



LEEDS CHILDREN'S  
SERVICES

**Raynville**



Raynville  
Academy

# SAFEGUARDING & CHILD PROTECTION POLICY FOR SCHOOLS & COLLEGES

Academic Year **2021-22**

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Should any organisations outside of the Leeds Local Authority incorporate large sections of this policy without alteration please make acknowledgement of this.



Leeds Safeguarding  
Children Partnership



## Appendix 1: Definitions and indicators of abuse

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

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

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

**Physical abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

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

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

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

**Emotional abuse:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

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

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away / Going missing
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

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

**Child Sexual Exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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

## Responses from parents

Research and experience indicates 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/LSCB/media/Images/pdfs/Multi-agency-Bruising-Protocol-for-Children-Not-Independently-Mobile-V4.pdf>
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances
- Invasive procedures

## **Appendix 2 Responding to children who report abuse.**

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

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

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

### **Immediately afterwards**

You must not deal with this yourself. All reports of abuse must be **recorded and** responded to in keeping with the professional roles and responsibilities outlined in Fig 1: Summary of in-school procedures to follow where there are concerns about a child (Page 15)

The following are suggested pro-forma for schools to adapt to support their own in-house safeguarding arrangements. Please delete any pro-forma that are not relevant and add any that are bespoke to your own school safeguarding arrangements.

## Appendix 3 Chronology of key events

Strictly Confidential

Guidance Notes: Briefly summarise decisions reached, the services offered and/or provided to the child(ren) and family, and other action taken.

Name of child.....Class / Tutor group.....

[illegible]

## 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..... Class / Tutor group.....

Name of staff member completing form.....

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

Signed: \_\_\_\_\_

Action/passed to \_\_\_\_\_

Page 2 of 2

For: Designated Safeguarding Lead Officer Use

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

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



|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## Appendix 5 SMART Plan

Example: Overview of Pupil Support/SMART Plan

|   |                |            |           |
|---|----------------|------------|-----------|
| Child Protection Pupil Support Plan Information | Name of Pupil: |            |           |
| Current Care/living arrangements                |                |            |           |
| Support needs identified                        |                |            |           |
| Support/Intervention                            |                |            |           |
| Type of support/intervention                    | Provider       | Start Date | End Date  |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |
| Agencies Involved                               |                |            |           |
| Name of professional                            | Agency         | Email      | Telephone |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |
|   |                |            |           |

## 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 \_\_\_\_\_

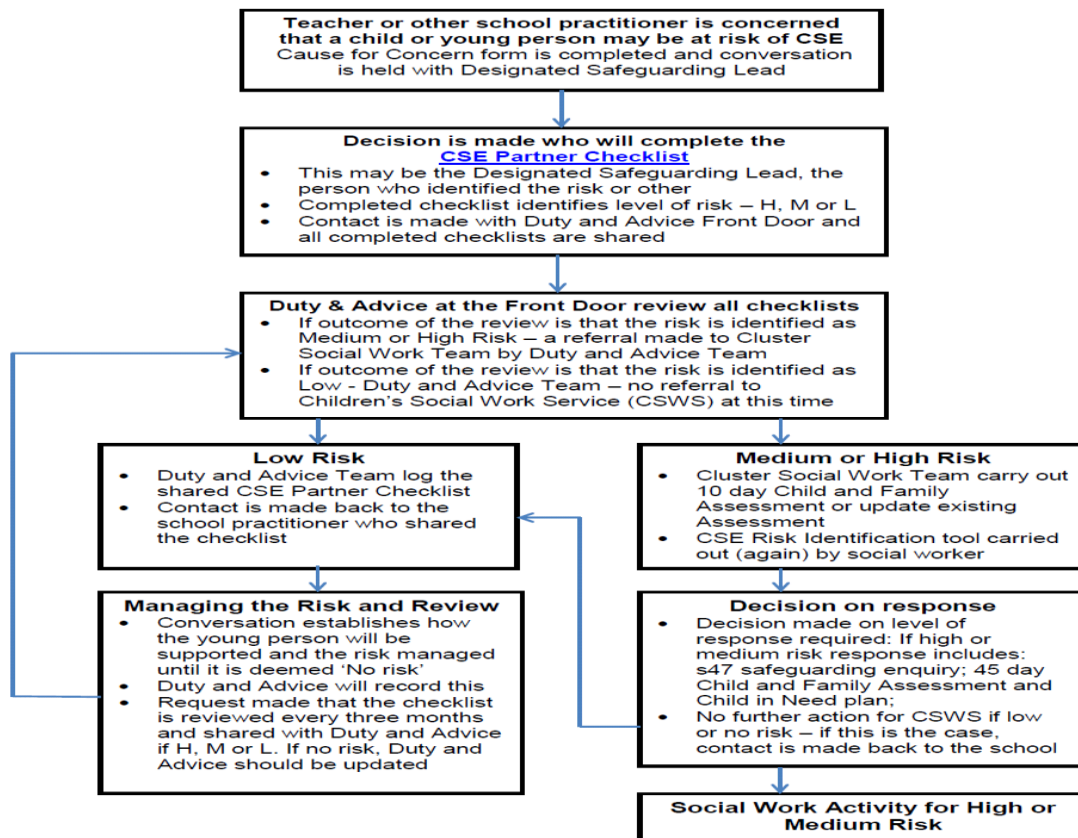
| Recruitment and selection checklist  | Initials | Date |
|--|----------|------|
| <b>Pre-interview:</b>  |          |      |
| <b>Planning</b> - Timetable decided: job specification and description and other documents to be provided to applicants, reviewed and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc  |          |      |
| <b>Vacancy advertised</b> (where appropriate)<br>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   |          |      |
| <b>Applications on receipt</b> - Scrutinised – any discrepancies/anomalies/gaps in employment noted to explore if candidate considered for short-listing   |          |      |
| <b>Short-list prepared</b>   |          |      |
| <b>References – seeking</b><br>Sought directly from referee on short-listed candidates; ask recommended specific questions; include statement about liability for accuracy   |          |      |
| <b>References – on receipt</b><br>Checked against information on application; scrutinised; any discrepancy/issue of concern noted to take up with referee and/or applicant (at interview if possible)<br><b>(If received by email – accompanying email to verify authenticity. If not from professional email address, follow up to ensure authenticity)</b> |          |      |
| <b>Invitation to interview</b> - Includes all relevant information and instructions and the self-disclosure form.  |          |      |
| <b>Interview arrangements</b> - At least two interviewers; panel members have authority to appoint; have met and agreed issues and questions/assessment criteria/standards   |          |      |
| <b>Interview</b> - Explores applicants' suitability for work with children as well as for the post   |          |      |
| <b>Self-Disclosure</b> – Completed self-disclosure is submitted and seen by the member of the panel who is safer recruitment trained.  |          |      |
| <b>Note:</b> 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  |          |      |
| <b>Conditional offer of appointment:</b> 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   |  |  |
| <b>References before confirmation of appointment:</b> (if not obtained and scrutinised previously)<br><b>(If received by email – accompanying email to verify authenticity. If not from professional email address, follow up to ensure authenticity)</b>   |  |  |
| <b>Identity</b> (if that could not be verified at interview)  |  |  |
| <b>Qualifications</b> (if not verified on the day of interview)   |  |  |
| <b>Permission to work in UK, if required</b>  |  |  |
| <b>School record sight of DBS certificate</b> - where appropriate satisfactory DBS certificate.   |  |  |
| <b>DBS Barred list check</b> – applicant is not barred from working with Children <b>(this must be completed before the applicant commences work)</b>   |  |  |
| <b>Childcare (Disqualification) Regulations 2009 Letter</b> – 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.   |  |  |
| <b>Health</b> – the candidate is medically fit<br>Medical Pre Employment Questionnaire  |  |  |
| <b>Prohibition from Teaching Work Check</b> – For those carrying out teaching work <b>(see below)</b> the teacher has not been included in the prohibition list or interim prohibition list or has a GTCE sanction.   |  |  |
| <b>Qualified Teacher Status (QTS) Check</b> – (for teaching posts in maintained schools) the teacher has obtained QTS or is exempt from the requirement to hold QTS (for teaching posts in FE colleges) the teacher has obtained a Post Graduate Certificate of Education (PGCE) or Certificate of Education (Cert. Ed) awarded by a higher education institution, or the FE Teaching Certificate conferred by an awarding body |  |  |
| <b>Overseas Checks</b> – for individuals who have lived or worked abroad in the last 5 years. <b>(For those carrying out teaching work within the EEA area this will include an EEA prohibition order check through Employer Access until Jan 21, after this date it will include a reference from any education employer overseas in the same period)</b>  |  |  |
| <b>Statutory Induction Completed</b> (for teachers who obtained QTS after 7 May 1999 and are not employed as NQTs)  |  |  |



## Responding to identified concerns about Child Sexual Exploitation (CSE) in schools

Education professionals can also use the [WY Police CSE information report form](#) on the Leeds LSCB website to share any information which could help identify possible perpetrators of CSE, or children at risk of CSE.



## Appendix 8 MACE Panel Referral Form

Please submit this form via email to [CHS.MACE@leeds.gov.uk](mailto: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?<br><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                         | CCE  | Both CSE & CCE        |
| Has the child experienced online abuse?<br><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)<br>Yes / No | Date of last toolkit:  |                       |
| Assessed Level of Risk:  | No Risk<br>Risk             | Low Risk   | Medium Risk      High |
| VRMP in place?   | Yes / No                    | Has there been an FGC?   | Yes / No              |
| Has a Mapping Meeting taken place?   | Yes / No                    | Is the child part of a peer group of children identified as being at risk of exploitation? | Yes / No              |
| Has the child been discussed at MACE previously?<br><i>If so, please provide a summary of previous MACE actions / interventions.</i> |                             |  |                       |
| What is the main presenting issue(s):<br><i>What is happening right now for the child that you are concerned about in relation</i>   |                             |  |                       |

|   |  |
|---|--|
| <i>to potential exploitation?<br/>(eg. If the child is going missing, how often, where do they go missing to if known, what do missing episodes look like?)<br/>Consider what the associated risk(s) are.</i> |  |
| <b>What concern(s) are the presenting issue(s) causing?</b><br><i>What are you worried will happen to the child?</i>  |  |
| <b>What or who are protective factor(s) in the child's life?</b>  |  |

**TO BE COMPLETED INTERNALLY:**

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

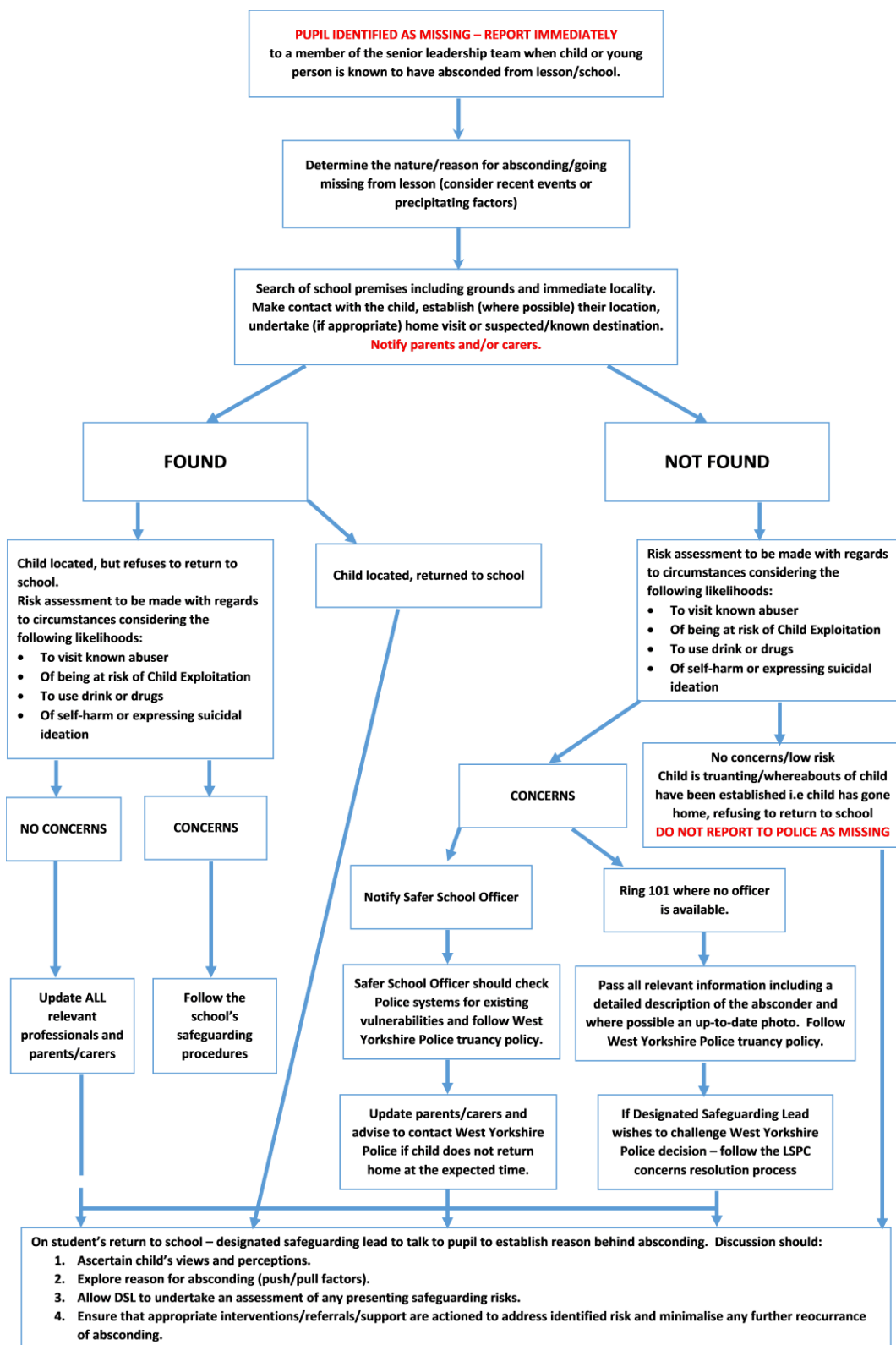
**Appendix 9 Radicalisation Response Checklist**

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

Further information and relevant guidance documents are available from the Prevent Team or directly upon request from [education.training@leeds.gov.uk](mailto:education.training@leeds.gov.uk)

**Appendix 10 Missing from School Response Checklist**

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



## Appendix 11 FE Safeguarding Information Sharing Form

|                        |      |        |             |
|------------------------|------|--------|-------------|
| <b>Name</b>            |      |        |             |
| <b>Date of Birth</b>   |      |        |             |
| <b>Gender Identity</b> | Male | Female | Transgender |



|  |            |             |              |
|--|------------|-------------|--------------|
|  | Non-Binary | Genderqueer | Gender-fluid |
|--|------------|-------------|--------------|

Please indicate the nature of the incident or safeguarding issue that you have been concerned about either in the past or currently?

|                            |  |                          |  |                           |  |
|----------------------------|--|--------------------------|--|---------------------------|--|
| Physical Abuse             |  | Sexual Abuse             |  | Emotional Abuse           |  |
| Neglect                    |  | Mental ill Health        |  | Suicidal intent           |  |
| Self-Harm                  |  | Forced Marriage          |  | Risk to others            |  |
| Prevent                    |  | CSE                      |  | Faith Abuse               |  |
| Financial Abuse            |  | Domestic Violence        |  | Female Genital Mutilation |  |
| Fabricated/Induced Illness |  | Gangs and Youth Violence |  | Harmful Sexual Behaviour  |  |
| Institutional abuse        |  | Missing from home        |  | Sexting                   |  |
| Trafficking                |  | Missing in education     |  | Substance abuse           |  |
| *Child Looked After        |  | COVID-19 related issues  |  |                           |  |

**Other/Additional information(Please State):**

**Are there any current or relevant historical safeguarding concerns?**

*Please can you provide details of the concerns that you have noted. Please also indicate if the concern was referred to any agencies (i.e. children's social work services, adult social care, police) and the outcome of the referral? Feel free to use additional sheets if required.*

| Safeguarding Issue | Date | What action was taken / Referred to agency? |
|--------------------|------|---|
|                    |      |   |
|                    |      |   |
|                    |      |   |

**Please can you give full details including contact details of which agencies are currently working with the student?**

|                                 |  |                          |  |
|---------------------------------|--|--------------------------|--|
| Children's Social Work Services |  | Adult Social Care        |  |
| Probation                       |  | Youth Offending Services |  |
| CAMHS                           |  | Police                   |  |
| Other, Please state             |  |                          |  |

**Has the student been subject to a Child in Need Plan, a Child Protection Plan, Early Help Plan, Education Health Care Plan, Personal Education Plan or RAMP (for Harmful Sexual Behaviour) Please give further details about the support they are currently receiving.**

**What areas of support would you recommend the student will need at College?**

|                                   |  |  |  |                |  |                           |  |
|-----------------------------------|--|--|--|----------------|--|---------------------------|--|
| Additional Learning Support       |  | Life Skills  |  | Family support |  | Substance Misuse          |  |
| Risk of offending or re-offending |  | Financial<br><i>*CLA are entitled to bursaries and discretionary funding.</i>  |  | Health Advice  |  | Emotional Wellbeing       |  |
| Basic Skills                      |  | Housing  |  | Counselling    |  | Other, please state below |  |
| Risk Management Plan              |  | <i>(Please indicate if this is for risk to others, risk to themselves or relating to sexually harmful behaviour)</i> |  |                |  |                           |  |

**Please can you provide further information concerning any recommendations for support?**

**Please can you provide your details below:**

|                |           |
|----------------|-----------|
| Name:          | Position: |
| Organisation:  | Tel No:   |
| Email Address: | Date:     |

**CONSENT TO SHARE INFORMATION PRIOR TO ENROLMENT**

**To be completed by student**

I Insert Name **give consent for the above information to be shared with** Insert name of provider

|                      |  |
|----------------------|--|
| Date                 |  |
| Signature of student |  |

**If consent from student has not been sought or you wish the FE provider to contact you directly for further information pertaining to this pupil, please provide a contact name and number of the relevant designated safeguarding lead.**

|                         |  |
|-------------------------|--|
| <b>Name of contact</b>  |  |
| <b>Telephone number</b> |  |

**Thank you for taking the time to gather the information requested. Please ensure that the completed form is returned securely to the relevant designated safeguarding officer listed below.**

**Please return this form to the relevant contact listed below:**

|                                |  |
|--------------------------------|--|
|                                | <b>Leeds College of Building</b>                                 |
| Name of contact                | Charlotte Duffy  |
| Job Title                      | Safeguarding Officer   |
| Name of organisation / service | Leeds College of Building, HR Unit, North Street, Leeds, LS2 7QT |
| Email address                  | <a href="mailto:cduffy@lcb.ac.uk">cduffy@lcb.ac.uk</a>           |
| Contact telephone number       | T: 0113 2226000 Ex: 3845 M: 07872693424                          |

|                                |  |
|--------------------------------|--|
|                                | <b>Notre Dame Catholic 6<sup>th</sup> Form College</b>                         |
| Name of Contact                | Sarah Dumont   |
| Job Title                      | Deputy Principal   |
| Name of organisation / service | Notre Dame College– St Mark's Ave, Leeds LS2 9BL                               |
| Email address                  | <a href="mailto:s.dumont@notredamecoll.ac.uk">s.dumont@notredamecoll.ac.uk</a> |
| Contact telephone number       | 0113 2946644   |

|                                |  |
|--------------------------------|--|
|                                | <b>Leeds City College</b>  |
| Name of Contact                | Andrew Ottey   |
| Job Title                      | Head of Safeguarding   |
| Name of organisation / service | Leeds City College, Park Lane Campus, room A2.20   |
| Email address                  | <a href="mailto:andrew.ottey@leedscitycollege.ac.uk">andrew.ottey@leedscitycollege.ac.uk</a> |
| Contact telephone number       | Tel: 0113 2162055/ 07710138460   |

|                                |  |
|--------------------------------|--|
|                                | <b>Leeds Arts University</b>   |
| Name                           | Katrina Welsh  |
| Job Title                      | Head of Student Support  |
| Name of organisation / service | Leeds Arts University  |
| Email address                  | <a href="mailto:katrina.welsh@leeds-art.ac.uk">katrina.welsh@leeds-art.ac.uk</a> |
| Contact telephone number       | 0113 202 8000  |

|                                | <b>Elliott Hudson College</b>  |
|--------------------------------|--|
| Name                           | Rosie Quashie  |
| Job Title                      | Assistant Principal  |
| Name of organisation / service | Elliott Hudson College   |
| Email address                  | <a href="mailto:rosiequashie@elliottthudsoncollege.ac.uk">rosiequashie@elliottthudsoncollege.ac.uk</a> |
| Contact telephone number       | 0113 3239777   |

## Appendix 12 LADO Notification Form



### 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.

**PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN AND SEND TO [LADO@leeds.gov.uk](mailto:LADO@leeds.gov.uk) WITHIN ONE WORKING DAY**

|                                  |  |
|----------------------------------|--|
| <b>Date of Notification:</b>     |  |
| <b>Date of Alleged Incident:</b> |  |
| <b>Name of Referrer:</b>         |  |
| <b>Agency:</b>                   |  |
| <b>Contact Details:</b>          |  |

| <b>Professional's Details :</b> |         |                    |             |           |
|---------------------------------|---------|--------------------|-------------|-----------|
| Name :                          | D.O.B : | Employment Sector: | Occupation: | Employer: |
|                                 |         |                    |             |           |

|                       |  |
|-----------------------|--|
| <b>Home Address :</b> |  |
|-----------------------|--|

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|---|
| <b>Child/ren's Details (if applicable):</b> |
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**Does the professional have children of their own? if known please give names & ages**

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**Previous concerns of a safeguarding nature:**

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

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**Does the professional work with children in any other capacity?**

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**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***

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

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

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

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

*What is their view*

**Name of employer:**

**Contact details:**

**LADO Discussion**

*Please provide relevant details*

**Form Completed by:**

**Contact details:**

**Information entered on MOSAIC: YES**

**NO**

**Appendix 13 Prevent Referral Form**

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