

Leeds City Council's Activity Centres

SAFEGUARDING & CHILD PROTECTION POLICY

2025-2026

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Leeds Safeguarding
Children Partnership

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This Safeguarding & Child Protection Policy is available on the activity centre websites and is reviewed and ratified annually by advisory board or as events, or legislation requires. Any deficiencies or weaknesses identified will be remedied without delay.

Part 1 of this policy is for all staff.

Part 2 of this policy document has a suite of model pro-formas for settings to adapt to support their own in-house safeguarding arrangements and is principally for use by Designated Safeguarding Staff and senior leadership teams.

Academic year	Designated Safeguarding Leads
2025-26	Natalie Hague Donna Russell Vince Foster

Policy Review date	Date Ratified by Advisory board	Date Shared with staff
Oct 2025	Feb 2026	Feb 2026

Next Policy Review Date: Sept 2026

Child Protection and Safeguarding Advice Contact List – September 2025

Role / Agency	Name and role	Contact Details
Designated Safeguarding Lead (DSL) / Child Protection Coordinator	Natalie Hague - Activity Centres' Business Manager	07562 439619 Natalie.hague@leeds.gov.uk
	Donna Russell - Centre Manager (Herd Farm)	07891 203768 0113 3783088 Donna.russell@leeds.gov.uk
	Vince Foster - Centre Manager (West Leeds Activity Centre) (South Leeds Youth Hub)	07891274522 0113 336 7414 (West Leeds) 0113 336 7990 (South Leeds) vince.foster@leeds.gov.uk
Service Lead	Saira Mumtaz-Jones – Lead for Health & Wellbeing Services, Early Help	07891277197 Saira.m.jones@leeds.gov.uk
Mental Health Lead	Natalie Hague	07562 439619 Natalie.hague@leeds.gov.uk
CSWS Duty and Advice	Urgent Child Protection concerns / initial referral	Professionals 0113 3760336 Members of the public 0113 222 4403
CSWS Emergency Duty Team (out of hours)	Urgent Child Protection concerns	0113 535 0600 childrensEDT@leeds.gov.uk
Education Safeguarding Team (Professionals only)	Advice / Training / Safeguarding Audit	0113 3789685 estconsultation@leeds.gov.uk
Local Authority Designated Officer	Allegations against adults	0113 3789687 lado@leeds.gov.uk
NSPCC Whistleblowing Helpline	Allegations against adults	0800 028 0285
Family Hubs	Family hub support	0113 5350185 Family.hubs@leeds.gov.uk
	Outer South Family Hub, Rothwell Community Hub	Kayleigh Wells Kayleigh.Wells@leeds.gov.uk
	Inner South Family Hub, Dewsbury Road Community Hub	Lorraine Kupelian Lorraine.Kupelian@leeds.gov.uk
	Outer West Family Hub & Horsforth Community Hub	Bacon, Hannah Hannah.Bacon@leeds.gov.uk
	Inner West Family Hub, Armley Community Hub	Lynda Rushton Lynda.Rushton@leeds.gov.uk
	Early Help Front Door	Jonathan Roberts Jonathan.Roberts@leeds.gov.uk
	(North East Family Hub), Deacon House Community Hub	Annette Simpson Annette.Simpson@leeds.gov.uk
	Outer East Family Hub, Chapeltown Childrens Centre	Rosaline Morley Rosaline.Morley@leeds.gov.uk
	Inner East Family Hub, Compton Centre Community Hub	Lauren Dunstan Lauren.Dunstan@leeds.gov.uk
PREVENT Team	Prevent training/advice	0113 535 0810 prevent@leeds.gov.uk

Data Protection Officers	Saira Mumtaz-Jones – Lead for Health & Wellbeing Services, Early Help	07891277197 Saira.m.jones@leeds.gov.uk
	Natalie Hague	07562 439619 Natalie.hague@leeds.gov.uk

The service 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 in the service or in activities organised by the service which brings them in to contact with children and families in 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 children.

Child is any child under the age of 18.

Safeguarding (adults) refers to protecting an adult's right to live in safety, free from abuse, neglect and self-neglect.

Target groups refer to the groups and families the team identifies as having needs or circumstances that require intervention and/or additional support.

Glossary:

- DSL Designated Safeguarding Lead
- SENDCo Special Education Needs and Disabilities Coordinator
- PSHE Personal, social, health and economic education
- RSHE Relationships, Sex and Health Education
- CSWS Children's' Social Work Services
- KCSIE Keeping Children Safe in Education (DfE, September 2025)

Visitors to setting

All visitors must sign in on arrival at reception and be shown noticeboards which outline Child Protection and Safeguarding procedures and how to report any

concerns regarding a child or another adult in the setting. Staff must ensure that visitors are supervised as appropriate in clearly designated areas and wear ID badges as outlined below.

LCC Employee visitors - ID badges must be worn at all times when on site.

LCC Contractors or subcontractors - ID badges must be worn at all times when on site or branded uniform where ID badge is not practical.

Meeting room visitors – Sign in on ‘visitor record signing in sheet’. Host must hand this in at the end of the visit. Meeting room hosts are given a leaflet which contains safeguarding information.

Staff must ensure that visitors to setting 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 setting’s signing in arrangements as set out in contractual commissioning agreements.

Part One:

1. Aims

- 1.1 The service aims to ensure that:
- Appropriate action is taken in a timely manner 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
- 1.2 All staff of the Activity Centres (hereinafter referred to as “the service or setting”), take as our first priority the responsibility to safeguard and promote the welfare of our children, to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our service to identify, assess and support those children who are suffering harm and to keep them safe and secure whilst in our care.
- 1.3 The responsibilities set out in this policy apply (as appropriate) to all members of the service community including children, staff, visitors/contractors, volunteers, casual staff, students on placement and trainees working within the service. It is fully incorporated into the whole service ethos and is underpinned within the safety of the physical environment provided for the children.

2. Legislation and guidance

- 2.1 This policy is based on the Department for Education's statutory guidance, [Keeping Children Safe in Education \(KCSIE\) 2025](#) and [Working Together to Safeguard Children \(2023\)](#). We comply with the guidance and the procedures set out by the Leeds Safeguarding Children partnership (LSCP).
- 2.2 This policy is also based on the following legislation and guidance:

[The Children Act 1989](#) (and [2004 amendment](#)), 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](#), 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](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.

[The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children.

Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children.

Statutory [Guidance on the Prevent duty](#), which explains services' 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) [Guidance for safer working practice for those working with children and young people in education settings February 2022](#)

[Sharing nudes and semi-nudes: how to respond to an incident \(overview\) \(updated March 2024\) - GOV.UK \(www.gov.uk\)](#)

[Safeguarding and remote education during coronavirus \(COVID-19\) \(DfE, 2021b\)](#)

[Children Missing Education – Statutory guidance for local authorities \(DfE August 2024\)](#)

[When to call the police – Guidance for schools and colleges \(NPCC – 2020\)](#)

[Education and Training \(Welfare of Children\) Act 2021](#)

[Alternative Provision Guidance February 2025](#)

This policy conforms to locally agreed inter-agency procedures [LSCP - Local protocols for Leeds practitioners \(leedsscp.org.uk\)](#) and has been ratified by the LSCP Education Safeguarding Group. It is available to all interested parties on our websites. It must be read in conjunction with other relevant policies and procedures and KCSIE (DfE 2025).

This policy should also be read in conjunction with The Acceptable Use policies for staff, students and visitors which set out the acceptable use of ICT.

3. Definitions

- 3.1 Safeguarding and promoting the welfare of children means:
- providing help and support to meet the needs of children as soon as problems emerge.
 - protecting children from maltreatment, whether that is within or outside the home, including online.
 - preventing the impairment of children's mental and physical health or development.
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
 - taking action to enable all children to have the best outcomes.
- 3.2 **Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.
- 3.3 Appendix 1 explains the different types and indicators of abuse.
- 3.4 Children includes everyone under the age of 18.

4. Equality statement

- 4.1 Some children 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.
- 4.2 We give special consideration to children who:
- are disabled or have certain health conditions and have specific additional needs.
 - have special educational needs (whether or not they have a statutory Education, Health and Care plan)
 - have a mental health need.
 - are a young carer.
 - are showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines.
 - are frequently missing/goes missing from education, home or care.

- have experienced multiple suspensions, are at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit.
- are at risk of modern slavery, trafficking, sexual and/or criminal exploitation.
- are at risk of being radicalised or exploited.
- have a parent or carer in custody or is affected by parental offending.
- are in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- are misusing alcohol and other drugs themselves.
- are at risk of so-called 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage.
- are a privately fostered child.

5. Roles and responsibilities

5.1 Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff (including those not directly employed by the service), volunteers and contractors. Our policy and procedures also apply to off-site activities delivered by us. 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.

5.2 All staff

5.2.1 All staff working directly with children will read and understand this policy as part of their induction and understand their statutory responsibilities outlined in 5.2 and any updates therein.

5.2.2 All staff will be aware of:

- An ID badge or branded uniform where ID badge is not practical must be worn at all times when on site, or when working for LCC offsite.
- Our systems which support safeguarding, including reading and understanding their professional responsibilities as outlined in Guidance for Safer Working Practice (2022).
- The early help process and their role in it, including being alert to emerging problems that may warrant Early Help intervention. All staff should be reporting emerging problems that may warrant early help intervention to the DSL.
- That children's behaviours can be indicative of their emotional wellbeing and can be linked to mental health. They should be aware of behaviours that may communicate that poor wellbeing can be an indicator of factors such as abuse, neglect or exploitation. Staff should understand the children's experiences such of abuse, neglect, trauma and adverse childhood experiences can impact on children's mental health, behaviour & education.

- The process for making referrals to local authority children’s social work service (CSWS) and for statutory assessments that may follow a referral, including the role they might be expected to play. **Fig 1: Summary of procedures to follow where there are concerns about a child** (Page 18) illustrates the procedure to follow if you have concerns about a child’s welfare. Wherever possible, speak to the DSL. In the absence of a DSL being available, staff must not delay in directly contacting children’s social work Duty and Advice team or the police if they believe a child is at immediate risk of significant harm.
- Our work in partnership with other agencies in the best interests of the children. Requests for service to CSWS will (wherever possible) be made by the designated safeguarding staff, to the CSWS Duty and Advice team (**0113 3760336**). Where a child already has a child protection social worker, the service 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, neglected or exploited, including specific issues such as Female Genital Mutilation (FGM), and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- In service procedures for recording any cause for concerns and passing information on to DSLs in accordance with service 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 the service 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 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.

5.3 The designated safeguarding lead (DSL) and deputy designated staff.

5.3.1 Our DSL’s are:

<p>Natalie Hague - Activity Centres’ Business Manager</p> <p>(Active Schools+) (Herd Farm Residential and Activity Centre) (South Leeds Youth Hub) (West Leeds Activity Centre)</p>	<p>07562 439619 Natalie.hague@leeds.gov.uk</p>
<p>Donna Russell - Centre Manager</p> <p>(Herd Farm Residential and Activity Centre)</p>	<p>07891 203768 0113 3783088 Donna.russell@leeds.gov.uk</p>

Vince Foster - Centre Manager (West Leeds Activity Centre) (South Leeds Youth Hub)	07891274522 0113 336 7414 (West Leeds) 0113 336 7990 (South Leeds) vince.foster@leeds.gov.uk
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5.3.2 The DSL takes lead responsibility for child protection and wider safeguarding.

5.3.3 The optimal scenario is to have a trained DSL available on site. The DSL will be available during opening hours for staff to discuss any safeguarding concerns.

5.3.4 Where this is not possible a trained DSL will be available to be contacted via phone or online video – for example when working from home.

5.3.5 When the DSL is absent, other DSL's will act as cover.

5.3.6 If the DSL's are all not available, the service lead, Saira Mumtaz-Jones will act as cover remotely or contact CSWS Duty and Advice 0113 376336. Emergency duty team – Out of hours 0113 5350600.

Saira Mumtaz-Jones – Lead for Health & Wellbeing Services, Early Help	Saira.m.jones@leeds.gov.uk 07891277197
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5.3.7 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 social care Duty and Advice team, Channel programme, Disclosure and Barring Service, 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.
- Julie Longworth 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. (Ref: LCC Framework for Supervision (2020/21).
- The DSL will also keep the Service Lead informed of any issues and liaise with local authority officers and 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.
- Provide reports as required for meetings. Reports will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting.

- The designated safeguarding lead should liaise with the three safeguarding partners and work with other agencies in line with [Working Together to Safeguard Children \(2023\)](#). [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.

The full responsibilities of the DSL are set out in Annex C of KCSIE – Role of the designated safeguarding lead. All designated safeguarding leads must read and comply with this.

5.4 The Service Lead

- 5.4.1 The service lead, **Saira Mumtaz-Jones**, will approve this policy at each review and hold the DSL's to account for its implementation and any actions/recommendations made by the Local Authority in respect to strengthening the service's safeguarding arrangements.
- 5.4.2 The service lead will complete the LA safeguarding and child protection briefing on their strategic roles and responsibilities every three years including online safety training at induction. The service lead will ensure that all policies, procedures and training are effective and comply with the law. The service lead will ensure that all staff undergo safeguarding and child protection training.
- 5.4.3 In the event that safeguarding concerns, or an allegation of abuse is made against the DSL, the service lead will act as the 'case manager'. Refer also to Section 16.2.
- 5.4.4 The service lead will understand how to comply with data protection law, develop their data policies and processes, know what data to keep and follow good practices for preventing personal data breaches. [Data protection in schools - Guidance - GOV.UK \(www.gov.uk\) \(2024\)](#)

The full responsibilities of the service lead are set out in Part Two of KCSIE - The management of safeguarding. The service lead will ensure that the service is fully compliant with their statutory safeguarding responsibilities.

5.5 The DSL's and Activity Centre Teams:

- 5.5.1 The DSL's and Activity Centre Teams are responsible for the implementation of this policy, including:

- Ensuring that staff, (including temporary and casual staff), and volunteers are informed of this policy as part of their induction.
- Communicating this policy via the websites.
- Ensuring that the roles and responsibilities of the DSL as referenced in Annex C of KCSiE (2025), 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 that they complete the one day LA course on safeguarding and child protection and that all staff undertake appropriate safeguarding and child protection training and update 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.

5.5.2 Logging an Incident

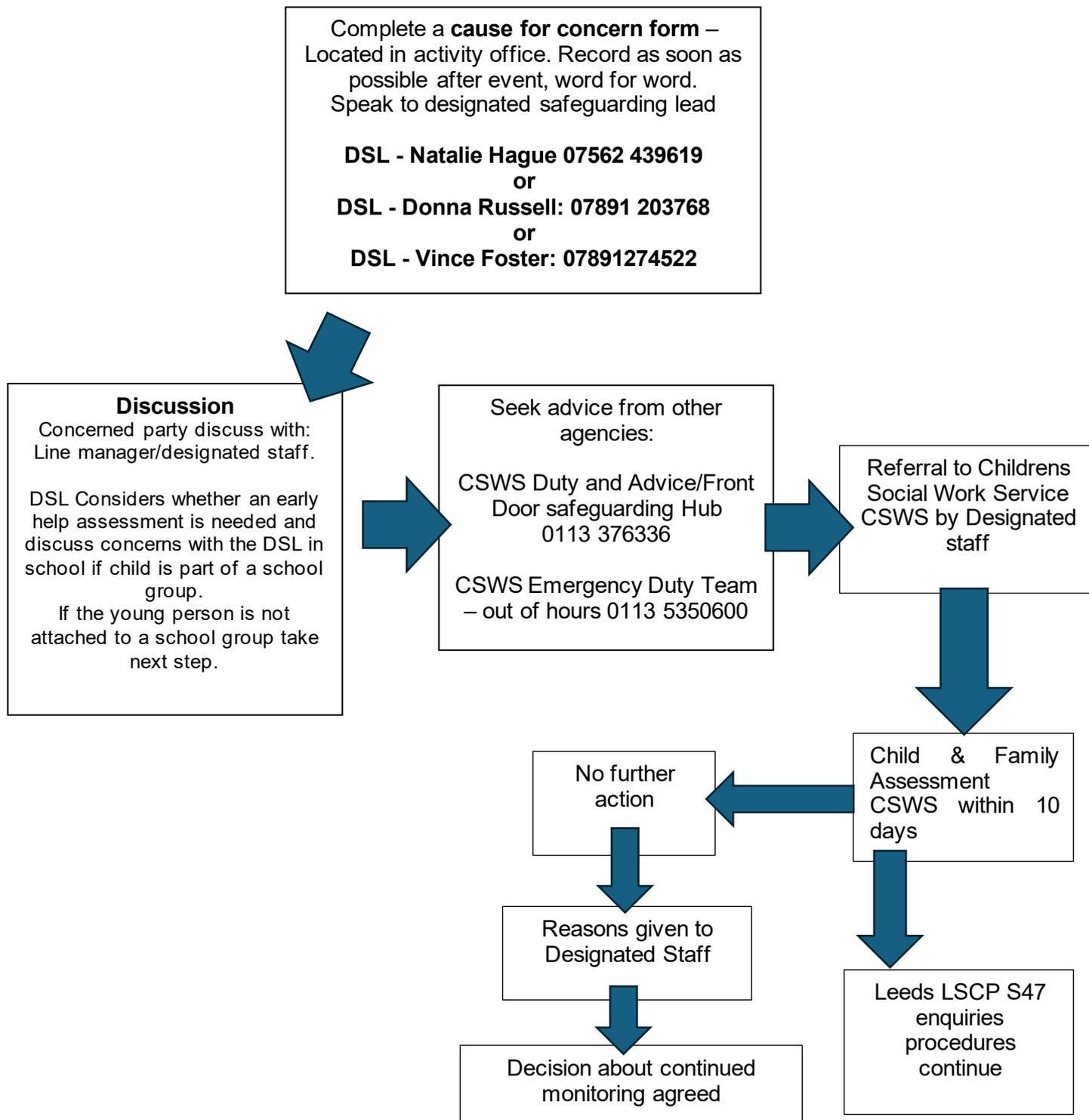
- Any concerns or allegations should be brought to the attention of a DSL via the cause for concern form.
- All staff should document concerns, facts, allegations and actions.
- Such concerns must be discussed with the DSL.
- If all DSL's are unavailable, the service lead should be contacted or Duty & Advice (see Fig.1).
- The Cause for concern form must be fully completed, with support from DSL if needed.
- The completed Cause for concern must be signed by the staff member and DSL.
- The original Cause for concern must be forwarded to the designated person, to ensure that the correct outcome is achieved.
- The Cause for concern will be filed in a secure office.

Whilst it is not the role of individual staff members to investigate allegations, all staff and volunteers must bear in mind that it is their responsibility to take any safeguarding concerns seriously.

The decision to refer to Children's Social Work Service will be made following a discussion between staff member and the DSL (Fig 1 outlines the process).

Where a child is part of a school group the Activity Centres' DSL should contact the School DSL with their Cause for concern and discuss whether an Early Help assessment is needed following the process in Fig 1.

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



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

6. Confidentiality and Information Sharing

- 6.1.1 Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of safeguarding.
- 6.1.2 The service recognises that the only purpose of confidentiality in this respect is to benefit the child. Staff/volunteers and visitors to setting 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.
- 6.1.3 Confidentiality is addressed throughout this policy with respect to record-keeping (see section 23), dealing with reports of abuse (see Appendix 2), allegations of abuse against staff (see section 21), information sharing and working with parents (see section 6.2).
- 6.1.4 Timely information sharing is essential for effective safeguarding. This setting will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance [Information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers DfE 2024](#) . This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.
- 6.1.5 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.
- 6.1.6 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 in the Data Protection Act 2018 and GDPR.
- 6.1.7 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 that are not DSLs as appropriate.
- 6.1.8 If staff are in any doubt about sharing information, they must speak to the designated staff.

6.2 Working with parents and other agencies to protect children

- 6.2.1 Parents/carers will be made aware of our in-service procedures in respect to taking any reasonable action to safeguard the welfare of children. In cases where the service 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.

- 6.2.2 In keeping with KCSIE, for children in our sole care, we will endeavour wherever possible to obtain at least two emergency contacts for every child in the setting in case of emergencies, and in case there are welfare concerns at the home.
- 6.2.3 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.
- 6.2.4 Parents/carers are informed about our Safeguarding & Child Protection policy through service websites. A safeguarding & child protection statement is prominent in the reception area.

6.3 Multi-agency work

- 6.3.1 We will co-operate with CSWS 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.
- 6.3.2 In the best interests of children, we will work with all relevant professionals and agencies as required to safeguard children and promote their welfare.

7. Opportunities to teach safeguarding – Preventative

7.1 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.

7.2 Other areas of work

- 7.2.1 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.

8. Our role in supporting children

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

- 8.1 In cases where children have experienced abuse/abused others, the DSL will ensure that appropriate support is offered.
- 8.2 We will ensure the centre works in partnership with parents / carers and other agencies as appropriate.
- 8.3 For children who have or may have sexually harmed peers, where appropriate an AIM (Assessment, Intervention, Moving on) Risk Assessment Management Plan (RAMP) will be completed that includes safety and support planning, and made contact with Children's Social Work Service if appropriate.
- 8.4 For children who have been found to be in possession of a knife or bladed implement whilst on grounds, or has used a weapon, or has threatened the use of a weapon. Contact line manager/and DSL. If in any danger contact police, do not approach. DSL should follow procedures in Fig.1.

9. Children with special educational needs, disabilities, or health issues

- 9.1 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, neglect and exploitation 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.
 - Children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
 - The potential for children with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.
 - Communication barriers and difficulties in managing or reporting these challenges.

- Cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in setting or the consequences of doing so.

9.2 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 children regarding wellbeing and the promotion of positive mental health strategies through activities. Support on programmes, resources and guidance is available from the Health and Wellbeing Service (schoolwellbeing@leeds.gov.uk).

9.3 Concerns regarding a child’s mental health/emotional wellbeing should be reported to the DSL so that they can be offered appropriate support, this may include local or national online services where appropriate or speaking with a mental health first aider. In addition, the DSL can make referrals to a wide range of external services to secure additional appropriate support for children.

10. Children at risk of specific forms of abuse

10.1 This service follows the Leeds LSCP (www.leedsLSCP.org.uk) 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.

11. Intimate Care

11.1 Activity Centres do not provide intimate care support. Any young person in need of intimate care should have a parent / guardian or carer available who can provide this. These guidelines should be viewed as expectations for staff, which are designed to protect both children and staff. In exceptional circumstances where an individual needs support and it is in the best interests of the child to assist them, a staff member should assist but notify a second staff member of their involvement. In this scenario, this should be communicated via the session write ups.

In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

12. Female Genital Mutilation: The Mandatory Reporting Duty

12.1 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”.

- 12.2 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'.
- 12.5 **Any member of staff** who discovers that an act of FGM appears to have been carried out on a **child under 18**, must speak to the DSL and follow our local safeguarding procedures. Staff must not examine children.
- 12.6 **Any member of staff** who suspects a child is *at risk* of FGM must speak to the DSL and follow our [local safeguarding children's partnership procedures](#) Staff must not examine children.

13. Radicalisation and Terrorism

- 13.1 Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. 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.
- 13.2 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**) see Appendix 8. A Prevent referral can be made by the DSL using the national referral form [Prevent referral form](#) If you require further support or information, contact the Education Safeguarding Team or the Leeds Prevent Team on 0113 5350810, more guidance is outlined in [Prevent Duty Guidance](#)

14. Channel

- 14.1 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.

15. Child on child abuse

- 15.1 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. Our service has a zero tolerance approach to such attitudes and behaviours.

We will also regularly review the site and 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 children to report child-on-child abuse to trusted adults in setting or the NSPCC helpline.

Most cases of children hurting other pupils will be dealt with under our behaviour 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 child on child sexual abuse. Where incidents of child on child abuse involve children attending different settings we will liaise with the relevant DSL at the setting to ensure appropriate information is shared.

- 15.2 We recognise that sexual violence and/or sexual harassment can happen anywhere. Where concerns of sexual violence or sexual harassment are witnessed, disclosed or reported to the service the concern will be taken 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 an AIM (Assessment, Intervention, Moving On) checklist and contact the Duty and Advice team if appropriate and follow the principles set out in Part 5 of KCSIE.
- 15.3 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 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). Further support and advice on AIM Checklists and/or undertaking a RAMP can be obtained from the Education Safeguarding Team.

- 15.4 We will ensure that all children who may have/had been sexually harmed will be taken seriously and that they will be supported and kept safe.
- 15.5 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 setting will consider whether it is appropriate to take any disciplinary action.

16. Child exploitation

- 16.1 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.
- 16.2 The DSL must complete the child exploitation response checklist for partners [Child Exploitation Risk Identification Tool](#) 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 must follow the procedures for reporting a concern (Fig.1).
- 16.3 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.
- 16.4 The [LSCP child exploitation practice guidance](#) will be followed. This guidance aims to help children who are at risk of exploitation receive the right support at the right time. The guidance is an overview of good practice and information.

17. Sharing Nudes and Semi Nudes

Staff responsibilities when responding to an incident

- 17.1 If any adult in service 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. The DSL will refer to DfE guidance: [Sharing nudes and semi-nudes: how to respond to an incident \(overview\) \(updated March 2024\) - GOV.UK \(www.gov.uk\)](#)

They must **not**:

- View, copy, print, share, store or save the imagery yourself, or ask a child 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 child to delete it
- Ask the child(ren) 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 child(ren) it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved

DSL Responsibilities

17.2 Following a report of an incident, the DSL will hold an initial review meeting with appropriate 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 child(ren).
- 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 children involved which would influence risk assessment.
- If there is a need to contact a school, college, setting or individual. In cases where the child is part of a school group the teacher would need to be informed, and they would follow their safeguarding procedures.
- Whether to contact parents or carers of the children involved (in most cases parents/carers should be involved). Again, where child is part of school group, teacher/school DSL would contact parents/carers.

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 child in the images or videos is under 13.

- The DSL has reason to believe a child 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).

17.3 If none of the above apply then the DSL, in consultation with the Service Lead 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.

18. Children who are absent from education

18.1 A child who is absent as well as missing from education is a potential indicator of abuse or neglect. The law requires all children and young people between the ages of 5 and 16 to be in full time education. Children and young people who are not attending school or not being home-educated may be particularly vulnerable.

19. A Safer Culture

The appropriate manager/DSL 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)
- Guidance on Safer Working Practices and/or [staff code of conduct](#)
- Safeguarding and Child Protection policy
- Behaviour and expectations guidance
- The names, roles and responsibilities of the designated safeguarding lead and any deputies.
- Social Media Guidance part of LCC Acceptable Use Protocol

20. Safer Recruitment, selection and pre-employment vetting

20.1 The service pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures as outlined in part three of KCSiE.

- 20.2 The service will maintain a single central record which demonstrates the relevant vetting checks required including: a barred list check, DBS check at the correct level and renewal dates.
- 20.3 All recruitment materials will include reference to the service's commitment to safeguarding and promoting the wellbeing of children. (see [Appendix 6](#)) for Recruitment and Selection Checklist.
- 20.4 The service will ensure that all recruitment panels include at least one person that has undertaken the safer recruitment consortium, safer recruitment training as recommended by the Local Authority/Leeds LSCP.
- 20.5 For individuals who have lived or worked outside the UK, in addition to the same checks as all other staff, the service 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 work with children, where possible.
- 20.6 The service will ensure that written risk assessments are undertaken in situations where information provided on DBS certificates necessitates so. Advice and support for carrying out risk assessments can be accessed through the Local Authority's HR Advisor/Provider/Contact or the Education Safeguarding Team.
- 20.7 The service will inform shortlisted candidates that online searches may be done as part of due diligence checks.
- 20.8 Copies of documents used to verify the successful candidate's identity, right to work and required qualifications should be kept in their personnel file

21. Mobile phones, cameras & other electronic devices

- 21.1 Staff and volunteers must not, under any circumstances, use personal mobile phones/cameras and other electronic devices including smart watches to take or circulate photographs of children or young people they are working with.
- 21.2 The use of a personal mobile phone is limited to areas where children are not present.
- 21.3 Adults attending the Activity Centres (not part of a school group) are informed in their briefing they cannot take photos of children or young people.

- 21.4 Photographs of people including children may be considered personal data, as defined by the Data Protection Act 2018, 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 or on Social Media accounts without the specific consent of their parent/carer. This includes displays created by members of staff, departmental publicity or marketing material or material created by any external organisation.
- 21.5 Centres have a designated admin phone/lpad for social media use. All images must have received written consent.

22. Visitors to setting

- 22.1 All visitors must sign in on arrival at reception and be shown noticeboards which outline Child Protection and Safeguarding procedures and how to report any concerns regarding a child or another adult in the setting. Staff must ensure that visitors are supervised as appropriate in clearly designated areas and wear ID badges as outlined below.

LCC Employee visitors - ID badges must be worn at all times when on site.

LCC Contractors or subcontractors - ID badges must be worn at all times when on site or branded uniform where ID badge is not practical.

Meeting room visitors – Sign in on ‘visitor record signing in sheet’. Host must hand this in at the end of the visit. Meeting room hosts are given a leaflet which contains safeguarding information.

23. Adults in areas designated for children’s use

- 23.1 It is important to remember that adults will be present in Activity Centres when leaving or collecting children or when adults are visiting or a user of the centre’s facilities and activities. Such visits are managed with the centre manager e.g. timing and appropriate length of visit.
- 23.2 Visitors should be made aware of the Safeguarding and Child Protection policy and know who they should discuss concerns with that relate to children, families, or staff members.
- 23.3 Staff must be watchful of adults behaving in ways which may threaten a child’s safety and be responsive to children’s concerns.
- 23.4 Concerns about an adult’s behaviour should be immediately shared with a manager or contracted member of staff who will ensure the service DSL is informed and the matter reported to the relevant authorities. If necessary, the adult should be asked to leave the area.

24. Managing allegations or safeguarding concerns against a member of staff.

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

- behaved in a way that has harmed a child or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.
- 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 outside of work that might make the individual unsuitable to work with children. This is known as transferable risk.)*

24.2 All adults working in the service have a duty to disclose to their line manager where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children in the setting.

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 children, 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.

24.3 A safeguarding complaint that meets the above criteria must be reported to the appropriate manager ("case manager") immediately. If the complaint involves the manager/DSL, then the next most senior member of staff must be informed. They will follow the processes outlined in this section.

24.4 Where it is determined 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 21.8 - 21.9 (inc.) by a designated manager with appropriate safeguarding training. It is important for senior leaders 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.

- 24.5 All staff must fully understand that any adult behaviours that deviate from the Guidance for Safer Working Practice and/or Employee Code of Conduct, 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 children
- 24.6 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.
- 24.7 The case manager should gather as much information about the alleged incident as necessary 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.
- 24.8 All low level concerns will be recorded and kept for at least 1 year after the individual leaves their employment.
- 24.9 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 11) 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 service's HR Advisor/provider/contact. The completed LADO notification form must be sent to lado@leeds.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.
- 24.10 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.

- 24.11 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.
- 24.12 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.
- 24.13 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 are 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.
- 24.14 Any staff/volunteers who are dismissed by the service 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 the service has a reasonable belief that the member of staff/volunteer would have been dismissed by the service had they been employed at the time of the conclusion of investigations, they will be referred to the DBS. The service will keep written records of all of the above.
- **LADO Contacts: Claire Ford, or Jo Peake Tel: 0113 3789687**
 - **Advice can also be sought from Louise Cornwell and Angela Marshall – Team Managers Education Safeguarding Team**
- 24.15 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.
- 24.16 The Leeds City Council whistleblowing policy states that concerns can be raised by the following methods:
- Whistleblowing hotline 0113 3788008 (dedicated hotline answered by a member of the Internal Audit team or an answerphone).
 - E-mail concerns@leeds.gov.uk
 - In writing Internal Audit, 3rd Floor West, Civic Hall, Leeds, LS1 1JF
 - The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call:

0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: help@nspcc.org.uk.

25. Training and Support

- 25.1 All staff members will be made aware of systems that support safeguarding, and these will be explained to them as part of our staff induction. This includes: the safeguarding and child protection policy; and their professional responsibilities outlined in the Guidance for safer working practice (2022) and the whistleblowing procedures outlined in Leeds City Council Whistleblowing Policy.
- 25.2 We recognise the stressful and traumatic nature of child protection work. Support is available for any member of staff from the designated safeguarding staff team. Access to regular and timely supervision is an essential form of support for all designated safeguarding staff. Children's Services Education Safeguarding team are also potentially available for advice and support (Tel: **0113 3789685**). In addition, the council employee assistance programme is also available for staff: 03303 800 658 wellbeing@leeds.gov.uk
- 25.3 Designated Safeguarding staff must have attended the 3-day Children's Services Education child protection training course. **They will attend refresher training at least every two years.**
- 25.4 The service will ensure all staff including temporary staff, casual staff and volunteers receive induction and training appropriate to their roles and responsibilities, especially staff new to the service. All staff will access basic child protection training as part of the service's induction arrangements and refresher training at least every three years. Training can be accessed via the Education Safeguarding Team – estconsultation@leeds.gov.uk All staff should have regular safeguarding, child protection training 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.
- 25.5 At least one manager involved in staff recruitment must complete the National Safer Recruitment Consortium Training and refresh this training every three years.
- 25.6 Staff should seek advice from their designated safeguarding lead in the first instance.
- 25.7 At least one person who has a current first aid (FA) certificate must be on the premises when children are present. FA training must be renewed every three years and be relevant for workers caring for children. All children and young people on school trips must be accompanied by at least one member of staff who is first aid trained.

- 25.8 The service must put appropriate arrangements in place for the supervision of all staff who have contact with children and families. “Effective supervision provides support, coaching and training for staff 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.
- 25.9 Supervision should provide opportunities for staff to:
Discuss any issues – particularly concerning children’s development or well-being, including child protection concerns, identify solutions to address issues as they arise; and receive coaching to improve their personal effectiveness”
- 25.10 Safeguarding is included as a standard topic at team meetings to provide opportunities for training, support and to raise any concerns.

26. Child Protection Records

26.1 The responsibility to maintain, process, share, transfer and store child protection and safeguarding records in accordance with the Data Protection Act 2018 and the UK GDPR principles is the responsibility of the DSL. Child protection information will be held securely, with access being restricted to the DSL and the activity centre management teams. In cases of Early Help, the nominated lead professional, if this is not a designated safeguarding lead/officer. For further information please see [Early Help](#). 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 service - Appendix 3).
- 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.
- A warning Indicator recorded on young person’s record on Core+
- 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 CSWS, other external agencies or education-based services.
- Record of instances where referrals were or were not made to another agency such as CSWS or Prevent
- Formal plans for, or linked to, the child e.g., child protection plans, Early Help (previously known as CAF’s), risk assessments etc.

- 26.2 Cause for concern forms will be transferred in a secure manner, for example, through secure electronic file transfer or in a sealed envelope via a member of staff. When sending records through secure electronic file transfer, a delivery and read receipt of the must be retained for audit purposes.
- 26.3 For audit purposes a note of all child cause for concern forms transferred 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 (see appendix 3) will also be retained for audit purposes and kept securely.

27. Children's and parents' access to child protection files

- 27.1 Under Data Protection legislation (General Data Protection Regulation & Data Protection Act 2018) a pupil or their nominated representative have several legal rights in respect of information relating to them. These rights include the right to access and the right to rectification of inaccurate data. Therefore, all information will be accurately recorded, objective in nature and expressed in a professional manner.
- 27.2 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.
- 27.3 If an application is made to see the record, advice must be sought from your data protection lead. Information can also be sought from the Leeds Adults, Health and Children's Information Governance Hub.
- Contact email: IMG.AC@leeds.gov.uk
- Telephone: 0113 3784251.
- 27.4 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.

28. Archiving

- 28.1 The service 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 service. Due to sensitivity of the information, the records will continue to be held in a secure area with limited access e.g., designated officer. 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 child.

Appendix 1: Definitions and indicators of abuse

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.

Child Criminal Exploitation: is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into taking part in criminal activity **(a)** in exchange for something the victim needs or wants, and/or **(b)** for the financial advantage or other advantage of the perpetrator or facilitator, and/or **(c)** through violence or the threat of violence.

All staff should ensure they are aware of and respond to wider safeguarding issues outlined in KCSIE 2025 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)
- Mental Health
- Serious Violence

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. The LSCP have a multi-agency protocol to support professionals in making informed judgements for bruising in non-independently mobile children.
<https://www.leedsscp.org.uk/practitioners/local-protocols/bruising>
- 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 a staff member'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](#)

Appendix 4: Cause for Concern Form

Page 1 of 2

Strictly Confidential

Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, pass it immediately to the Designated Teacher.

Name of child.....

Name of staff member completing form.....

Day..... Date..... Time..... Place.....
(of observed behaviour / discussion / report of abuse)

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 Lead Officer Use

Name: _____ Date: _____ Time _____

Action Taken	By whom	Outcome
<p>Discuss with child (as appropriate)</p> <p>Ensure the child's wishes and feelings are ascertained where appropriate and fully recorded.</p>		
<p>Monitoring sheet</p>		
<p>Check behaviour database, for recent incidents, that might be significant to inform assessment</p>		
<p>Contact parents/carers (as appropriate) Please tick</p> <p>Telephone Call: ____ Meeting: ____ Email : ____</p>		
<p>Refer as appropriate (i.e., CSWS, cluster, family support etc.)</p>		
<p>Other (Please specify)</p>		

Part Two:

The following Appendices reflect our LSCP referral pathways and procedures for responding to specific circumstances, which must be read and followed by all staff as appropriate when responding to individual concerns and circumstances and pre-appointment checks.

Appendix 6: Recruitment and Selection Checklist

Post _____ Date _____

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

Qualifications (if not verified on the day of interview) Evidence to be kept in HR file		
Permission to work in UK, if required Evidence to be kept in HR file		
Manager records sight of DBS certificate - where appropriate satisfactory DBS certificate.		
DBS Barred list check – applicant is not barred from working with Children (this must be completed before the applicant commences work)		
Childcare (Disqualification) Regulations 2009 Letter – for any staff who work in childcare provision or who are directly concerned with the management of such provision as defined in the statutory guidance.		
Health – the candidate is medically fit Medical Pre Employment Questionnaire		
Evidence of permission to work in UK /overseas checks if required.		
Evidence of Safeguarding Training Completed, including: Child Protection & Online safety training and other induction such as H&S		
Evidence of Safeguarding Induction Completed. Each member of staff must have been given a copy of the following documents, with signed verification of receipt and that they have read and understood them:		
Safeguarding & Child Protection Policy		
Safer Working Practice Guidance		
Local Authority Employee Code of Conduct		
Whistleblowing procedures		
ICT Acceptable Use Policy & social media guidance		
Behaviour and expectations guidance		
Risk Assessment – for Volunteers a written Risk assessment in relation to undertaking an Enhanced DBS		

Appendix 7: MACE Panel Referral Form

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

Referrer's Details

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

Child's Details

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

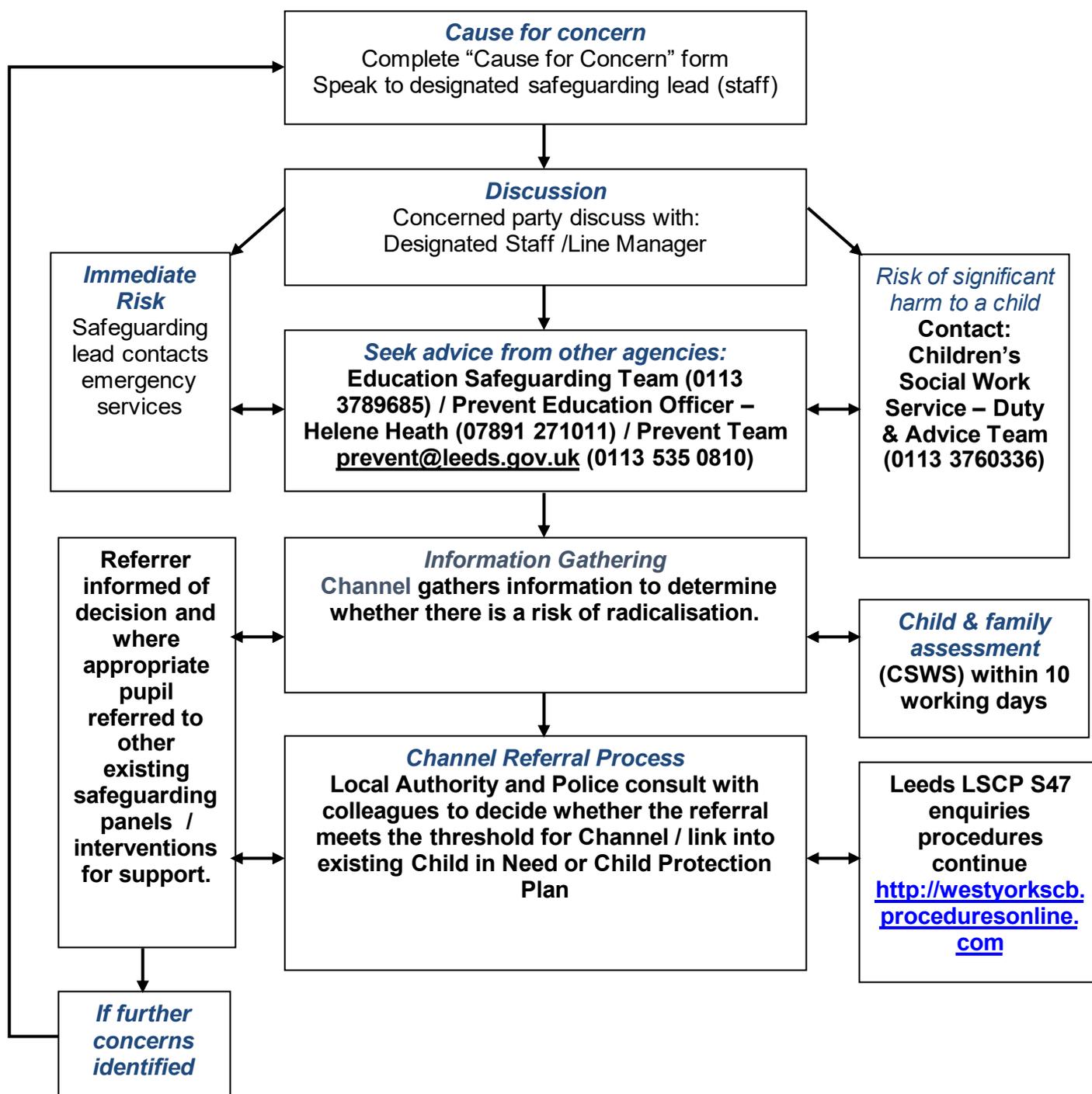
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VRMP in place?	Yes / No	Has there been an FGC?	Yes / No
Has a Mapping Meeting taken place?	Yes / No	Is the child part of a peer group of children identified as being at risk of exploitation?	Yes / No
Has the child been discussed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

TO BE COMPLETED INTERNALLY:

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

Appendix 8: Radicalisation Response Checklist

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



Further information and relevant guidance documents are available from the Prevent Team – prevent@leeds.gov.uk

Appendix 11: Notification to LADO



**Children's Services
Integrated Safeguarding Unit
Notification to Local Authority Designated Officer (Managing Allegations)**

ALLEGATIONS OR CONCERN ABOUT A PERSON WORKING WITH CHILDREN

This form has been designed to help all agencies working with children record and refer information when it has been alleged that a person who works with children has:

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

N.B. PLEASE PROVIDE AND ENSURE ALL OF THE BELOW INFORMATION IS RECORDED ON THIS DOCUMENT INCLUDING YOUR NAME/ PHONE NUMBER & EMAIL AND SEND TO LADO@leeds.gov.uk WITHIN ONE WORKING DAY.
N.B. THIS INFORMATION MAY BE SHARED WITH PARTNER AGENCIES.

Date of Notification:	Click here to enter a date.
Date of Alleged Incident:	Click here to enter a date.
Name of Referrer:	
Agency:	
Contact Details & Email:	

Professional/s Named in the Allegation:

Name :	D.O.B :	Employment Sector:	Occupation:	Employer:
		Select A-H. Select N-R. Select S-Y.		

Home Address:

Child/ren's Details (if applicable):

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

Address :

Summary of Allegation	Notification Summary: <i>(to include name of referrer, date, time, detail of allegation and professional (s) involved)</i>
------------------------------	---

Category of Alleged Abuse	Primary Category of Alleged Abuse: Choose an item.	Secondary Category of Alleged Abuse: Choose an item.
----------------------------------	--	--

Child or young person's view	Has the young person's views been sought?: Yes/No <i>(to include when, by whom and detail of interview) If not please specify reason and date when young person will be seen)</i>
-------------------------------------	--

Parent or carer's view	Has the parent/carer been notified, and their views sought?: Yes/No <i>(to include when, by whom and detail of interview) If not please specify reason)</i>
-------------------------------	---

Have you discussed this concern with the appropriate Line Manager and Human Resources within your organisation?

What is their view?

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

Previous concerns of a safeguarding nature:	<i>Please identify (in chronological order) any previous/historical concerns of a safeguarding nature by the professional concerned.</i>
--	--

Previous concerns of a safeguarding nature:	<i>Please identify (in chronological order) any previous/historical concerns of a safeguarding nature by the professional concerned.</i>
--	--

Does the professional work with children in any other capacity?

Does the professional acknowledge the concern?

Please consult with HR if advice is required about talking to the member of staff

What is their view?

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

YES NO Please explain your rationale for the response.

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

If the professional who these concerns are about, is not a member of staff directly employed by your organisation (e.g., an agency worker) have you discussed this concern with the appropriate Line Manager for the organisation concerned?

What is their view?

Name of employer:

Contact details:

LADO Discussion

Have you already discussed this matter with a LADO? If so, please provide details here.

Form Completed by:

Contact details: