitations relating to a Children's Centre event or provision must carry notification that photographs which may identify individuals must only be taken for personal or family purposes.

All staff must have read and signed the Children's Centre use of media devices Protocol.



Supervision

Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues.

Supervision should provide opportunities for staff to:

Discuss any issues – particularly concerning children’s development or well-being
Identify solutions to address issues as they arise; and
Receive coaching to improve their personal effectiveness

Statutory framework for the early years foundation stage 2014

The Early Start Safeguarding Supervision standards set out the expectations for managers and staff relating to safeguarding supervision.

Other sources of support

Staff should seek advice from their designated safeguarding lead in the first instance. If this is not possible, centres should contact their Early Start Manager or Amanda Ashe (Safeguarding Lead, Early Start Children’s Centres). Staff can also contact the 0-11 Safeguarding Coordinator (Integrated Safeguarding Unit) for information and advice.

Should you contact any of the above, a record will be made of the concern and the advice given, a copy will be sent to the centre and should be placed in the child protection file with the appropriate incident form.

All names and contact numbers can be found on **page 37** of this document.

Early Years Service

Process for managing allegations against staff

When an allegation is made against a manager/ member of staff or volunteer by a

- a) Child
- b) Parent/carer
- c) Another professional/ colleague
- d) Member of the public
- e) Volunteer

The Children's Centre Manager or Manager on duty must inform the Local Authority Designated Officer (LADO) 0113 2478457 or 0113 3950722 within one working day of all allegations.

Email: ted.O'Sullivan@leeds.gov.uk

carolyn.hargreaves@leeds.gov.uk

Inform either Carole Gillan or Amanda Ashe, Senior Allegations Managers for the Early Years' Service.

Carole Gillan, Tel: 2474744 Mobile: 07891 270554

Email: carole.gillan@leeds.gov.uk

Amanda Ashe, Tel: 0113 3784500 Mobile: 07891 275941

Email: amanda.ashe@leeds.gov.uk

Inform Ofsted (as soon as is reasonably practicable but no later than 14 days after the allegation) ensuring that they are aware that you have contacted the LADO

Inform line manager who will inform Head of Service

The Named Officer Early Years' Service will advise and support the manager. If the named officer is unavailable the safeguarding wedge coordinator will support. It may be necessary to suspend the member of staff pending a police and or an internal investigation. HR will advise on suspension. The Manager will report to Ofsted the course of action undertaken & outcomes. Parents must be kept informed of the process.

The LADO will make an assessment whether a strategy meeting should be convened. Human Resources, Lead Officer Early Years and the CC Manager to discuss and plan the course of action to safeguard children.



**Children's Services
Learning for Life
Early Start Children's Centres**

Cause for Concern

Name of staff member completing form

Day

Date

Time

Place

Of observed behaviour/discussion/disclosure

Name of Child

Date of Birth

Nature of incident/concern including relevant background (Record child's word verbatim and any wishes and feelings expressed)

Signed: _____

Action/passed to: _____

For: Designated Safeguarding Officer use

Name: _____ **Date:** _____ **Time:** _____

Action taken	By whom	Outcome
Contact parents/carers Please tick Telephone call ____ Meeting ____		
Refer to Social Care		
Monitor (what, by whom & desired outcome)		
Other (please specify)		



Front Door Safeguarding Hub Record of Contact Form

Duty and Advice Team

(This form replaces the previous Request for Service Form)

Before sending in this form, have a conversation with your line manager and or safeguarding lead if this is available in your agency. Then contact Duty and Advice at the Front Door Safeguarding Hub for a conversation as required. They will advise if this form should be completed and sent in.

This is not a referral form. It is a record of the verbal contact made with the Front Door. Following a contact, you must send in the form within two working days – but ideally this should be immediately following the contact to ensure that there is no delay for the child’s needs to be considered.

You must send this form securely. There are instructions at the end of the form about how to do this.

1. Child information		
Surname:	Forename:	Any other names used:
DOB or EDD (DD/MM/YY):	Gender:	Ethnicity:
Does the child have a disability? YES NO If yes, please provide details		
Is English their first language? Child YES NO Parent YES NO	If no, please specify preferred language:	
Refer to equality monitoring guidance available here		
Present School:	Preschool:	Children’s Centre:
Unique Pupil Number (UPN):	NHS Number:	

Present Address:	Previous address (if from outside Leeds or at present address less than one year):
Home telephone:	Mobile telephone:



2. Details of contact

Please provide details about why you have contacted Duty and Advice Team at the Front Door

a) Are you contacting Duty and Advice for advice or information?	YES	NO
b) Are you contacting Duty and Advice to share information?	YES	NO
c) Do you suspect that a child is suffering or likely to suffer significant harm?	YES	NO
d) Do you suspect that a child may be a child in need and requires a Child and Family Assessment?	YES	NO
Provide further and specific detail about any areas of concern and any evidence you have to support this. Being specific about your concerns will save time later. Include information about:		
<ul style="list-style-type: none"> • The child’s developmental needs • The capacity of their parents to meet these needs • Any protective factors and risks that you have identified and how these are affecting the child • Details of any injury or disclosure that you have become aware of or details of chronically neglectful circumstances and what actions if any have already been taken • Details of the child’s environment relevant to this contact 		

3. Details of person making the contact – This section must be completed in full

Name:	Agency / Name of Organisation:
Role / position in agency / job title:	
Address:	
Email address:	Contact no:
Signature:	Date of contact made:
Please state if you have discussed this contact with your Safeguarding Lead or line manager if relevant Please give their name and title:	
YES	NO

4. Additional information about the child or young person

Household members	Relationship to child	DOB DD/MM/ YY	School/ preschool	Does this person hold parental responsibility?
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Other significant adults	Relationship to child	DOB DD/MM/ YY	Address	Does this person hold parental responsibility?

Are you aware of any previous social work involvement? YES NO (if yes, note contact below)

Was this in Leeds? YES NO If no, where was it?

5. Other practitioners involved with the family

Please note details of any workers currently involved with the family:

Practitioner name	Job Title	Agency	Phone no/ contact details
	GP		
	Health visitor if child under 5		

For example: Children's Social Work Service, school or early years setting, Police, particular Health agency, third sector organisation, probation service, or youth service.

6. Consent

Have you informed the parent or carer and child or young person that you are making this contact?

Parent or Carer - YES NO

Child or young person - YES NO

Has consent been given for this contact? YES NO

Verbal consent? YES NO

Written consent? YES NO

If no, please tell us why not.

Information on this can be found in the [Children's Online Procedures](#)

Who gave consent?



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7. Have you initiated or completed an early help assessment and plan (including CAF)?

YES:	NO:
If yes, attach the relevant documents with this form	
CAF number:	If no, state reasons why not undertaken:
Name of Lead Practitioner:	
Contact details:	

8. Are you concerned that the child/young person is at risk of Child Sexual Exploitation?

YES:	NO:
Have you completed the Child Sexual Exploitation Checklist Tool for Partner Agencies?	
YES:	NO:
If yes, attach the completed tool with this form	
If no, state reason why this has not been undertaken:	

9. Additional information

If you have additional information to further support the contact, please provide this below or on an additional sheet.

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10. What to do next

Following your verbal contact with Duty and Advice they will advise you if you need to complete this form and to send it in securely.

To do this you should email it to: ChildScreening@leeds.gcsx.gov.uk

Anyone contacting Duty and Advice who has a leeds.gov.uk email account does not need a secure email account to do so. Other agencies have secure email accounts and should use these when sending the form in. These include: health (nhs.net); Police (.pnn); and Probation (.gsi).

Practitioners from the third sector and schools may not have secure email accounts. In order to ensure that the information is sent securely, Duty and Advice Team will advise on how to do this.



Practitioners should send a copy of the completed form to their own agency Safeguarding lead (as available) and ensure a copy is saved in the relevant adult / child records in that agency.

Where practitioners have contacted the Duty and Advice Team for advice/information they should action the advice that has been offered.

11. What to expect next

Following the contact and the receipt of this form by email, Duty and Advice Team will decide on a course of action.

An automatic reply email will be sent to confirm that an email has been received by Duty and Advice at the Front Door.

Practitioners involved with a child or family can phone the Duty and Advice Team on: 0113 376 0336 between 8.00am to 6.00pm.

If your enquiry needs a response from Children's Social Work Service outside normal office hours, please phone the out of hours Emergency Duty team on 0113 240 9536.

If you feel that a child is immediately at risk please contact the emergency services on 999.



<u>USEFUL CONTACT NUMBERS</u>	
Children and Young People's Social Care	
Front Door Safeguarding Hub: 0113 3760336 Emergency out of hours telephone 0113 3760469	
Early Start Managers	
Sharon House	Landmark Court, Tel: 0113 3784507 Mob: 07891 270547
Vanessa Broadbent Lucas	Landmark Court, Tel: 0113 3784501 Mob: 07891 270929
Liz Kirkman Bielby	Landmark Court, Tel: 0113 3784520 Mob: 07891 272824
Amanda Ashe	Children's Centres & Early Start Lead Telephone: 0113 3784500 or Mobile 07891 275941
Carole Gillan	0-11 Safeguarding Co-ordinator, Education & Early Start Safeguarding Team, Integrated Safeguarding Unit Telephone: 0113 2474744 or Mobile 07891275276
<u>LADO</u> Ted O' Sullivan & Carolyn Hargreaves	Local Authority Designated Officer (LADO) for reporting allegations against staff. Telephone 3950722 or 2478457



Links to Policies

Social Media Guidance (LCC)	click here
Health & Safety	click here
Whistle blowing	click here
Behaviour	click here
Use of mobile phones & cameras	click here
Accidents	click here
Employee Code of Conduct	click here
Absence	click here
Child Sexual Exploitation	click here
Collection of children	click here
Children Missing 0-5 years	click here
Compliments & Complaints	click here
Electronic Communications Code of Conduct (LCC)	click here
Female Genital Mutilation	click here
Early Start Safeguarding Supervision Standards	click here
Harmful Sexual Behaviour Checklist & Guidance	click here
Medication Guidance	click here
Domestic Violence	click here
Home Visits & Lone Working	click here
Sick Child	click here
Evacuation Policy	click here
Case File Retention Guidance	click here
Training Pathway for Children's Centre staff	click here
Safe Working Practice	click here



Further Sources of information

Working Together to Safeguard Children (2015)	click here
What to do if you're worried a child is being abused (2015)	click here
Information Sharing (2015)	click here
Statutory framework for the early years foundation stage (2014)	click here
Safeguarding Disabled Children: Practice Guidance	click here
Safeguarding Children in whom illness is fabricated or induced	click here
Safeguarding children who may have been trafficked	click here
Safeguarding children from abuse linked to faith or belief	click here
Radicalisation	click here

Leeds Safeguarding Children Board: local protocols/guidance

Burns and Scalds	click here
Concerns Resolution	click here
Domestic Violence Policy and Guidance	click here
Front Door Processes	click here
Intimate Care Policy	click here
Multi Agency Bruising Policy for Children Not Independently mobile	click here
Neglect, Recognising, Responding and Assessing	click here
Think Family, Work Family Protocol	click here
Think Family, Work Family Guidance	click here
Uncooperative and Hard to Engage Families	click here
CSE – Leeds Practice Guidance	click here