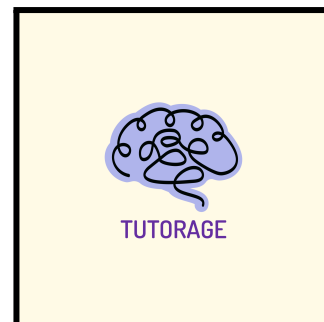


# Safeguarding & Child Protection Policy

Document last updated: *February 2024*

Next document review: *July 2024*

By Claire Shepherd, Designated Safeguarding Lead



## The purpose and scope of this policy

Tutorage takes a **child-centred approach** to safeguarding and promoting the welfare of every child and young person. This approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

Children and young people may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives.

These threats can take a variety of different forms, including sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Whatever the form of abuse or neglect, Tutorage will *always* put the needs of children and young people first when determining what action to take.

We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

## Why we demand strict safeguarding

Anyone working for or on behalf of Tutorage will demonstrate relevant Safeguarding Training to Level 2 as a minimum. We provide fully or partially subsidised certified Level 2 Safeguarding CPD to any employee, tutor or mentor.

Where requested, tutors and mentors will carry out specific Safeguarding Children Board training requirements within the time period defined for

completion. This has, at the time of writing of this latest policy update, been requested by Staffordshire Safeguarding Children's Board, for all staff interacting with children in the Staffordshire region. All tutors and mentors in the Staffordshire region will undertake the SSCB Level 1 Safeguarding Training within 3 months of their appointment.

Tutorage works with children, families, schools, tutors and Local Authorities as part of its activities. These activities include:

- The provision of self-employed tutors and volunteers to family homes, schools, care home or other public venues for private tuition of children and young people in mainstream education.
- The provision of self-employed tutors and volunteers to work with Special Education Needs & Disability (SEND) children and young people as well as Looked After Children (LAC) and Children In Need (CIN). These children and young people may or may not have a statutory Education, Health and Care Plan (EHC plan).
- The provision of part-time tuition to fulfil statutory education requirements for children and young people in need of Alternative Provision. This may include work with young people who are temporarily or permanently excluded from their mainstream setting.
- Online tutoring between self-employed tutors or volunteers and children or young people, usually in their family home.
- Communication between our full-time employees, self-employed tutors and volunteers to families across the UK.
- Working with partners, including Schools, Local Authorities, Children's Homes, PRUs and other organisations responsible for a child or young person's education.

The purpose of strict safeguarding is:

- to protect children and young people who receive a service via Tutorage's various platforms or employees. This includes the children of adults who use our services.
- to provide parents, staff and volunteers with the overarching principles that

guide our approach to Safeguarding and Child Protection.

This policy statement applies to anyone working for or on behalf of Tutorage, including senior managers and the board, paid staff, volunteers, sessional workers, agency staff and students.

## **Legislative Guidance**

Being a private organisation, in line with HM Government's July 2018 publication - *Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of Children* - Tutorage has organisational responsibility under "Voluntary, charity, social enterprise, faith-based organisations and private sectors".

Key areas from the report are highlighted herein, which address our organisational responsibilities:

- Voluntary, charity, social enterprise (VCSE) and **private sector organisations** and agencies play an important role in safeguarding children and young people through the services they deliver.
- As part of our work we provide a wide range of educational activities for children and young people and therefore have an important role in safeguarding children and young people and supporting families and communities that are beneficiaries of our services either directly or indirectly.
- Every VCSE, faith-based organisation and **private sector organisation** or agency should have policies in place to safeguard and protect children and young people from harm. These should be followed, and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children and young people from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.
- We are aware of how we need to work with the safeguarding partners in a local area, namely Local Authorities across England. This means if the safeguarding partners name Tutorage as a relevant partner we must cooperate in line with the relevant partner's safeguarding policy.
- DSLs from both Tutorage and the relevant partner's DSL should make contact at the first possible opportunity to establish that Safeguarding Policies are in agreement and courses of action for Safeguarding procedures are known.
- As we work closely with Local Authorities, we understand that they are guided by the Children Act 1989. This Act requires local authorities to give

due regard to a child or young person's wishes when determining what services to provide under section 17 and before making decisions about action to be taken to protect individual children under section 47. These duties complement requirements relating to the wishes and feelings of children or young persons who are, or may be, looked-after (section 22(4)), including those who are provided with accommodation under section 20 and children taken into police protection (section 46(3)(d))

- *What to do if you're worried a child is being abused 2015 - Advice for practitioners* is non statutory advice which helps everyone who works with children and young people to identify abuse and neglect and take appropriate action. A copy of this guidance is sent to all employees, self-employed tutors and volunteers in their induction pack after completing the steps of Safer Recruitment.
- We refuse to work with any partner who does not put safeguarding at the centre of their approach when providing educational provision to children and young people.
- We currently work with a number of Local Authorities and are therefore aware of the relevant Safeguarding Children's Board/Partnership measures and specific training requests.

## **Roles and Responsibilities**

### **Designated Safeguarding Lead (DSL):**

Claire Shepherd

[claire@tutorage.co.uk](mailto:claire@tutorage.co.uk)

### **Deputy Designated Safeguarding Lead:**

Anna Wileman

[anna@tutorage.co.uk](mailto:anna@tutorage.co.uk)

### **Role of the Designated Safeguarding Lead:**

Although we understand that we are not a school or college, our Designated Safeguarding Lead (DSL) follows the duties outlined in HM Government's statutory guidance for Schools and Colleges, [Keeping Children Safe in Education](#), September 2020. These are the strictest and most stringent Safeguarding guidelines a DSL can follow. Our DSL is trained in Safer Recruitment and DSL level 3 training, and will always carry out Local Authority and/or school-specific safeguarding training, where requested.

Our DSL is expected to:

- be appropriately trained, updating that training every 12 months
- refer cases of suspected abuse to the local authority children's social care as required;
- refer cases of suspected abuse to the police as required;
- support staff who make referrals to local authority children's social care; (all tutors and staff of Tutorage are provided with safeguarding referral guidance on commencement with the company, see Appendix 7).
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals via our Response to Concerns documentation;
- liaise with the Deputy DSL as and when appropriate

Our deputy DSL is expected to:

- be appropriately trained, updating that training every 12 months
- carry out the duties of the DSL in the absence of the DSL
- if the DSL is absent for an extended period, the deputy DSL will be appointed to DSL and a new deputy DSL will be established from within the company

### **Operational Framework**

We recognise that:

- the welfare of the child or young person is paramount
- all children and young people, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection

from all types of harm or abuse

- some children and young people are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We seek to keep children and young people safe by:

- valuing, listening to and respecting them
- having an appointed nominated child protection/safeguarding lead (DSL), a deputy child protection/safeguarding lead and a lead trustee/board member for safeguarding
- having in place Safeguarding and Child Protection Policies and procedures which reflect best practice
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- creating and maintaining an anti-bullying environment, in line with our Anti-Bullying Policy, to help us deal effectively with any bullying that does arise
- developing and implementing an effective online safety policy and related procedures
- sharing information, in line with our Confidentiality Policy, about child protection and safeguarding best practice with children, their families, staff and volunteers via half-termly newsletters, blog posts, social media and one-to-one discussions
- recruiting staff and volunteers safely, in line with our Safer Recruitment in Education Policy, ensuring all necessary checks are made
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- implementing a Behaviour Policy (Code of Conduct) for staff and volunteers
- using our Safeguarding procedures to manage any allegations against staff, volunteers or young people appropriately
- ensuring that we have effective complaints and whistleblowing measures in

place, in line with our Complaints Procedures and Whistleblowing Procedures respectively

- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance, and in line with our Health and Safety Policies
- recording and storing information professionally and securely, in line with our Privacy Policy
- in line with our detailed Internal Risk Assessment, we gather as much information as possible about the setting in which tutoring or mentoring take place. **We ensure that another adult will be present at the setting as we do not, under any circumstances, support lone working.**

### **Keeping Children Safe in Education (2020) Specific Safeguarding Issues**

All staff at Tutorage, whether employed or self-employed have an awareness of safeguarding issues through regular training and briefings, some of which are listed below. We enable our staff to be aware that these behaviours put children in danger. All staff are aware of the Designated Safeguarding Lead, John Kneale-Jones, who is the expert within our organisation and is there to support staff, volunteers and Governance body further.

- Abuse
- Bullying, including cyberbullying
- Children and the courts
- Children with family members in prison
- Children missing education
- Child missing from home or care
- Child sexual exploitation (CSE)
- Domestic abuse
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls(VAWG)
- Homelessness
- Mental health
- Missing children and adults strategy
- Online safety
- Peer on peer abuse

- Private fostering
- Preventing radicalisation
- Sexual violence and sexual harassment
- Sexting
- Trafficking

### **Specific Procedures**

For any concerns which are considered emergencies by one of our employees, self employed tutors or volunteers, contacting the police may be the most appropriate primary action.

Contact details for specific SCBs/SCPs that we work with is provided as and when work is carried out for a specific local authority or school. These will include, but are not limited to:

- The LADO
- The CSCT
- The SPOC
- First Response Teams
- The referrer at the LA/school

### **Recording general concerns about a child**

Form A (Appendix 6) should be completed in its entirety where an incident has occurred/or a specific concern has arisen that constitutes a safeguarding concern. You must complete this form in as much detail as possible so the relevant parties can act appropriately.

The digital link to Form A is here: <https://airtable.com/shrc3NEHcuiDL6cbZ>

If the incident or concern involves any visible injuries to the child, you should complete the body map attached to Form A.

The form should be submitted directly to the DSL or Deputy DSL. On completion of the digital form, both DSLs will be notified immediately.

The DSL will act accordingly and will document all actions taken, including actions sought, outcomes and which parties were informed/became involved. The DSL will also keep a case chronology of any events recorded on Form A.

### **Safeguarding emergencies**

Dealing rapidly and effectively with Safeguarding and Child Protection Emergencies are Tutorage's number one priority with respect to Safeguarding Procedures.



Definitions of what constitutes abuse can be found in [Appendix 3 – Definitions of Abuse](#), and also in the Gov.uk's publications [Working Together to Safeguard Children](#) July 2018, and [Keeping Children Safe in Education](#), Statutory guidance for schools and colleges September 2020

A safeguarding emergency may manifest itself as, but is not limited to:

- severe illness or injury which may be attributable to physical or sexual abuse, or self-harm
- a fearful child or young person's refusal to engage with their family or go home at the end of day
- suspicion or disclosure of serious abuse becoming apparent during a tutoring session, school outing or residential trip
- a risk of trafficking or abduction when the child or young person absences their home or school premises
- a risk of the child or young person being abused through sexual exploitation
- a child or young person who is incapacitated through substance misuse
- a missing child or young person with known vulnerabilities
- credible immediate risk with regard to FGM or Forced Marriage
- in some instances, an allegation made against a member of staff can necessitate immediate action to safeguard pupils (see Allegations of abuse are made against an adult below)

The core actions when responding to a safeguarding emergency:

- Try not to panic. Act quickly but rationally.
- Where possible, contact the DSL lead and, where appropriate, the police as soon as it is safe to do so.
- Stay child focused. The welfare of the child or young person must come before all other considerations. Explain your actions to them if they are of sufficient age and maturity to understand.
- Exercise professional judgement. Draw on your skills and expertise to decide how to proceed.

- Share information with caution. In a safeguarding emergency (in contrast to health and safety/accidents emergencies) there might be reason to believe that a parent is involved in the abuse or neglect. In these circumstances take action to support and protect the child as the primary action.
- Identify social, educational, physical and cultural vulnerabilities. Concerns involving children or young persons with SEND warrant immediate action due to their increased risk of abuse. The vulnerability of other children or young persons, such as those who are or have been sexually exploited, live in challenging family circumstances, are looked after, have or have had a child protection plan or where the risk of FGM or forced marriage is suspected, should also tip the balance in favour of emergency action.
- Be clear about what you can do. Being the child or young person's advocate is firmly within your remit. Removing them from their home, taking them to your home or confronting a suspect is not.
- Stay with the child or young person. You will remain responsible for them until you can arrange for him or her to be looked after by another appropriate adult.

### **Document all actions**

Including:

- o the child or young person's details (name, age, address)
- o what the child or young person said, or did, that give you cause for concern (if the child made a verbal disclosure, write down their exact words)
- o the details of any other children or young persons involved or impacted
- o who you contacted, when you did so and how you took steps to ensure the safety of the child or young person

### Allegations of abuse are made against an adult

Is it imperative that any allegations made against one of our employees, self-employed tutors or volunteers are dealt with systematically and quickly. The following procedures are in place first and foremost to protect the child or young person involved.

These guidelines follow the duties outlined in HM Government's statutory guidance for Schools and Colleges, [Keeping Children Safe in Education](#),

September 2020 on how best to respond to allegations against an adult working or volunteering for our organisation.

The purpose of these procedures is such that any child or young person feels safe, respected and listened to when making an allegation against an adult representing Tutorage.

Any allegation against an adult representing Tutorage will be reported directly to Senior Management and the DSL as soon as physically possible. This is crucial because it helps to:

- minimise the risk to the child or young person (Tutorage together with Children's social care and / or police, where they are involved, considers the impact on the child concerned and provides support as appropriate. Liaison between ourselves and other agencies takes place in order to ensure that the child's needs are addressed).
- minimise the impact on the child or young person's academic progress
- minimise pressure and stress on the employee concerned (As soon as possible after an allegation has been received, the accused member of staff will be advised to contact their union or professional association. Tutorage will provide appropriate support).
- ensure a fair and thorough investigation for all parties

Where an allegation is made against the specific Senior Manager or indeed, against the DSL, the Deputy DSL will take full DSL leadership responsibility as per this policy, and another Senior Manager will be responsible for following up on the allegation.

### Confidentiality

Every effort is made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information is restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.

The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.

Section 13 of the Education Act 2011 introduced restrictions implemented in September 2012 on the publication of any information that would identify a teacher who is the subject of an allegation of misconduct that would

constitute a criminal offence, where the alleged victim of the offence is a registered pupil at school.

Such restrictions remain in place unless or until the teacher is charged with a criminal offence, though they may be dispensed with on the application to the Magistrates' Court by any person, if the court is satisfied that it is in the interests of justice to do so, having regard to the welfare of:

- The person who is the subject of the allegation; and
- The victim of the offence to which the allegation relates.

There is a right of appeal to the Crown Court.

This restriction will apply to allegations made against any teacher who is engaged by Tutorage.

There is a new offence of publishing any information in breach of these restrictions. Publication includes any communication, in whatever form, which is addressed to the public at large or any section of the public.

It is a defence to show that the person publishing was not aware of the allegation having been made as set out in section 141H 'Defences' of the Act.

### Record Keeping

We ensure we keep accurate records of concerns raised about children, young people and their families and share these with relevant parties where necessary.

The DSL has ultimately responsibility for the accurate and timely keeping of these records.

In accordance with our Privacy Policy:

- These records are considered sensitive and will be stored securely on a central system.

- Children, young people and families will be granted access to the records we keep on them at their request, unless sharing this information would cause a Safeguarding or Child Protection concern. Tutorage will keep a clear and comprehensive summary of any case records on a tutor's confidential personnel file and give a copy to the individual. The record will include details of how the allegation was followed up and resolved, the decisions reached and the action taken. It will be kept at least until the person reaches normal retirement age or for ten years if longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification where a future DBS request reveals non convicted information and will help to prevent unnecessary reinvestigation if an

allegation re-surfaces after a period of time. In this sense it may serve as a protector to the individual themselves, as well as in cases where substantiated allegations need to be known about to safeguard future children.

Details of allegations that are found to be malicious should be removed from personnel records. For Education services see [Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges](#).

### Resignations and 'Compromise Agreements'

Every effort is made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations;
- It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete.

Compromise agreements are not to be used by Tutorage (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed). A settlement/compromise agreement which prevents the employer from making a DBS referral when the criteria are met for so doing would likely result in a criminal offence being committed for failure to comply with the duty to refer. Tutorage will always make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. This applies irrespective of whether a referral has been made to local authority children's social care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

### Substantiated Allegations

The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The relevant legislation is set out in the Protection of Freedoms Act 2012.

If an allegation is substantiated and one of our tutors is dismissed or we ceases to use the tutor's service or the tutor resigns or otherwise ceases to provide his/her services, we invite the LADO to discuss with us whether a referral should be made to the Disclosure and Barring Service (DBS).

Referrals should be made to DBS when an employer or organisation believes a person has caused harm or poses a future risk of harm to vulnerable groups, including children.

If a referral is to be made; it should be submitted within one month of the

allegation being substantiated.

Tutorage recognises their legal duty to refer in these cases.

If the person being referred to the DBS is a teacher in England they should also be referred to the Teaching Regulation Agency.

### Reporting and recording an allegation against an adult

Where an allegation is made about an adult involved with an activity related to Tutorage's service provision, the following steps should be followed:

- 1) Immediately notify the DSL (or Deputy DSL in the absence of the DSL) and Senior Management, unless the situation is considered a Safeguarding Emergency, in which case contacting the police may be the most appropriate reaction.
- 2) The allegation should be recorded as soon as physically possible by the DSL on our Reporting an allegation against an adult form (see Appendix 1)
- 3) The DSL has responsibility to decide next steps. These steps will be one of:
  - a. Take no further action
  - b. Continuous monitoring of the situation
  - c. Reporting the allegation with the relevant Local Authority Designated Office (LADO) within 1 working day. They will do so by submitting to the LADO the Reporting an allegation against an adult form (see Appendix 1).

**The referral *must* be made to the LADO where the member of staff – to whom the allegation relates – works.**

If it is deemed that the safeguarding concern raised against a child or young person is or may imminently become an emergency, the DSL will notify the police and any relevant parties, including the LADO, immediately.

### Allegations made against a child or young person

Where an allegation is made about a child or young person involved with an activity related to Tutorage's service provision, the following steps should be followed:

- 1) The DSL will be responsible for first noting
  - a. the child or young person's details (name, age, address)
  - b. what the child or young person said or did that gave you cause for concern (if the child made a verbal disclosure, write down their exact words)
  - c. the details of any other children or young persons involved or impacted

2) The DSL will then decide whether the allegation against the child or young person is a safeguarding/child protection concern. In line with NSPCC guidelines on what constitutes a child protection concern where another child or young person has been accused;

*“An allegation becomes a child protection concern when there's a significant difference of power between the child who is displaying abusive behaviour and the person being abused, for example when”:*

- a. there's an age difference of more than two years
- b. there's a significant difference in terms of size or level of ability
- c. the child or young person displaying abusive behaviour holds a position of power (such as being a helper, volunteer or informal leader)
- d. the child or young person being abused is significantly more vulnerable than the other child or young person.
- e. the behaviour involves sexual assault or physical assault
- f. the child or young person who has experienced the abusive behaviour has suffered significant harm
- g. the behaviour forms part of a pattern of concerning behaviour by the child or young person who is being abusive
- h. the child or young person carrying out the abuse is displaying harmful sexual behaviour
- i. the reporting person is concerned that the child or young person carrying out the abuse may be doing so because they have experienced abuse themselves

3) Should the DSL deem that the accusation is a safeguarding/child protection concern, in line with this Safeguarding Policy, the DSL will;

- a. Report the allegation with the relevant Local Authority Children's Social Care Team (CSCT) within 1 working day. They will do so by submitting to the CSCT the Allegations against a Child or Young Person Form (see Appendix 2).
- b. If it is deemed that the safeguarding concern raised against a child or young person is an emergency, the DSL will notify the police and any relevant parties, including the CSCT, immediately.

Escalation Procedure

With respect to multi-agency disagreements, where members of staff from any agency feel concerns regarding a child are not being addressed it is expected that the escalation process in the Appendix should be used until a satisfactory conclusion is reached.

## **Prevent**

Since 2010, when the Government published the first version of the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from extremist ideologies. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

We value freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values. Pupils/students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation.

We are clear that this exploitation and radicalisation must be viewed as a safeguarding concern and that protecting children from the risk of radicalisation is part of our safeguarding duty.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in **Appendix 5**.

We seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo-Nazi/White Supremacist ideology, Domestic Terrorism, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

With effect from 1 July 2015, all schools are subject to a duty to have "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty. Although we are not a school, we have identified Prevent Single Point



of Contact (SPOC), our DSL, who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

The SPOC for our organisation is John Kneale-Jones.

When any employee, self-employer tutor or mentor has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with SPOC/DSL. A Prevent referral is a supported activity which should follow these steps:

- 1) identification of any student or member of staff at risk of radicalisation
- 2) A referral should be made via our SPOC/DSL or Deputy Designated Safeguarding Lead
- 3) Our DSL gathers more information where possible and identifies what further action is required
- 4) If there is an immediate risk, the DSL will contact the Police directly
- 5) If there is no immediate risk, the DSL will contact the Safer Schools Officer or the social worker and LADO where appropriate

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

The DfE Prevent Helpline for schools & parents can be reached here: Tel: 020 7340 7264 (non-emergency)

Email: [Counter.extremism@education.gsi.gov.uk](mailto:Counter.extremism@education.gsi.gov.uk)

### **Legal framework**

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children and young people in England. A summary of the key legislation and guidance is available from [The NSPCC](#).

This policy and our practices have regard to core documentation published by the DfE and the DoH, which gives statutory guidance on the specific services we deliver. The two core documents are ***Keeping Children Safe in***

**Education** (DfE 2020) and the **SEND Code of Practice: 0 to 25 years** (DfE, DoH 2015).

Anyone who is a direct employee or self-employed contractor of Tutorage has **no investigative role** where child protection is concerned; this is a matter for children's social care and the police.

**This policy should be read alongside our detailed policies on dealing with specific safeguarding scenarios. These are our policies on:**

- Safer recruitment procedures
- Complaints procedure
- Behaviour policy (our Code of Conduct)
- Anti-bullying procedures
- Confidentiality
- Whistleblowing

**Our Terms and Conditions and Privacy Policy/Data Protection Policy contain the following policies which should also be referred to alongside our Safeguarding Policy:**

- Health and Safety
- Equal opportunities

More information about what these policies and procedures should include is available from [The NSPCC](#)

### **Contact details**

**Senior lead for safeguarding and child protection and Designated Safeguard Lead (DSL)**

Name: Claire Shepherd

Phone: 07977 234488

Email: [claire@tutorage.co.uk](mailto:claire@tutorage.co.uk)

**Deputy lead for safeguarding and child protection and Deputy**

## **Designated Safeguard Lead (DDSL)**

Name: Anna Wileman

Phone: 07957 990173

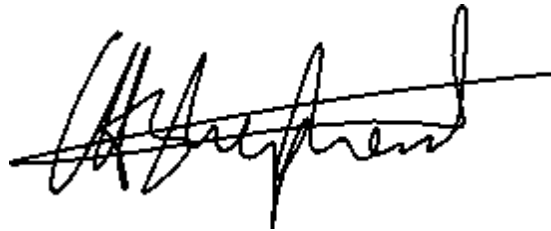
Email: [anna@admin.co.uk](mailto:anna@admin.co.uk)

## **NSPCC Helpline**

Phone: 0808 800 5000

This Safeguarding & Child Protection Policy is reviewed every four months, and, where appropriate, is updated to reflect any statutory changes/improvements to Safeguarding policy.

Signed by **Claire Shepherd**  
Managing Director

A handwritten signature in black ink, appearing to read 'Claire Shepherd', written over a horizontal line.

If applicable to LA  
Date:

(This refers to the date your organization became aware of the allegation)

<b>Name of person completing this notification</b>	
<b>Contact Details</b>	Tel:

Details of Member of Staff/Volunteer whom the allegation is against					
Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Post Held <small>(Please also provide a brief description of their role)</small>				Employment Status	Choose an item.
Employed by			Commencement date of employment		
Home Address					
Previous concerns <small>(Please provide details if any)</small>					

Details of Child(ren) involved					
Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Home Address					
Parent's Name					
LAC?	Choose an item.	If Yes, who is the responsible authority?			
If Yes, who is the Social Worker?	Name:				
	Tel:		Email:		

<b>Details of Alleged Incident</b>	
Date and Time of incident	
Place of Incident	
Circumstances of incident – to include the context, evidence of harm etc.	
Names of Potential Witnesses	
Any other information	

<b>Nature of Allegation</b>			
Category:	Choose an item.	Any further details?	
If physical, are there any observable marks or injuries?			
Was Technology involved?	Choose an item.	If yes what type?:	

## Appendix 2 – Reporting an allegation against a Child or Young Person



to LA CSCT

**Date allegation known**  
(This refers to the date your organization became aware of the allegation)

If app

<b>Name of person completing this notification</b>	
<b>Contact Details</b>	Tel:

**Details of Child or Young Person whom the allegation is against**

Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Home Address					
Previous concerns <small>(Please provide details if any)</small>					

Details of Child(ren) involved					
Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Home Address					
Parent's Name					
LAC?	Choose an item.	If Yes, who is the responsible authority?			
If Yes, who is the Social Worker?	Name:				
	Tel:		Email:		

Details of Alleged Incident	
Date and Time of incident	
Place of Incident	
Circumstances of incident – to include the context, evidence of harm etc.	
Names of Potential Witnesses	
Any other information	

Nature of Allegation			
Category:	Choose an item.	Any further details?	

If physical, are there any observable marks or injuries?			
Was Technology involved?	Choose an item.	If yes what type?:	

### **Appendix 3 – Definitions of Abuse**

Comprehensive definitions of abuse have been well documented by, amongst other organisations, the NSPCCs Knowledge and Information Service. Below, we have adopted definitions put forward by both the NSPCC and the Staffordshire Safeguarding Children’s Board (SSCB) with respect to definitions of abuse:

#### **1. 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); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;

- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.
- Adolescent neglect
- Affluent neglect

## **2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- 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; or
- Isolation from peers.

## **3. Sexual Abuse**

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

The following may be indicators of sexual abuse (this 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;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

#### **4. Exploitation**

Child Sexual Exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Staffordshire Childrens Social Care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other

items;

- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and County Lines)

## **5. 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 participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or 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;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

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

## **6. Responses from Parents/Carers**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed;
- 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;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household;
- Evidence of coercion and control.

## **7. Disabled Children**

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

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment; • Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint ;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

### **Specific definitions of abuse**

Below, we have adopted definitions put forward by both the NSPCC and the Staffordshire Safeguarding Children's Board (SSCB) with respect to specific definitions of abuse outlined in ***Keeping Children Safe in***

## ***Education, 2020 :***

### ***Peer on peer abuse***

All our staff are aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, biting, hair pulling or otherwise causing physical harm; sexting; upskirting and initiating/ hazing type violence and rituals. Staff **must challenge** any form of derogatory and sexualised language or behaviour. Staff should **be vigilant** to sexualised/aggressive touching/grabbing particularly towards girls. Behaviours by children should **never be passed off** as 'banter' or 'part of growing up'. The DFE states 'peer on peer abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures.

Professionals **should not dismiss** abusive behaviour as normal between young people and **should not develop high thresholds** before taking action.' Concerns should be referred to senior staff who may need to consult with the Designated Safeguarding Lead. Victims of peer on peer harm will be supported by their school's pastoral system and referred to specialist agencies if appropriate

We have an anti-bullying and behaviour policy to guide children, staff and parents which should be read in conjunction with this policy.

### ***Bullying including Cyberbullying***

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to protect themselves. It can take many forms but the main types are:

- Physical (e.g. hitting, kicking, theft)
- Verbal (e.g. racist or homophobic remarks, threats, name-calling)
- Emotional (e.g. isolating an individual from the activities and social acceptance of their peer group)
- Cyberbullying (including sexting)

Guidance on bullying can be [found here](#)

### ***Children Missing Education***

All professionals working with children, as well as the wider community can help by remaining vigilant to children's safety. The law states every child should be receiving an education, and we stand a better chance of ensuring a child's safety if we know where and how they are receiving this. The Education and Inspections Act 2006 places a duty on local authorities in England and Wales to make arrangements to identify children and young people of compulsory school age missing education in their area; we work closely to ensure we put appropriate safeguarding responses in place for children who go missing from education.

A child going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding risks, including abuse and neglect, which may include sexual abuse or exploitation; child criminal exploitation; mental health problems; substance abuse and other issues. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of them going missing in future.

We hold two or more emergency contact numbers for each pupil. It is good practice to give our organisation additional options to make contact with a responsible adult when a child missing education, is also identified as a welfare and/or safeguarding concern.

We will notify the Local Authority of any pupil/student who fails to attend our provisions regularly after making reasonable enquiries or has been absent from sessions for a continuous period of 10 days or more.

We will demonstrate that we have taken reasonable enquiries to ascertain the whereabouts of children that would be considered [‘missing’](#).

### ***Child Missing from Home or Care***

There are strong links between children involved in sexual exploitation and other behaviours such as running away from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse. In addition, some children are particularly vulnerable, for example, children with special needs, those in residential or foster care, those leaving care, migrant children, particularly those who are unaccompanied, those forced into marriage, those involved in gangs and unaccompanied asylum seeking children. The majority of children who go missing are not in care and go missing from their family home. However, children who are looked after are much more likely to run away than those who live at home, and over 50% of young people in care have run away at some point.

Guidance documents

- [Promoting the Welfare & Safety of Children in Specific Circumstances](#)  
–Section 4G
- [Children who run away or go missing from home or care](#)

### ***Child Sexual Exploitation (CSE)***

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 Sexual Exploitation:-Definition and Guidance, Feb 2017. Gov.uk)

CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;

- Can still be abuse even if the sexual activity appears consensual;
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- Can take place in person or via technology, or a combination of both;
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- May occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- Unexplained gifts or new possessions
- Association with other young people involved in exploitation
- Older boyfriends or girlfriends
- Suffering from sexually transmitted infections or become pregnant
- Changes in emotional well-being
- Misuse of drugs and alcohol
- Going missing for periods of time or regularly come home late; and
- Regularly missing school or education or do not take part in education

Guidance documents

- [Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#)
- [Child Sexual Exploitation policy](#)
- [Promoting the Welfare & Safety of Children in Specific Circumstances](#)
- [Know about CSE](#)

## ***Child Criminal Exploitation: County Lines***

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism 98 should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
- Can affect any vulnerable adult over the age of 18 years;
- Can still be exploitation even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

***Domestic Violence*** – Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Guidance Documents:

- [Promoting the Welfare & Safety of Children in Specific Circumstances](#) - Section 4N
- [Domestic Violence and Abuse](#)

### **Drugs**

There is evidence that children and young people are increasingly misusing alcohol and illegal drugs. Consequences range from non-attendance and poor attainment at school, poor health, committing crime to support 'habits' and also increased risk of being a victim of violent crime and sexual exploitation.

Guidance Documents:

- Working with Parent who misuse substances [guidance](#)
- [Drugs Advise for Schools](#)

**Fabricated or induced illness** - Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of their carer and which is attributed by the adult to another cause. There may be a number of explanations for these circumstances and each requires careful consideration and review. Concerns about a child's health should be discussed with a health professional who is involved with the child.

Guidance Documents:

- [Promoting the Welfare & Safety of Children in Specific Circumstances](#) - Section 4R
- [Safeguarding children in whom illness is fabricated or induced](#)

### **Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016).

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It's used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

*Spotting the signs of FGM*



A girl at immediate risk of FGM may not know what's going to happen. But she might talk about it or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A girl who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

### ***Forced Marriage***

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools, colleges and the wider Team Around the Child can play an important role in safeguarding children from forced marriage.

There are some significant differences between the referral of a concern about a young person being forced into marriage and other child protection referrals. Professionals must be aware that sharing information with a young person's parents, extended family or members of their community,

could put the young person in a situation of significant risk. Any disclosure that indicates a young person may be facing a forced marriage must be taken seriously by professionals who should also realise that this could be 'one chance to save a life. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Guidance Documents:

- [Promoting the Welfare & Safety of Children in Specific Circumstances](#) - Section 4L
- [Forced Marriage](#)

### ***Child trafficking***

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children are trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering. Child trafficking can also be organised by individuals and the children's own families.

Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation, so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

### *Spotting the signs of child trafficking*

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events.

These include a child who:

- spends a lot of time doing household chores
- rarely leaves their house, has no freedom of movement and no time for playing
- is orphaned or living apart from their family, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a school or a GP practice
- has no documents or has falsified documents
- has no access to their parents or guardians
- is seen in inappropriate places such as brothels or factories
- possesses unaccounted for money or goods
- is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- has injuries from workplace accidents
- gives a prepared story which is very similar to stories given by other children

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- travelling with different children who they're not related to or responsible for
- insisting on remaining with and speaking for the child
- living with unrelated or newly arrived children
- abandoning a child or claiming not to know a child they were previously with.

### ***Mental Health***

Although we are not a registered school, we follow this non-statutory advice which clarifies the responsibility of schools, outlines what they can do and how to support a child or young person whose behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

Guidance Documents:

- [Parenting capacity and mental health](#) – Section 40
- [Mental Health & Behaviour in schools](#)

### ***Private Fostering***

Many adults find themselves looking after someone else's child without realising that they may be involved in private fostering. A private fostering arrangement is one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or immediate relative. If the arrangement is to last, or has lasted, for 28 days or more, it is categorised as private fostering.

The Children Act 1989 defines an immediate relative as a grandparent, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage or civil partnership), or a step parent.

People become involved in private fostering for all kinds of reasons.

Examples of private fostering include:

- Children who need alternative care because of parental illness;
- Children whose parents cannot care for them because their work or study involves long or antisocial hours;
- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Unaccompanied asylum seeking and refugee children;
- Teenagers who stay with friends (or other non-relatives) because they have fallen out with their parents;
- Children staying with families while attending a school away from their home area.

There is a mandatory duty on us to inform Staffordshire Childrens Social Care of a private fostering arrangement by contacting First Response. (08001313126), who then has a duty to check that the young person is being properly cared for and that the arrangement is satisfactory.

Guidance Documents:

- [Promoting the Welfare & Safety of Children in Specific Circumstances](#) - Section 4E
- [Children Act 1989 – Private Fostering](#)

### ***Sexual Violence and Sexual Harassment***

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- Not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;

and

- Challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.
- Upskirting which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitalia or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm

It is important that our staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

**Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

**Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

**Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**What is consent?** Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

### ***Sexual harassment***

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd

comments, making sexual remarks about clothes and appearance and calling someone sexualised names;

- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
  - Non-consensual sharing of sexual images and videos;
  - Sexualised online bullying;
  - Unwanted sexual comments and messages, including, on social media; and
  - Sexual exploitation; coercion and threats
  - Upskirting

### ***Response to a report of Sexual Violence or Sexual Harassment***

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow our Emergency Safeguarding referral process. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

Guidance Document:

- [Sexual Violence and Sexual Harassment between children in schools and colleges](#)

### ***Sexting***

Sexting is when a young person takes an indecent images of them self and sends this to their friends or boy / girlfriends via mobile phones.

The problem is that once taken and sent, the sender has lost control of these images and these images could end up anywhere. They could be seen by your child’s future employers, their friends or even by paedophiles.

By having in their possession, or distributing, indecent images of a person under 18 on to someone else – young people are not even aware that they could be breaking the law as these are offences under the Sexual Offences Act 2003.

Guidance Documents:

- [Further Guidance for Practitioners](#) – Section C
- [Disrespect Nobody](#)
- [CEOP](#)
- [U tube resource](#)

#### Appendix 4 - Brook Traffic Light Tool

A tool provided by Brook to be used when considering sexual behaviour concerns.

<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

#### Appendix 5 – Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
  - The demonstration of unacceptable behaviour by using any means or medium to express views which
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs
  - Seek to provoke others to terrorist acts
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views,



do not become involved in violent extremist activity.

5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that our staff are able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

- Identity Crisis – the student/pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student/pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the student/pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student/pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
- Special Educational Need – students/pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. This list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. More critical risk factors could include:

- Being in contact with extremist recruiters;
- Family members convicted of a terrorism act or subject to a Channel intervention;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and/or behaviour; and

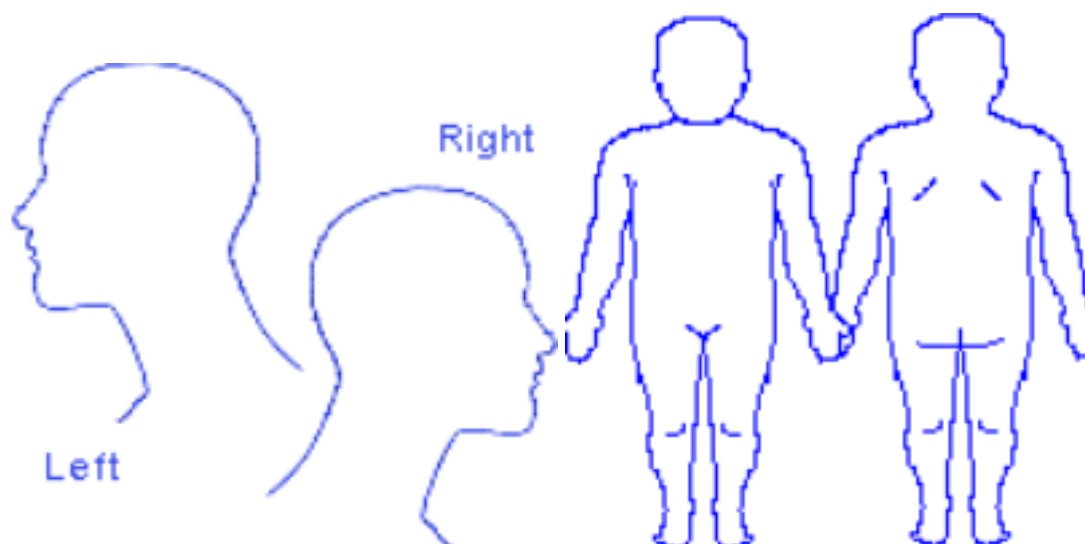
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

## **Appendix 6: Recording General Concerns about a Child** **- FORM A**

Online version is available at: <https://airtable.com/shrc3NEHcuiDL6cbZ>

Name of the child:	
Your Name and Designation	<b>Name:</b> <b>Designation:</b> Please ensure you sign the form at the bottom
Date and time of the incident or when this concern was observed	<b>Date:</b> <b>Time:</b> <b>Please circle:</b>  This was the time of the incident  This was the time I observed a concern
Date and time this record was written	<b>Date:</b>  <b>Time:</b>
Please provide a written record of the incident/concern. Ensure you: <ul style="list-style-type: none"> <li>• Distinguish between fact, opinion and hearsay</li> <li>• Describe the concern in as much detail as possible</li> <li>• Record the voice of the child, <b>verbatim</b> (don't be afraid to record swearing, insults, intimate vocab).</li> <li>• Don't record any jargon</li> <li>• Do not discriminate or stereotype as part of the description</li> </ul>	
If applicable, confirm you have attached the body map to show any visible injuries	<b>Body Map Attached</b> (please circle):  YES  NO
<b>Signature of recorder:</b>	

**BODY MAP – to be included with Reporting a Concern Form A** Online version is available at:  
<https://airtable.com/shrc3NEHcuiDL6cbZ>



Colour Key	
Black	Bruising
Green	Swelling and inflammation
Red	Burns
Yellow	Cuts & or grazes
Pink	Marks (anything else)
Blue	Pain



Name of the child:	
Your Name and Designation	<b>Name:</b> <b>Designation:</b>
Date and time this record was written	<b>Date:</b> <b>Time:</b>
Full description of injury:	
Any explanation for the injury?	

## Recording General Concerns about a Child – QA Audit Tool for DSL

**To be completed by the DSL or Deputy DSL every time Form A is completed** Please circle Y/N where appropriate

<b>RED</b>	Indicates that information from the checklist is lacking and deficiencies need to be addressed as a matter of urgency
<b>AMBER</b>	Indicates that key information is included but recording could be further improved
<b>GREEN</b>	Indicates that the recording meets the above required standards

### Appendix 7: Safeguarding Referral Guidance.

Child clearly identified?	Y	N
Name, designation and signature of the person completing the record?	Y	N
Date and time of any incidents or when a concern was observed?	Y	N
Date and time of written record?	Y	N
Distinguished between fact, opinion and hearsay?	Y	N
Concern described in sufficient detail, i.e. no further clarification necessary?	Y	N
Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim)	Y	N
Record free of jargon?	Y	N
Written in a professional manner without stereotyping or discrimination?	Y	N

If applicable, the record includes an attached completed body map to show any visible injuries?	Y	N
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<b><u>Audit Date:</u></b>		<b><u>Audit Completed By:</u></b>	
<b><u>Overall RAG rating (see key below)</u></b>			
<b><u>Action Needed</u></b>	<b><u>Timescale</u></b>	<b><u>Name &amp; Position of responsible person</u></b>	<b><u>Date action completed</u></b>

### **Safeguarding Referrals:**

The nature of a tutor's work places them in a position where young people may disclose information which raises concerns about their or their peer's welfare. If you find yourself in this position, where a young person is talking to you about such sensitive or concerning information, please follow these guidelines:

- Listen carefully to what the young person says and observe their behaviour.
  - Clarify their concerns.
  - Offer re-assurance about how they will be kept safe.
  - Explain what action you will need to take and when you will do this. •
- Do not press the young person for information, lead them or cross-examine them.
- Don't give them false assurances of absolute confidentiality.
  - If the young person can understand the significance and consequences of making a referral to the LA children's social care, you should ask them for their views.
  - You should however explain to the young person that whilst you will take their view into account, you have a responsibility to take whatever action

you think is necessary to ensure their safety and the safety of other young people.

- You will need to make a decision about who you share this information with in the young person's home situation. If you consider sharing information would place the young person at greater risk or prejudice any future actions then you do not need to share at this time.
- At your earliest convenience make a note of everything you have been told, if possible use the concern form provided - (Appendix 1).
- If you consider the young person to be in imminent danger first contact the police on 999 and then Tutorage's DSL by telephone immediately. As a minimum raise your safeguarding concern through your individual session reports which will alert Tutorage's DSL to take further action. Please make yourself available until you have been contacted by the DSL.

Once our DSL (or either of the deputies) have been notified they will take responsibility to act upon the information they receive, which may include making a referral to the appropriate local children's social care team.

You may however find yourself in the unusual situation where you cannot make contact with Tutorage or any of their DSLs. In this situation the law is quite clear - *All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:*

- *Has suffered significant harm;*
- *Is likely to suffer significant harm;*
- *Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;*
- *Is a Child in Need whose development would be likely to be impaired without provision of services.*

If you find yourself in this unusual situation and cannot share your concern with parents or carers then please follow these guidelines:

- Make direct telephone contact with the local children's social care team. Tutorage will have provided you with the contact details of the local care team. If however you are unsure of which office to call go to <https://www.gov.uk/report-child-abuse-to-local-council> and enter the postcode of your location. The site will provide you with the correct numbers to ring.
- The person who answers your call will decide what to do. For example, they might:
  - o gather more information
  - o ask a social worker to look into it
  - o contact the police, if they think the child is at immediate risk or a crime has been committed

The children's social care team will tell you what happens next, but they won't be able to give you any confidential information.

Be prepared by completing the concern form (Appendix 1) and be aware you could be asked information on any of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Where available, the child's NHS number and education UPN number;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

You may have other information which may be relevant and some information may not be available to you at the time of making the referral. However you should not delay in order to collect information if the delay may place the child at risk of significant harm.

You should seek the parent/carer's permission before discussing a referral about them with other agencies, unless permission-seeking may itself place the young person at risk of significant harm. If you decide not to seek parental permission before making a referral you must make this clear when you speak to Children's social care, your decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's social care.

After you have completed the referral you must make contact with Tutorage's DSL as soon as possible as they will support you to confirm your referral in writing. This **MUST** be completed within 48 hours of your initial contact with Children's social care. If you do not receive an acknowledgement within three working days, you should contact Children's social care again.

Please be assured, should you find yourself in a position where you consider the need to make a referral, do not **hesitate**, the people who you speak to on the phone will guide and support you, even if they consider your referral to be unnecessary.

For further advice and guidance we strongly recommend you familiarise yourself with the Gov.uk's publications [Working Together to Safeguard Children](#), July 2018, and [Keeping Children Safe in Education](#), Statutory guidance for schools and colleges September 2020.

## **Appendix 8: Escalations Procedure**

### **Professional disagreements escalation policy**

Effective working together depends on an open approach and honest relationship between agencies and good communication. The learning from serious case reviews shows that escalations between professionals can be resolved early on if the following principles are adopted.

- ✓ Take the time to understand and appreciate another professionals' role and responsibilities
- ✓ Collectively agree and make decisions together in a multi agency arena and take responsibility for those decisions
- ✓ Effective supervision and support within your own organisation is key to building confidence.
- ✓ Develop effective relationships with professionals as this helps to resolve disputes early on

### **How to use the escalation procedure to resolve disputes Stage 1-4**

#### **Stage 1**

1. In the first instance workers should raise the matter with their fellow professional, either verbally or in writing, within a maximum of 1 working day of the disagreement or on receipt of the disputed decision and they should provide clear evidence-based reasons for their disagreement. They should also make it clear that this is in line with this procedure.

2. The receiving professional must read and review the case file, speak to the professional who has raised the disagreement as soon as possible and attempt to find a mutually agreeable way forward via a meeting or discussion. They may need to seek their own management advice if needed. If agreement is reached, the receiving professional will advise the agency of the outcome within a maximum of **1 working day**<sup>1</sup> and confirm in writing.

3. The professionals involved in this resolution process must record each intra-agency and multi-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications



and information.

## Stage 2

1. If the workers are unable to reach agreement about how to resolve the issue then the matter should be escalated to their line managers. The line manager should ascertain the specific circumstances of the disagreement and contact should occur between agencies within **1 working day**. The purpose of this contact is to review the available information and to resolve the concern. Where necessary, this may involve a meeting between managers.

**NB: It is worth noting that this process may vary depending on the management structure within an organisation. It is likely therefore that some stages may not be relevant. On this basis it is expected that professionals, as a minimum would have followed stage 1 and 2 before escalating to their Board representative. Any agreed plan arising from this contact should be fed back immediately to the operational staff involved, confirmed in writing between agencies and include a date for review if required.**

2. Each agency will need to define, through their respective scheme of delegation, who their appropriate line management equivalents are eg:

- A police detective sergeant
- A named or designated health professional
- A social work team manager / practice / principal manager / line manager
- A designated teacher
- A designated lead within early years
- A designated lead within the voluntary sector

3. It is acknowledged that some organisations, particularly in the third sector, may not have extended schemes of delegation. An appropriate person within this organisation must be identified to discuss and address the area of disagreement. In cases where there is confusion about thresholds and roles and responsibilities, peer support should be considered as a means of additional advice and support to the agency.

4. If agreement can be reached the responsible line manager will advise the agency of the outcome within a maximum of **1 working day** and confirm by letter.

5. As previously stated, the professionals involved in this resolution process must record each intra-agency and multi-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications and information.

## **Formal Escalation**

### Stage 3

6. If this process does not achieve consensus between agencies, the line managers

should refer the matter to their relevant senior managers, equivalent to service manager. An escalation form should be completed by the line manager raising the issue with their senior manager, outlining the area of disagreement and what efforts have been made to resolve the issue. This notification should be made within **1 working day**. This will result in a review of the case, including the circumstances leading to the disagreement, with a view to resolving the issue.

7. The senior manager will contact their agency equivalent within a maximum of **1 working day** and attempt to resolve the issue. If necessary, a meeting should take place within **2 working days** to resolve the issue.

8. Any decision making arising from this process should be communicated to relevant personnel in each agency without delay and in writing within **2 working days** of the matter being formally escalated and be subject to monitoring and reviewing processes as appropriate.

#### Stage 4

1. Where a resolution is still not agreed the senior manager will raise the disagreement with their Assistant Director, or equivalent level in the organisation, who will contact and meet their agency equivalent within five working days.

2. Where concerns arise particularly in the management of a case, for example where an agency has failed to meet the specific requirements of the inter-agency plan to safeguard a child, a senior manager can request that an agency's case record on the child is reviewed.

3. The respective agency representatives on the relevant Local Safeguarding Children Board should be alerted that a disagreement has reached this stage

4. It will be unusual for many situations to reach this stage and for this reason there should be some consideration from the relevant Local Safeguarding Children Board as to whether there are wider lessons to be learned including any procedural or policy matters.

5. Any issues which have been resolved through use of the escalation procedure must be documented on all relevant case files for the purpose of audit trail.

#### Stage 5

1. If it has not been possible to resolve the professional differences at stage four the matter should be referred to the nominated SCB representative for the agency (see respective SCB website for details of the agency representative). If the agency does not have a nominated representative the matter must be referred to the relevant Safeguarding Children Board manager in Stoke-on-Trent or Staffordshire.

2. In all cases the LSCB 'Formal Escalation' form must be completed which should then be forwarded to the relevant LSCB manager. The escalation form will enable

the LSCB to collate evidence of escalations and to offer assurances that they are being resolved at the right level and to gather information about the issues that need to be resolved.

3. At all stages of the process, actions and decisions must be recorded in writing and shared with relevant personnel and include the professional who raised the initial concern. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

4. In each case the nominated representative and relevant LSCB Manager will liaise with the Independent Chair of the Safeguarding Children Board as a matter of urgency and, in discussion with the nominated LSCB representative of the agency with whom the dispute is being raised (where applicable) a final decision will be reached.

5. Where a dispute remains unresolved despite the above arrangements, it shall be referred to an independent professional adviser.

**FORMAL ESCALATION FORM (to be used at Stage 3 and 4 only)**

**Date:**

**Name of Child: DOB:**

**NHS number:**

**Practitioner: Agency/Team:**

**Summary of Concerns, including the specific difference/s which has resulted in utilising the Escalation process:**

(It is important that you provide information that details how you have made every effort to resolve this matter at a local level within Stages 1 & 2.)

**Requested Action:**

**Response:**

**Date:**

**Resolution of Issues:**

**Date:**

**Actions Taken to Resolve the Professional Disagreement:**

**THIS DOCUMENT MUST BE SENT SECURELY**

**Professional Escalation/ Disagreement Process**

Professional disagreement arises

### **Stage 1**

Professionals should raise the matter with their fellow professional, either in writing or verbally within **1 working day**.

### **Stage 2**

If professionals are unable to reach agreement about how to resolve the issue, then the matter should be escalated to their line manager. The line manager should ascertain the specific circumstances of the disagreement and contact should occur between agencies within **1 working day**.

### **Stage 3**

#### **Formal escalation**

If stage 2 does not resolve the issue, the line manager completes an LSCB Escalation Form (See appendix A) and refers it to their relevant senior manager within **1 working day**. The senior manager contacts their agency equivalent within a maximum of **1 working day** in an attempt to resolve the issue. If necessary a meeting should take place within **2 working days** to resolve the issue. The outcome of this meeting is to be communicated in writing within **2 working days** of the matter being formally escalated.

### **Stage 4**

Where a resolution is still not agreed the senior manager will raise the disagreement with their Assistant Director, or equivalent level in the organisation, who will contact and meet their agency equivalent within **5 working days**.

### **Stage 5**

If at stage 4 the issue is still not resolved the matter should be referred (using the LSCB Escalation form) to the nominated LSCB representative for the agency **within 2 working days**. If the agency does not have a nominated representative the matter must be referred to the relevant LSCB Manager. The nominated representative and relevant LSCB Manager will liaise with the Independent Chair of the Board and, in discussion with the nominated LSCB representative of the agency with whom the dispute is being raised (where applicable) a final decision will be reached. Where a dispute remains unresolved despite the above arrangements, the LSCB shall refer it to an independent professional adviser.