

Child Protection Policy



St Thomas of Canterbury RC Primary School

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**Salford - The Bridge Partnership
(Social Services and Early Help):**
 Phone: 0161 603 4500 (8:30am-4:30pm
 Monday-Friday)
 Email: worriedaboutachild@salford.gov.uk
 Online: Salford Children's Portal
[https://childrensportalehm.salford.gov.uk/
 web/portal/pages/home](https://childrensportalehm.salford.gov.uk/web/portal/pages/home)
 Emergency Duty Team (Out of Hours):
 0161 794 8888

**Manchester Children's
Social Services**
 Phone: 0161 234 5001 (24
 hours, 7 days a week)
 Email: [mcsreply@manchester.g
 ov.uk](mailto:mcsreply@manchester.gov.uk)

Police:
 Emergency: 999
 Non-emergency: 101**FORM**
**GMP Public Protection
Investigation Unit (PPIU)**
 for referrals/consultation
 about crime-related
 safeguarding concerns – tel:
 0161 856 5171 or e mail
parklane.ppiu@gmp.police.uk

Managing allegations against an employee (or volunteer) - **Local
Authority Designated Officer (LADO)** tel: 0161 603 4350 / 4445

Prevent (Radicalisation
 concerns): 0161 856 6362 (GMP)
 or channel.project@gmp.police.uk

National Helplines: NSPCC: 0808 800 5000 Childline: 0800 1111

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1. Introduction

This Child Protection Policy outlines our school's procedures for responding to child protection concerns. It sets out how we will identify, report, and support children who are at risk of, or are experiencing, abuse or neglect.

1.1 Our Commitment

At St Thomas of Canterbury, the safety and wellbeing of our pupils is our highest priority. We recognise that children have a fundamental right to be protected from harm. All staff share responsibility for keeping children safe and will act promptly on any concerns about a child's welfare.

This policy should be read alongside our school Safeguarding Policy, which outlines our proactive and preventative approach in creating a safe environment and protecting all children from harm.

1.2 Relevant Legislative Framework

Keeping Children Safe in Education (KCSIE) 2025

Working Together to Safeguard Children 2023

Section 175 of the Education Act 2002

The Children Act 1989 and 2004

2. Key Definitions

2.1 Child Protection

Child protection refers to the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This includes children who are experiencing, or at risk of experiencing:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

2.2 Significant Harm

Significant harm is defined in the Children Act 1989 as the threshold that justifies compulsory intervention in family life. It is not possible to define precisely what constitutes significant harm. Sometimes a single traumatic event may constitute significant harm (e.g. a violent assault), but more often it is a compilation of significant events which interrupt, damage or impair the child's physical, emotional, or psychological development.

2.3 Types of Abuse

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.

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.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This includes physical contact (penetrative and non-penetrative) and 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.

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 of maternal substance abuse. It may involve a parent or carer failing to provide adequate food, clothing, and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; or ensure access to appropriate medical care or treatment.

3. Recognition and Response – Key Points

All staff receive training to help them recognise and respond to signs that a child may be experiencing harm, abuse or neglect. It is important to remember that:

- The presence of one or more indicators does not necessarily mean abuse is taking place
- Multiple indicators together may suggest a pattern requiring action
- Children may not disclose abuse, and signs may be subtle or ambiguous
- Staff should trust their professional judgment and report concerns
- Signs should be considered in the context of the child's whole circumstances
- Changes in a child's behavior, moods or presentation should be noted
- The voice of the child should be listened to and prioritised
- When in doubt, report any concerns to the DSL

4. Specific Recognition and Response Guidance: Suspected Abuse

Child abuse is a serious safeguarding concern and may include physical, emotional, sexual abuse, or neglect. Under *Keeping Children Safe in Education (KCSIE)*, all school staff have a duty to identify concerns early, act promptly, and ensure children are protected from harm. Abuse may occur within the family, community, or other settings including our school, and must always be treated as of the highest priority.

4.1 Indicators of Harm

Possible indicators are listed below.

Please note: These are not definitive lists. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

Physical Abuse Indicators:

May include, but are not limited to:

- Unexplained or inadequately explained injuries
- Injuries to parts of the body where accidents are unlikely (e.g., back, stomach, chest)
- Patterned injuries (e.g., cigarette burns, belt marks)
- Multiple bruises of different ages
- Bite marks
- Reluctance to remove clothing or participate in PE
- Flinching when approached
- Fear of going home
- Aggressive behaviour or severe temper outbursts
- Depression or withdrawn behaviour

Emotional Abuse Indicators:

May include, but are not limited to:

- Excessive clinginess or attention-seeking
- Low self-esteem and lack of confidence
- Inability to play or have fun
- Fear of making mistakes
- Self-harm or eating disorders
- Delayed emotional development
- Inappropriate emotional responses
- Neurotic behaviour (e.g., rocking, hair twisting)
- Inability to cope with praise
- Fear of parents being contacted

Sexual Abuse Indicators:

May include, but are not limited to:

- Sexual knowledge or behaviour inappropriate for age
- Sexually explicit play or drawings
- Preoccupation with sexual matters
- Inappropriate touching or sexual behaviour with peers
- Regression to younger behaviour (e.g., bed-wetting, thumb-sucking)
- Changes in eating habits or sleep disturbances
- Low self-esteem or self-harm
- Reluctance to undress for PE
- Running away from home
- Physical signs (e.g., soreness, bleeding, STIs)
- Hints or disclosures

Neglect Indicators:

May include, but are not limited to:

- Consistently poor hygiene
- Inadequate or inappropriate clothing
- Persistent hunger or coming to school without breakfast
- Untreated medical or dental problems
- Frequent lateness or poor attendance
- Tiredness or lack of concentration
- Underweight or failure to thrive
- Lack of appropriate supervision
- Delayed development
- Poor peer relationships

4.2 Immediate Staff Responsibilities

If a member of staff suspects abuse or receives a disclosure, they should:

- Act immediately and take the concern seriously
- Listen carefully, calmly, and without judgement
- Reassure the child they have done the right thing
- Do not promise confidentiality
- Avoid asking leading or investigative questions, but do ask open questions to clarify
- Make a clear, accurate record (using the child's own words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

Staff will not investigate or attempt to verify the concern themselves.

The DSL will lead the school safeguarding response and will:

- Assess the nature and level of risk
- Consider any immediate danger to the child
- Decide on referrals to:
 - Children's social care
 - Police (if a crime may have been committed)
- Liaise with other professionals and agencies, or direct other appropriate adults to do so on their behalf

The DSL will ensure all actions are timely, recorded, and focused on protecting the child.

4.3 Supporting a Child Who May Be Experiencing Abuse

The child must be prioritised and protected at all times:

- Ensure the child is safe within the school environment
- Provide access to a trusted adult
- Offer ongoing pastoral and emotional support
- Avoid blame, judgement, or disbelief
- Do not ask the child to repeat their story unnecessarily

Support should be consistent and sensitive, recognising the potential trauma involved.

4.4 Managing Immediate Risk and Safety

Where abuse is suspected:

- Take action to ensure the child is not at immediate risk of harm
- Do not allow the child to leave the premises if there is a significant risk of harm or if other professional need to intervene e.g. the police, social services
- Phone the police if urgent protection is needed
- Do not delay referral where there is concern of significant harm

The priority is always the child's safety, not gathering evidence.

4.5 Working with Parents and External Agencies

A multi-agency approach is essential in safeguarding cases:

- Parents/carers should usually be informed, unless this places the child at greater risk
- The DSL may work with:
 - Local authority safeguarding services (e.g. Salford partners)
 - Police
 - Health professionals

Referrals must be made promptly to ensure appropriate intervention.

4.6 Considering Wider Safeguarding Context

Abuse may be linked to other concerns, including:

- Domestic abuse
- Substance misuse within the family
- Mental health difficulties
- Exploitation or neglect
- Lack of appropriate supervision
- Online harm

The DSL will consider the broader context of the child's life when assessing risk.

5. Specific Response Guidance: Child on Child Abuse

Child-on-child abuse (previously referred to as peer-on-peer abuse) is a serious safeguarding concern and must never be dismissed as “banter” or normal behaviour. Under *Keeping Children Safe in Education (KCSIE)*, schools have a duty to recognise, respond to, and prevent abuse between children, ensuring the safety and wellbeing of all pupils involved.

Child-on-child abuse can include:

- Physical abuse (e.g. hitting, kicking)
- Emotional abuse or bullying (including online)
- Sexual harassment or sexual violence
- Harmful sexual behaviour
- Coercion, intimidation, or exploitation

5.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Unexplained injuries or distress linked to peers
- Bullying (including online), intimidation, or coercion
- Sexualised behaviour between children that is inappropriate for age/stage
- Reluctance to attend school or specific activities due to peers
- Changes in mood, anxiety, or confidence linked to peer interactions
- Reports of unwanted touching, comments, or sharing of images
- Social exclusion or controlling behaviours within peer groups
- Fear of certain individuals or groups of pupils

5.2 Immediate Staff Responsibilities

If a concern is identified or disclosed, staff should:

- Take the concern seriously and act immediately
- Listen carefully to the child and remain calm
- Avoid judgement, blame, or minimising the behaviour
- Reassure the child but do not promise confidentiality
- Ask open questions to ascertain the sequence and severity of events
- Do not assume blame based on one child’s account, or where a group of children have discussed matters and are presenting a shared view which may have been influenced
- Make a clear, factual record (using the children’s own words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

The DSL is responsible for assessing risk and determining next steps. This includes:

- Establishing the nature and seriousness and frequency of the incident/s
- Assessing ongoing risk to all children involved
- Deciding whether to involve:
 - Parents/Carers
 - Senior Leaders to monitor/support the situation
 - Family Support Worker
 - i-Thrive
 - Children's social care
 - Police (especially in cases of sexual violence or serious assault)
- Ensuring appropriate support and protective measures are in place

The DSL will ensure all actions are appropriate, proportionate, and child-centred.

5.3 Supporting a Child Who Has Experienced Child on Child Abuse

Any child who has been harmed (physically, emotionally or sexually) must be prioritised and protected:

- Ensure they feel **safe and supported in school**
- Provide access to a **trusted adult**
- Offer ongoing pastoral or emotional support
- Avoid any form of victim-blaming
- Do not require the child to confront the perpetrator
- Put protective measures in place (e.g. supervision, timetable changes if needed)

Parents/carers should be informed of the situation and support plan, if appropriate.

5.4 Responding to the Child Displaying Harmful Behaviour

The child responsible for the behaviour must also be responded to within our safeguarding framework, not solely through discipline.

Key considerations:

- The child may have experienced abuse themselves
- Behaviour may indicate unmet needs or exposure to harmful influences

Actions may include:

- Stopping the behaviour immediately
- Applying appropriate and proportionate sanctions
- Providing education on:
 - Appropriate boundaries and behaviour
 - Respect, consent (age-appropriate), and relationships

- Legal consequences
- Offering support to address underlying issues

A balance must be maintained between accountability and support.

5.5 Managing Incidents Involving Multiple Pupils

Where incidents involve more than one child:

- Treat all children as potentially in need of safeguarding support
- Avoid labelling children purely as “victim” or “perpetrator”
- Put measures in place to prevent further harm (e.g. separation, supervision)
- Manage carefully to avoid escalation or retaliation

Each child’s needs and risks must be assessed individually and holistically.

5.6 Working with Parents and External Agencies

A multi-agency approach is often required:

- Inform and involve parents/carers where appropriate
- Work with:
 - Local authority safeguarding services (e.g. Salford partners)
 - Police in cases of serious harm or criminal behaviour
 - Early help or specialist services

All decisions should prioritise the safety and welfare of the children involved.

6. Specific Recognition and Response Guidance: Online Harm

Online harm and abuse must always be treated as a safeguarding concern, whether a child is a victim, a perpetrator, or both. In line with *Keeping Children Safe in Education (KCSIE)*, our staff have a duty to act promptly, follow school procedures, and prioritise the welfare of all children involved.

6.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Sudden changes in mood (e.g. anxiety, anger, distress after using devices)
- Withdrawal from friends, family, or usual activities
- Low self-esteem or signs of emotional distress
- Becoming secretive about online activity or device use
- Overreacting or becoming defensive when asked about online behaviour
- Spending excessive or unusual amounts of time online, especially late at night
- Quickly switching screens or hiding devices when approached
- Using multiple accounts, fake profiles, or unfamiliar platforms
- Increased secrecy around passwords or refusal to share information
- Receiving a high volume of messages, calls, or notifications
- Contact from unknown individuals or numbers
- Distress after receiving messages, calls, or online interactions
- Deleting messages, using disappearing message apps, or hiding conversations
- Being tagged in, or exposed to, inappropriate or harmful content
- Receiving negative, threatening, or abusive comments
- Posting content that is unusual or out of character
- Interacting with significantly older individuals online
- Talking about new “friends” they have not met in real life
- Being encouraged to keep online relationships or conversations secret
- Using language, knowledge, or behaviour inappropriate for their age
- Receiving gifts, money, or rewards (including in-game purchases) from others
- Being asked to share personal information, images, or videos
- Fear, anxiety, or pressure linked to online interactions
- Talking about meeting someone they only know online
- Tiredness, lack of concentration, or decline in school performance
- Physical symptoms of stress (e.g. headaches, stomach aches)
- Evidence of bullying, harassment, coercion, or threats online

6.2 Immediate Staff Responsibilities

When any online safety concern is identified or disclosed, staff should:

- Respond calmly and take the child seriously
- Reassure without making promises of confidentiality

- Avoid judgement
- Make a clear, factual record (using the child's own words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

The DSL is responsible for assessing risk and deciding next steps. This may include:

- Determining the level of harm and ongoing risk
- Supporting staff in deciding how to respond and what support is needed
- Deciding whether to involve external agencies such as:
 - Children's social care
 - Early Help
 - Police
 - Specialist services (e.g. CEOP for online sexual abuse)
- Ensuring appropriate support is put in place for all children involved

All staff should ensure any actions are recorded and the situation monitored in line with safeguarding procedures.

6.3 Supporting a Child Who Has Experienced Online Abuse

Where a child is a victim of online abuse, the school must prioritise safety, support, and protection:

- Avoid forcing the child to confront the perpetrator
- Preserve evidence (e.g. screenshots), where appropriate, and upload these to CPOMS
- Inform parents/carers
- Speak to parents about supporting online safety in the home
- Ensure the child feels safe within the school environment
- Provide any necessary pastoral or emotional support

6.4 Supporting a Child Who Has Caused Online Harm

When a child is responsible for harmful online behaviour, this must still be treated as a safeguarding issue, not purely a disciplinary matter.

Key considerations:

- The child may also be vulnerable (e.g. influenced, coerced, or experiencing harm themselves)
- There should be a clear focus on developing the child's understanding by educating them regarding the inappropriateness and impact of their actions.
- Sanctions should be proportionate to the child's level of understanding and other factors e.g. if the child has exhibited the same behaviour before.

Actions may include:

- Stopping the behaviour immediately
- Applying appropriate behaviour sanctions
- Restricting device use in school if necessary

- Providing education on:
 - Safe and respectful online behaviour
 - Impact of their actions on others
 - Legal consequences

Parents/carers should be involved, and external agencies contacted if the behaviour is severe or illegal.

6.5 Incidents Involving Multiple Pupils

In cases where both victim/s and perpetrator/s are pupils:

- Both/all children must be listened to without bias or assumption
- Both/all children must be treated as in need of safeguarding support
- School must avoid victim-blaming of any kind
- Where needed, measures should be put in place to prevent further harm (e.g. supervision, separation if needed)
- Careful management may be required to prevent escalation or retaliation
- Where possible, school should support pupils in restoring a positive relationship

6.6 Recognising Wider Safeguarding Risks

Online abuse may be linked to broader concerns, including:

- Child sexual exploitation
- Criminal exploitation
- Radicalisation
- Mental health difficulties

Staff must remain vigilant and treat online incidents as potential indicators of wider harm.

7. Specific Recognition and Response Guidance: Grooming

Grooming must always be treated as a safeguarding concern. Grooming may occur online or offline and can be carried out by adults or, in some cases, by other children. It involves building a relationship, trust, or emotional connection with a child in order to manipulate, exploit, abuse, or radicalise them.

In line with *Keeping Children Safe in Education (KCSIE)*, staff have a duty to act promptly, follow school procedures, and prioritise the welfare of all children involved.

7.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Sudden changes in behaviour, mood, or presentation
- Becoming withdrawn, anxious, secretive, or emotionally distressed
- Increased secrecy around friendships, activities, or communication
- Receiving gifts, money, attention, or rewards from unexplained sources
- Talking frequently about a significantly older friend or relationship
- Becoming protective of devices or communications
- Spending increasing amounts of time communicating with a particular individual
- Unexplained access to money, possessions, or expensive items
- Reluctance to explain where they have been or who they have been with
- Being encouraged to keep relationships, conversations, or activities secret
- Changes in attendance, punctuality, or engagement with school
- Use of sexualised, inappropriate, or unusually mature language
- Emotional dependence on an individual outside normal support networks
- Becoming isolated from peers or family members
- Unexplained fear, anxiety, or concern about upsetting a particular person
- Talking about travelling, meeting someone, or leaving home unexpectedly
- Changes in appearance, interests, or behaviour linked to a specific individual

7.2 Immediate Staff Responsibilities

When any concern relating to grooming is identified or disclosed, staff should:

- Respond calmly and take the child seriously
- Reassure without making promises of confidentiality
- Avoid judgement or questioning that may influence disclosure
- Make a clear, factual record (using the child's own words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time

The DSL is responsible for assessing risk and deciding next steps. This may include:

- Determining the level of risk and whether exploitation or abuse may already be occurring
- Supporting staff in deciding how to respond and what support is needed
- Deciding whether to involve external agencies such as:
 - o Children's social care
 - o Early Help
 - o Police
 - o Specialist safeguarding services
- Ensuring appropriate support is put in place for the child and family

All staff should ensure actions are recorded and the situation monitored in line with safeguarding procedures.

7.3 Supporting a Child Who May Be Experiencing Grooming

Where a child may be experiencing grooming, the school must prioritise safety, support, and protection:

- Listen carefully and avoid expressing shock
- Avoid placing responsibility on the child
- Preserve relevant evidence where appropriate and upload to CPOMS
- Inform parents/carers unless doing so places the child at increased risk
- Ensure the child feels safe within the school environment
- Provide pastoral, emotional, and practical support

7.4 Recognising Wider Safeguarding Risks

Grooming may be linked to broader concerns including:

- Child sexual exploitation
- Criminal exploitation
- County lines involvement
- Online abuse
- Radicalisation
- Missing episodes
- Mental health difficulties

Staff must remain vigilant and treat grooming concerns as potential indicators of wider harm.

8. Specific Response Guidance: Radicalisation

Radicalisation is a safeguarding concern under *Keeping Children Safe in Education (KCSIE)* and the government's Prevent Duty. It refers to the process by which a child may be influenced to adopt extreme views that could lead to harmful or illegal actions. In a primary school context, concerns must always be handled with care, sensitivity, and a focus on early intervention and protection.

8.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Sudden use of inappropriate language and language suggestive of extremism
- Expressing intolerant views towards others (e.g. race, religion, culture)
- Increased fixation on a particular ideology or cause
- Increased secrecy, especially online
- Withdrawal from usual friendship groups and activities
- Sudden changes in behaviour, dress, or identity
- Accessing or sharing extremist content online
- Obsession with particular ideologies or groups
- Justifying violence or showing lack of empathy for others
- Being influenced by or associating with individuals who hold extreme views

8.2 Immediate Staff Responsibilities

If a member of staff notices signs or receives a disclosure suggesting a child may be at risk of radicalisation, they should:

- Remain calm and take the concern seriously
- Listen carefully without judgement or challenge
- Avoid asking leading questions or investigating
- Reassure the child, but do not promise confidentiality
- Make an accurate written record (using the child's words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

Staff must not attempt to manage the situation alone.

The DSL is responsible for assessing the concern and determining appropriate action. This includes:

- Evaluating the level of risk and vulnerability
- Considering whether the child is being influenced online, at home, by someone in their wider family or community or by other children, possibly fellow pupils.
- Deciding whether to refer to external agencies, such as:
 - Local safeguarding partners (e.g. Salford services)
 - Police (if there is immediate risk or illegal activity)

- The Channel programme (a voluntary early intervention programme under Prevent)

The DSL ensures all actions are recorded and followed up in line with safeguarding procedures.

8.3 Supporting a Child at Risk of Radicalisation

The primary aim is to protect and support the child, not to criminalise them.

- Provide a safe, trusted adult for the child to talk to
- Offer pastoral support and monitor wellbeing
- Avoid isolating or stigmatising the child
- Help the child develop critical thinking and resilience to influence
- Ensure the school environment remains safe and inclusive

Parents/carers should usually be informed, unless doing so would increase the risk to the child.

8.4 Managing Concerning Behaviour or Views

If a child expresses extreme or concerning views:

- Respond in a calm, age-appropriate, and non-confrontational way
- Do not dismiss or shame the child
- Use opportunities to:
 - Challenge harmful ideas sensitively
 - Reinforce shared values such as respect, tolerance, and inclusion
- Record and report concerns rather than debating or investigating

This approach helps reduce risk while maintaining trust and openness.

8.5 Recognising Wider Safeguarding Risks

Radicalisation rarely occurs in isolation and may be linked to:

- Online grooming or exposure to harmful content
- Social isolation or vulnerability
- Family influences or community tensions
- Other safeguarding risks (e.g. neglect, exploitation, mental health concerns)

The DSL will consider the full context of the child's life when assessing risk.

8.6 Working with Parents and External Agencies

Safeguarding requires a multi-agency approach:

- Work with parents/carers to support and protect the child (only where safe to do so)
- Engage with:
 - Local authority safeguarding teams
 - Prevent/Channel panels
 - Police, where necessary

Referrals to Channel focus on support, not punishment, and aim to reduce vulnerability to radicalisation.

9. Specific Response Guidance: Child Exploitation

Child exploitation is a serious safeguarding concern in which a child is manipulated, coerced, or forced into activities for another person's gain. This may include sexual exploitation (CSE) or criminal exploitation (CCE), such as involvement in illegal activities. Under *Keeping Children Safe in Education (KCSIE)*, all concerns must be treated as urgent and high risk, with a focus on protecting the child.

9.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Unexplained gifts, money, phones, or new clothing
- Going missing from home or school, or staying out late
- Sudden changes in behaviour (e.g. secretive, aggressive, withdrawn)
- Changes in mood and emotional presentation
- Association with older individuals or unknown peers
- Decline in school attendance or engagement
- Evidence of controlling relationships (fearful, anxious about someone)
- Use of drugs/alcohol or involvement in risky situations
- Unexplained injuries or infections
- Unexplained travel to new areas

9.2 Immediate Staff Responsibilities

If a member of staff suspects exploitation or receives a disclosure, they should:

- Act immediately and take the concern seriously
- Listen calmly and without judgement
- Reassure the child they have done the right thing by disclosing/reporting concerns
- Do not promise confidentiality
- Avoid asking excessively leading or investigative questions
- Make a clear, factual record (including the child's own words where possible)
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

Staff should attempt to resolve the situation themselves.

The DSL will coordinate the safeguarding response and will:

- Assess the level and immediacy of risk
- Consider the child's vulnerability and any ongoing or previous harm

- The child's wider circumstances
- Make referrals to appropriate agencies, such as:
 - Children's social care
 - Police (exploitation is often linked to criminal activity)
 - Specialist services

The DSL will ensure all actions are timely, recorded, and centred on the child's safety.

9.3 Supporting a Child Who Is Being Exploited

The child must always be viewed as a victim of abuse, even if they appear to be cooperating.

- Ensure the child is safe and supervised
- Provide access to a trusted adult (this may be the family support worker and/or the class teacher)
- Offer ongoing emotional and pastoral support
- Avoid blame, judgement, or punishment
- Do not expect the child to disclose everything immediately

Support will be consistent and on-going, recognising the complex nature of exploitation.

9.4 Managing Risk and Immediate Safety

Where exploitation is suspected:

- Prioritise the child's immediate safety
- Do not allow the child to leave with unknown or concerning individuals
- Share information promptly with safeguarding professionals

School staff will focus primarily on protection rather than investigation.

9.5 Working with Parents and External Agencies

A multi-agency approach is essential:

- Inform parents/carers unless doing so increases risk
- Work with:
 - Local authority safeguarding services (e.g. Salford partners)
 - Police
 - Health services and specialist support organisations

Referrals must be made without delay to reduce risk and protect the child.

9.6 Considering Wider Safeguarding Risks

Exploitation is often linked to other concerns, including:

- Grooming and coercion
- Online abuse or contact with unknown individuals
- Missing episodes or unexplained absences
- Mental health difficulties
- Family vulnerabilities or neglect

The DSL will consider the full context of the child's life when responding.

10. Specific Recognition and Response Guidance: Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. It comprises procedures involving partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons.

FGM is illegal in the UK and is a safeguarding concern requiring immediate action.

In line with statutory guidance and *Keeping Children Safe in Education (KCSIE)*, staff must remain vigilant to indicators and act without delay.

10.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without harm or abuse occurring.

- Discussion of a special celebration, ceremony, or becoming a woman
- Family originating from a community where FGM is known to occur
- Planned extended absence from school, particularly abroad
- Talking about a forthcoming trip overseas without clear explanation
- Anxiety about upcoming holidays or travel
- Changes in behaviour, withdrawal, or emotional distress
- Difficulty sitting, standing, or walking comfortably
- Spending longer periods in the toilet
- Frequent urinary, menstrual, or abdominal complaints
- Reluctance to participate in physical activity
- Increased absences or reduced engagement after returning from travel
- Disclosure by the child or information shared by peers or family members

10.2 Immediate Staff Responsibilities

When any concern relating to FGM is identified or disclosed, staff should:

- Respond calmly and sensitively
- Take all disclosures seriously
- Avoid making promises of confidentiality
- Avoid contacting family members before discussion with the DSL
- Make a clear, factual record
- Report immediately to the DSL using CPOMS or in person where urgent

The DSL is responsible for assessing risk and determining next steps.

This may include:

- Immediate referral to children's social care
- Contact with police where required

- Considering protective measures
- Coordinating support for the child

Where staff discover that an act of FGM appears to have been carried out on a girl under 18, they must follow current legal reporting requirements and seek immediate guidance from the DSL.

All actions must be recorded and monitored.

10.3 Supporting a Child Affected by FGM

Where concerns exist regarding FGM:

- Ensure the child feels safe and listened to
- Respect privacy and dignity
- Avoid repeated questioning
- Provide emotional and pastoral support
- Work with external agencies to reduce future risk
- Support attendance, wellbeing, and reintegration where appropriate

10.4 Recognising Wider Safeguarding Risks

FGM may coexist with:

- Forced marriage
- Honour-based abuse
- Domestic abuse
- Emotional abuse
- Family control and coercion

Staff must treat concerns seriously and respond promptly.

11. Specific Recognition and Response Guidance: Fabricated or Induced Illness (FII)

Fabricated or Induced Illness (FII) is a form of child abuse in which a parent, carer, or another adult exaggerates, fabricates, induces, or causes symptoms of illness in a child. This may result in unnecessary medical treatment, emotional harm, physical harm, impaired development, or long-term impacts on the child's wellbeing.

FII may involve presenting false information about a child's health, deliberately causing symptoms, interfering with medical assessments, or creating the appearance of illness.

In line with *Keeping Children Safe in Education (KCSIE)*, staff have a duty to remain professionally curious, act promptly, follow school procedures, and prioritise the welfare of the child.

11.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list. Signs may differ from those listed or there may be abuse or harm happening with no observable signs. Some of the indicators listed below could also be present without abuse occurring.

- Frequent or persistent reports of illness or symptoms that are not observed within school
- Symptoms that are inconsistent, unusual, unexplained, or do not match presentation in school
- Significant discrepancy between parent/carer reports and professional observations
- Child regularly appearing healthier or functioning differently away from the parent/carer
- Excessive absences linked to illness without clear medical explanation
- Frequent medical appointments, investigations, or changes in healthcare providers
- Requests for school staff to monitor, record, or report extensive medical information without professional direction
- Parent/carer appearing unusually focused on illness, treatment, or diagnosis
- Child discussing illness in a rehearsed or adult-like manner
- Child appearing anxious about disappointing a parent/carer if symptoms are not present
- Child missing educational opportunities due to reported health concerns
- Symptoms appearing primarily in the presence of a particular adult
- Parent/carer resisting communication between school and medical professionals
- Parent/carer seeking excessive reassurance or professional attention regarding the child's health
- Reports of significant symptoms that are not observed across settings
- Child presenting as withdrawn, anxious, overly compliant, or distressed regarding health discussions
- Delayed development, reduced independence, or over-dependence associated with reported illness
- Evidence that normal activities are being unnecessarily restricted

11.2 Immediate Staff Responsibilities

When any concern relating to Fabricated or Induced Illness is identified, staff should:

- Remain objective and professionally curious
- Focus on recording observations rather than attempting to investigate
- Avoid expressing concerns directly to parents/carers without guidance
- Avoid making assumptions or conclusions about intent

- Make a clear, factual record of observations, attendance patterns, statements made, and any discrepancies identified
- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is concern about immediate harm or guidance is needed ahead of home-time

The DSL is responsible for assessing risk and deciding next steps. This may include:

- Reviewing school records, attendance, and patterns of concern
- Gathering factual information from relevant staff
- Liaising with health professionals where appropriate
- Determining whether safeguarding thresholds are met
- Deciding whether to involve external agencies such as:
 - o Children's social care
 - o Early Help
 - o Health professionals
 - o Police where necessary
- Ensuring appropriate support and monitoring arrangements are in place

All staff should ensure actions are recorded and the situation monitored in line with safeguarding procedures.

11.3 Supporting a Child Where Fabricated or Induced Illness is Suspected

Where concerns exist regarding possible FII, the school must prioritise the child's welfare, wellbeing, and educational experience:

- Ensure the child feels safe and listened to
- Maintain normal school routines wherever appropriate
- Avoid repeated questioning or discussing concerns with the child unnecessarily
- Observe and record presentation factually
- Support attendance and participation in school life where safe and appropriate
- Provide pastoral and emotional support
- Work collaboratively with safeguarding and health professionals

11.4 Working with Parents and Carers

FII concerns require careful management.

Key considerations:

- School staff should not challenge or confront parents/carers independently
- Communication with parents/carers should be coordinated through the DSL and relevant agencies where required
- Staff should maintain professional curiosity while remaining respectful and objective
- Decisions about sharing concerns with families should consider the potential impact on the child's safety

11.5 Recognising Wider Safeguarding Risks

Fabricated or Induced Illness may coexist with broader safeguarding concerns, including:

- Emotional abuse
- Neglect
- Coercive and controlling behaviour within the family
- Mental health difficulties affecting parenting capacity
- School attendance concerns
- Medical neglect

Staff must remain vigilant and recognise that concerns relating to Fabricated or Induced Illness should always be treated as potential indicators of wider harm.

12. Specific Response Guidance: Mental Health Concerns

Mental health concerns, including self-harm or suicidal thoughts, must always be treated as a serious safeguarding issue. In line with *Keeping Children Safe in Education (KCSIE)*, schools have a duty to identify early signs of distress, respond appropriately, and ensure children receive the support they need to stay safe.

12.1 Indicators of Harm

Possible indicators are listed below.

Please note: This is not a definitive list.

- Persistent sadness, low mood, or frequent tearfulness
- Sudden mood swings or emotional outbursts
- Increased irritability, anger, or frustration
- Withdrawal from friends, family, or usual activities
- Loss of interest in hobbies or things they previously enjoyed
- Difficulty concentrating or decline in school performance
- Reluctance or refusal to attend school
- Avoidance of social situations or increased isolation
- Expressions of low self-esteem, worthlessness, or excessive guilt
- Talking negatively about themselves or expressing hopelessness
- Increased sensitivity to criticism or failure
- Changes in eating habits (e.g. eating significantly more or less)
- Changes in sleep patterns (e.g. difficulty sleeping, nightmares, or excessive tiredness)
- Frequent physical complaints with no clear medical cause (e.g. headaches, stomach aches)
- Signs of anxiety (e.g. excessive worry, panic, clinginess, fearfulness)
- Becoming overwhelmed easily or struggling to cope with everyday tasks
- Regressive behaviours (e.g. acting younger than their age)
- Risk-taking or impulsive behaviour
- Self-harm behaviours or signs of injury (e.g. covering up arms)
- Talking about wanting to disappear, escape, or not be around
- Increased secrecy or reluctance to talk about feelings
- Sudden changes in friendships or peer groups
- Exposure to or impact from bullying (including online)

12.2 Immediate Staff Responsibilities

If a child shows signs of mental health deterioration or discloses self-harm or suicidal thoughts, staff should:

- Stay calm, listen carefully, and take the child seriously
- Show empathy and avoid judgement or shock
- Reassure the child they have done the right thing by speaking up
- Do not promise confidentiality (explain you must share to keep them safe)
- Ask simple, open questions to understand immediate risk
- Make an accurate written record using the child's own words where possible

- Report immediately to the Designated Safeguarding Lead (DSL) using either CPOMS, or in person if there is a risk of significant harm or if guidance is needed ahead of home-time.

The DSL is responsible for assessing risk and coordinating the response. This may include:

- Determining the level of immediate risk
- Putting urgent safety measures in place if needed
- Informing parents/carers unless there is a significant reason not to
- Deciding whether to involve:
 - Children's social care
 - Health professionals (e.g. CAMHS, GP)
 - Emergency services if there is immediate danger

The DSL or family support worker is likely to work with the child's parents to agree a suitable and protective course of action. This may include the parents taking the child to the GP or to the hospital, in more severe cases.

The DSL will ensure that all actions are proportionate, and focused on the child's safety and wellbeing.

12.3 Supporting a Child Experiencing Mental Health Difficulties

The school's response will prioritise care, safety, and ongoing support:

- Ensure the child is safe and supervised, especially if risk is immediate
- Provide access to a trusted adult in school
- Offer pastoral support and, where appropriate, seek counselling support from other agencies
- Develop a support or safety plan tailored to the child
- Reduce stressors where possible (e.g. flexibility around schoolwork)

Support should be on-going, with regular check-ins by the class teacher (and in some cases these family support worker) and adjustments made as needed.

12.4 Responding to Self-Harm or Suicidal Thoughts

Where self-harm or suicidal thoughts are present:

- Treat all disclosures as serious and urgent
- Talk with the child in a private space and do not rush them in any way.
- Avoid asking overly detailed or leading questions about harm, but do ask simple, open questions that will help inform the level of concern and risk of harm
- Do not leave the child alone if there is immediate risk
- Focus on keeping the child safe in the moment
- Record details of the disclosure, using the child's voice as much as possible
- Ensure swift escalation to the DSL and appropriate services

The emphasis should always be on protection and not judgement.

12.5 Working with Parents and External Agencies

- Parents/carers should usually be informed promptly, unless there is a specific reason not to.
- Parents/Carers should request support from their child's GP.
- Parents/Carers should be advised/supported to put a safety plan in place for their child, including presentation at A and E if they feel their child is going to harm themselves.
- Schools should work with:
 - Health services (e.g. CAMHS, GP)
 - Local authority safeguarding teams
 - Early help services
- In high-risk situations, emergency services may be required

Decisions must always prioritise the best interests and safety of the child.

12.6 Considering Wider Safeguarding Factors

Mental health concerns may be linked to other issues, such as:

- Bullying (including online abuse)
- Family difficulties or neglect
- Trauma or adverse childhood experiences
- Social isolation
- Special educational needs or disabilities

Staff and the DSL should consider the whole context of the child's life, not just the concern at hand.

13. Receiving and Responding to a Safeguarding Disclosure from a Child

If a child discloses information about abuse, neglect, or any form of harm (including physical, emotional or psychological), staff must respond calmly and sensitively.

The aim is to listen, reassure, record, and report — not to investigate.

1. Stay Calm and Listen Carefully

Remain calm and attentive. Allow the child to speak in their own words without interruption and take the disclosure seriously. Where appropriate, redirect others nearby to move away, or if necessary guide the child to a quieter or more confidential space.

2. Reassure the Child

Thank the child for telling you. Reassure them that they have done the right thing and that the situation is not their fault. Explain that you may need to share the information with people who can help keep them safe. Tell them that they can come and speak to you again at any time.

3. Use Supportive Communication

Use simple, open responses such as 'I'm glad you told me' 'I'd like to help in any way I can'. Avoid leading questions, expressing shock, or making promises you cannot keep.

4. Do Not Investigate

Do not ask overly detailed questions or attempt to investigate. Your role is to listen and pass the information to the Designated Safeguarding Lead. Staff may seek to clarify some of what is said, but this should always be done sensitively (without the child feeling pressured or distressed further) and objectively – staff should not lead the disclosure in a certain direction or make any kind of assumptions.

5. Be Mindful of Body Language

Maintain calm body language, appropriate eye contact, and a reassuring tone. Allow pauses and avoid rushing the child. Never express disbelief, frustration or anger at what is being disclosed, as this could be misinterpreted by the child as meaning you don't believe them or that you are upset with them/they are in trouble.

6. Record the Disclosure

Write down exactly what the child said using their words where possible. Record the date, time, and context of the disclosure.

7. Report Immediately

Report the concern to the Designated Safeguarding Lead (DSL) as soon as possible in line with school procedures (see below).

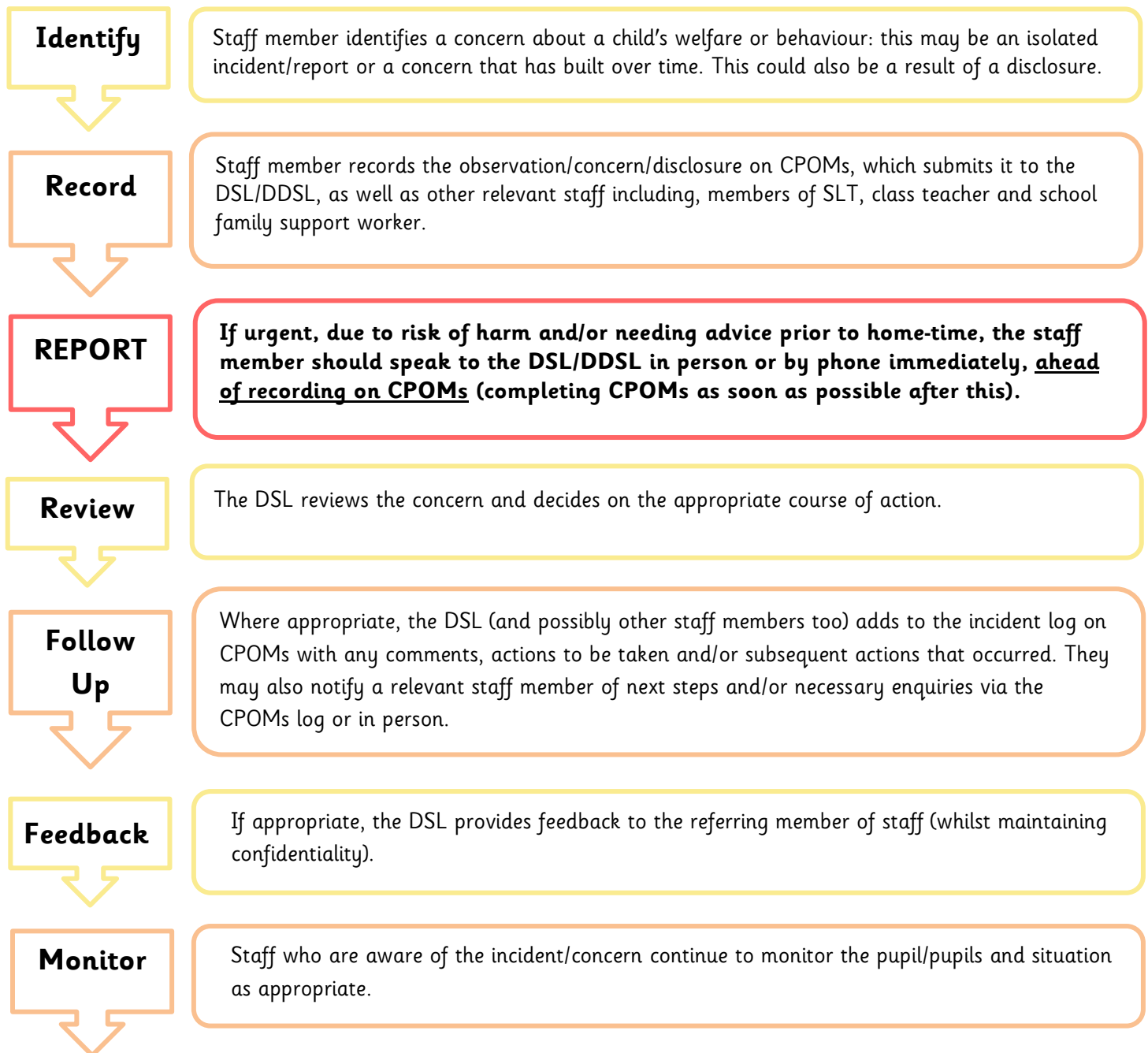
8. Maintain Confidentiality

Share information only with those who need to know in order to safeguard the child. Never promise confidentiality.

14. Procedures for Reporting Concerns

14.1 Internal Reporting Procedure

All safeguarding concerns must be shared with DSL or DDSL. The process is:



If for any reason the CPOMs system is inaccessible, please find a paper Safeguarding Concern Form in Appendices.

14.2 External Reports of Concern

Where a report comes from outside of school, e.g. another parent, a neighbor etc, this must be logged and shared with the DSL in the same way a concern from within school would be (see above). If there is a risk of significant harm or a claim that harm or abuse has taken place, this must be reported verbally to the DSL (as well as recorded) and escalated to Children's services and, if appropriate, the Police.

The receiving staff member should gain as much information as possible from the reporting person (also recording their details and contact information if willingly provided). **They must not disclose any known information about the child, their circumstances or their family to this person.** The person reporting concerns may choose to contact Children's Services themselves, however if staff feel that Children's Services or the Police need to be informed, they should not reply on anyone else doing this.

14.3 Use of CPOMs

All records will include:

- a clear and comprehensive summary of the concern, written in a manner that is both objective and accurate

Many will include:

- details of how the concern was followed up and resolved, including any actions taken or decisions made

Past concerns for children, and what happened in response to the concerns, can be very important information for staff members who may have concerns for the child at a later time. When adding a concern, the staff member should:

- Look back at any previous entries on the child's log to look for connections or patterns which may indicate either persistent or escalating concern.
- Speak to staff who know the child best and enquire about their recent presentation and wellbeing (whilst maintaining appropriate confidentiality).

As well as concerns relating to abuse, neglect or exploitation of any kind, staff also ensure that any incidents or concerns relating to bullying, cyberbullying, prejudice-based or discriminatory language or actions are recorded, reviewed, and responded to by the relevant staff member which may be the class teacher, SLT or the DSL/DDSL depending on the severity or frequency of concern. This information is also used to inform and enhance the whole school approach to anti-bullying.

Staff, in particular the office team, will log concerns relating to the punctuality and attendance of pupils. The office, as well as other staff members, may at times log the presentation of pupils on arrival at school, if this in any way raises concerns.

14.4 CPOMs Access

CPOMs records held within school are only accessible to certain staff members. Currently:

- The DSL, DDSL, SLT and Family Support Worker can view all records for all children. They can add concerns and actions for any child in the school. They receive all notifications of concerns and actions for all pupils.
- There is an option to restrict access to an incident to DSLs only. This is used where an even more heightened level of confidentiality is required.
- Class teachers can see all records for their current class only, but can still add concerns for any child in the school. They receive notifications of any new concerns and/or actions for their current class.

- All other staff members do not have access to any records and do not receive notifications of any kind. They are able to add concerns for any child in the school.

Staff should not have access to the profile or notifications for any family members within the school, regardless of their level of authority. Staff members should not access information held on CPOMs on behalf of someone else, for example, looking at a colleague's relative on their behalf.

CPOMs tracks the activity of staff members, including which profiles they have accessed or edited, and at what time.

14.5 Reporting concerns when the DSL/DDSL are unavailable

If the DSL and DDSL are both unavailable, staff should:

- Contact a member of the Senior Leadership Team
- If the concern is urgent and no senior leader is available, contact Salford or Manchester Children's Social Care directly (see front page of policy)
- Inform the DSL of the action taken as soon as possible

14.6 If the Concern Involves the DSL

If a safeguarding concern involves the DSL, the concern should be immediately reported to the Chair of Governors and the Local Authority Designated Officer (LADO). See contact details on front page of policy.

15. Early Help

15.1 Overview

Early Help is the process of identifying and providing support for children, young people, and families as soon as needs emerge or re-emerge, in order to improve outcomes and prevent concerns from escalating into statutory intervention. Early Help can be provided at any stage of a child's life and is based on the principle of delivering the right help at the right time by the right people.

The school recognises that safeguarding and promoting welfare is everybody's responsibility and that effective Early Help relies on timely identification, professional curiosity, collaborative working, and meaningful partnership with families.

As the school serves pupils who reside across multiple local authorities, Early Help pathways should usually follow the child's home local authority

15.2 Salford

In Salford, Early Help is delivered through the **Salford Family Partnership**, which promotes a collaborative, strengths-based approach to supporting children and families before needs escalate. Early Help in Salford is not viewed as a single service but as a way of working across agencies and communities.

Salford uses the **Thrive Model**, which supports children and families through graduated levels of intervention:

- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support

The aim is to ensure children receive proportionate support matched to their level of need.

Where concerns cannot be addressed by one agency alone, support is coordinated through:

- An **Early Help Assessment (EHA)**
- A **Team Around the Family (TAF)** approach
- A named **Lead Professional / Lead Worker** who coordinates support and acts as the main point of contact for the family

Salford Early Help Principles

Early Help in Salford should be:

- Strengths-based
- Collaborative
- Empowering
- Transparent
- Responsive to changing need
- Delivered *with* families rather than *to* families

Salford Early Help Assessment

The Early Help Assessment is completed in partnership with the family and is designed to:

- Identify strengths and needs
- Capture the child and family voice
- Develop agreed outcomes
- Create a coordinated action plan
- Reduce families having to repeat information to multiple professionals

Parental consent should normally be obtained before initiating Early Help unless safeguarding concerns indicate otherwise.

15.3 Manchester

Manchester's Early Help approach is based on identifying concerns early and engaging children and families in conversations about how to improve outcomes before needs escalate. Early Help is viewed as preventative, relationship-based support and may be delivered by a wide range of services and practitioners.

Manchester's approach emphasises:

- Early identification of need
- Whole-family assessment
- Multi-agency partnership working
- Building resilience and protective factors
- Reducing escalation into statutory services

Where additional support is needed, professionals may complete an **Early Help Assessment (EHA)**.

This assessment supports practitioners to:

- Develop a holistic understanding of the family's circumstances
- Consider home, education, health, relationships, and community factors
- Agree outcomes with families
- Coordinate support across services

Early Help support may be delivered through:

- School-led support
- Family support services
- Early Help Hubs
- Health services
- Targeted interventions
- Multi-agency planning arrangements

15.4 School Responsibilities

School will:

- Identify children who may benefit from Early Help
- Discuss concerns with the Designated Safeguarding Lead (DSL)
- Work collaboratively with children and families
- Obtain consent where appropriate
- Initiate or contribute to Early Help Assessments
- Participate in Team Around the Family arrangements where applicable
- Act as Lead Professional where appropriate
- Monitor progress and review outcomes
- Escalate concerns where thresholds for statutory intervention are met

Early Help does not replace safeguarding responsibilities. Where there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm, concerns must be referred immediately to children's social care and should not be delayed by Early Help processes.

16. Child in Need (Section 17): Key Information and Considerations

16.1 Overview

A Child in Need (CIN) is defined under Section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services, whose health or development is likely to be significantly impaired without services, or who is disabled.

Children in Need require additional support from children's social care and partner agencies to improve outcomes and reduce risk. Being assessed as a Child in Need does not automatically mean a child is at risk of significant harm; however, children receiving Child in Need support may have complex vulnerabilities and changing levels of need.

School staff play an important role in identifying concerns, contributing information, and supporting plans.

16.2 Key Information Staff Should Know

Where appropriate and proportionate, relevant school staff should know:

- That the child is currently subject to a Child in Need plan
- The identified areas of need and desired outcomes
- Any factors affecting safety, attendance, wellbeing, or learning
- The lead social worker and contact details
- The review arrangements and school's agreed actions
- Any agreed communication arrangements with parents/carers

Information sharing should be proportionate and on a need-to-know basis.

16.3 School Responsibilities

Where a child is subject to a Child in Need plan, school should:

- Maintain a child-centred approach
- Contribute to assessments and planning when requested
- Attend Child in Need meetings and reviews where possible
- Share relevant information promptly and professionally
- Record concerns and actions in line with safeguarding procedures
- Monitor attendance, engagement, wellbeing, and presentation
- Continue to provide universal and targeted support within school

The Designated Safeguarding Lead (DSL) should maintain oversight of safeguarding arrangements.

16.4 Attendance Considerations

Attendance issues may be an indicator of escalating need.

School should:

- Monitor attendance patterns carefully
- Challenge unexplained absences appropriately
- Share attendance concerns with the social worker
- Consider whether persistent absence may indicate unmet safeguarding needs

16.5 Escalation

A Child in Need plan should not prevent concerns from being escalated.

Staff should remain professionally curious and recognise that:

- Risks may increase over time
- Children's needs may change quickly
- Early Help or Child in Need arrangements may become insufficient

Where school believes the child may be suffering, or likely to suffer, significant harm, concerns must be reported immediately to the DSL and escalation to Child Protection considered.

17. Child Protection (Section 47): Key Information and Considerations

17.1 Overview

A child becomes subject to a Child Protection Plan (CPP) where a multi-agency assessment concludes that they are suffering, or are likely to suffer, significant harm.

Child Protection plans are intended to reduce risk, improve outcomes, and ensure agencies work together to protect children.

School has a critical safeguarding role and must actively contribute to assessment, planning, monitoring, and review.

17.2 Categories of Child Protection

Child Protection Plans are usually made under one or more categories:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Children may experience more than one category of abuse simultaneously.

17.3 Key Information Staff Should Know

Where appropriate and proportionate, relevant staff should know:

- That the child is subject to a Child Protection Plan
- The category or categories of abuse (where appropriate to share)
- Known risks and protective factors
- Required school actions and safeguarding arrangements
- The allocated social worker and contact details
- Expectations regarding attendance, monitoring, and information sharing
- Who has parental responsibility and who is allowed contact with the child (supervised and unsupervised)

Information should be managed sensitively and shared on a need-to-know basis.

17.4 School Responsibilities

Where a child is subject to Child Protection arrangements, school should:

- Prioritise the child's safety and wellbeing
- Ensure regular monitoring and recording of concerns
- Attend Child Protection Conferences and Core Group meetings
- Submit reports within required timescales
- Share safeguarding concerns immediately with the social worker and DSL
- Monitor attendance and unexplained absence closely

- Maintain professional curiosity and avoid assumptions that concerns are being addressed elsewhere

The DSL should maintain oversight of all Child Protection arrangements.

17.5 Core Groups and Child Protection Conferences

School should actively contribute to:

Child Protection Conferences

A multi-agency meeting held to determine whether a Child Protection Plan is required and to review ongoing risk.

Core Groups

A smaller group of professionals responsible for implementing, monitoring, and reviewing the Child Protection Plan.

School attendance and contribution should be prioritised wherever possible.

17.6 Professional Challenge and Escalation

School should recognise that:

- Attendance at school does not remove safeguarding concerns
- Improved presentation does not necessarily indicate reduced risk
- Children may minimise or normalise harm
- Agencies should respectfully challenge decisions where safeguarding concerns remain

Where school believes risk is increasing or insufficient action is being taken, escalation procedures should be followed.

18. Making a Referral to Salford Children’s Social Services – The Bridge

The Bridge is Salford’s multi-agency front door for children and families and receives all safeguarding referrals and requests for support relating to children who live in Salford. Referrals are screened to determine the most appropriate level of intervention, including Early Help, Children in Need, Child Protection, or other services.

Step 1 – Identify and Record Concerns

Where concerns arise regarding a child’s welfare or safety:

- Record concerns factually and without delay
- Include observations, conversations, chronology, actions taken, and the child’s voice where appropriate
- Discuss concerns with the DSL immediately where required

The school should consider both presenting concerns and cumulative risk, alongside any relevant contextual information.

Step 2 – Determine the Level of Need

The DSL should consider whether concerns indicate:

- **Getting Help** – Early Help support
- **Getting More Help** – coordinated multi-agency support
- **Getting Risk Support** – child protection concerns where significant harm may be present

Threshold decisions should be informed by professional judgement and local threshold guidance.

Step 3 – Consider Consent

For requests for support (Early Help or support services):

- Consent should normally be sought from parents/carers before referral

For safeguarding or child protection concerns:

- Consent should be sought where appropriate
- Consent may be overridden where obtaining it would increase risk, delay action, or compromise the child’s safety

Step 4 – Complete the Online Referral

The DSL (or delegated safeguarding professional) should:

- Access Salford’s Children’s Portal
- Complete the online referral/request for support form
- Select whether the referral is a:
 - **Child Protection referral (Getting Risk Support)**, or
 - **Request for Support (Getting Help / Getting More Help)**

- Provide clear evidence of concerns and actions already taken
- Include the child's lived experience and the family's views where appropriate

Step 5 – Explain Immediate Safety Measures

Where making a safeguarding referral, school should explain:

- What immediate action has been taken to safeguard the child
- Whether the child remains safe pending contact from The Bridge
- Any arrangements for collection, supervision, attendance, or communication with parents/carers

Step 6 – Record and Follow Up

After referral:

- Save confirmation and record details on CPOMS
- Inform relevant staff on a need-to-know basis
- Continue supporting and monitoring the child
- Attend meetings and provide information if requested
- Escalate if school believes the response does not adequately safeguard the child

Urgent Referrals

If advice is required or concerns need discussing:

- The Bridge can be contacted by telephone during working hours (**Monday–Friday, 8:30am–4:30pm**) on **0161 603 4500**.

Outside these hours:

- Contact the **Emergency Duty Team (EDT)** on **0161 794 8888**.

If a child is in immediate danger:

- Contact **Police (999)** immediately and inform children's social care without delay.

Important: Where the child lives outside Salford, referrals should normally be made to the child's home local authority rather than through The Bridge.

19. Making a Referral to Manchester Children's Social Services

Manchester Children's Social Care receives requests for support and safeguarding referrals for children who live in Manchester. Initial contacts are reviewed against local thresholds to determine the most appropriate response, which may include advice, Early Help, assessment under Children in Need processes, or Child Protection intervention.

Step 1 – Identify and Record Concerns

Where concerns arise regarding a child's welfare or safety:

- Record concerns factually and without delay
- Include observations, conversations, chronology, actions already taken, and the child's voice where appropriate
- Discuss concerns with the DSL immediately where required

The school should consider immediate concerns alongside patterns, cumulative harm, and wider contextual information.

Step 2 – Consider Threshold and Level of Need

The DSL should consider whether concerns indicate:

- Universal or school-based support
- Early Help and multi-agency intervention
- Children in Need (Section 17 Children Act 1989)
- Child Protection concerns (Section 47 Children Act 1989)

Threshold decisions should be informed by professional judgement, local safeguarding procedures, and the child's lived experience.

Step 3 – Consider Consent and Information Sharing

For support and Early Help pathways:

- Consent should normally be sought from parents/carers before referral

For safeguarding concerns:

- Consent should be sought where safe and appropriate
- Consent is not required where doing so would place the child at increased risk, delay intervention, or compromise safeguarding processes

Information sharing should remain proportionate and child-focused.

Step 4 – Make Contact with Manchester Children's Social Care

The DSL (or delegated safeguarding professional) should:

- Contact Manchester Children's Social Care through the Manchester Contact Centre
- Provide clear details of the presenting concerns and safeguarding risks

- Explain actions already taken by school
- Share known protective factors and family views where appropriate
- Provide details of any professionals already involved with the child

Manchester Children's Social Care refers contacts for screening and determines the most appropriate pathway and response.

Step 5 – Explain Immediate Safety Arrangements

Where making a safeguarding referral, school should explain:

- What action has already been taken to safeguard the child
- Whether the child remains safe pending assessment
- Any attendance, collection, supervision, or communication arrangements in place
- Any concerns about informing parents/carers

This supports timely decision-making and risk assessment.

Step 6 – Record and Follow Up

After referral:

- Record referral details and outcomes on CPOMS
- Inform relevant staff on a need-to-know basis
- Continue supporting and monitoring the child
- Attend meetings and contribute information where requested
- Escalate where school believes the response does not adequately safeguard the child

School involvement continues regardless of whether statutory thresholds are met.

Urgent Referrals

If advice is required or concerns need discussing:

- Contact **Manchester Children's Social Care / Manchester Contact Centre: 0161 234 5001 (available 24 hours a day, 7 days a week)**.

Online referrals may be submitted through Manchester's social care referral process; however, online referrals should not be used where an urgent safeguarding response is required.

If a child is in immediate danger:

- Contact **Police (999)** immediately and notify children's social care without delay.

Important: Where the child lives outside Manchester, referrals should normally be made to the child's home local authority rather than Manchester Children's Social Care.

20. Considerations for Cared for Children (Including Children in Care and Other Care Arrangements)

20.1 Overview

Children who live away from their birth parents may experience additional vulnerabilities and require careful safeguarding consideration.

Children living in alternative care arrangements are not automatically at greater risk of harm; however, separation from parents, disrupted attachments, trauma, instability, and complex family circumstances may increase vulnerability.

School staff should understand the legal and practical arrangements affecting care and decision-making.

20.2 Cared for Children (Previously Looked After Children)

Children in Care are children who are looked after by a local authority under Section 20 or Section 31 of the Children Act.

This may include children who are:

- Living with foster carers
- Living in residential children's homes
- Living in residential schools under care arrangements
- Living with connected persons or kinship carers under local authority arrangements
- Subject to interim or full care orders

These children may also be referred to as "Children in Care" or "looked after children".

School should:

- Have a Designated Teacher for Cared for Children
- Promote educational achievement and emotional wellbeing
- Work closely with carers, social workers, and virtual school services
- Consider attachment, trauma, and relational approaches
- Monitor attendance and educational progress carefully

20.3 Previously Cared for Children

Previously cared for children include children who:

- Have left care through adoption
- Are subject to a Special Guardianship Order (SGO)
- Are subject to a Child Arrangements Order

These children may continue to experience vulnerabilities linked to earlier experiences.

School should remain aware that support needs may continue after legal permanence.

20.4 Kinship Care and Family Care Arrangements

Some children may live with relatives or family friends outside formal care arrangements.

Examples include:

- Informal family care arrangements
- Kinship foster care
- Special Guardianship Orders
- Child Arrangements Orders

School should understand:

- Who has parental responsibility
- Who may consent to educational decisions
- Who should receive safeguarding information

20.5 Private Fostering

Private fostering occurs when a child under 16 (or under 18 if disabled) lives with someone who is not:

- Their parent
- A person with parental responsibility
- A close relative

...and the arrangement lasts, or is intended to last, 28 days or more.

Examples may include:

- Family friends
- Parents working abroad
- International educational arrangements
- Extended family members who are not legally recognised as close relatives

Schools have a duty to notify the relevant local authority where they become aware of a private fostering arrangement.

20.6 Safeguarding Considerations Across All Care Arrangements

For all children living away from parents, staff should consider:

- Attachment and developmental trauma
- Identity and belonging
- Stability of placement
- Educational disruption
- Mental health and wellbeing
- Attendance and transitions
- Voice of the child

- Risk of exploitation or missing episodes

Any concerns should be reported to the DSL and to the school's Designated Lead for Cared for Children.

21. Operation Encompass

Operation Encompass is a police–education partnership that alerts schools when police attend a domestic abuse incident at an address where a child lives, whether or not the child was present. A secure electronic notification is sent to the school’s Designated Safeguarding Lead (referred to as the Key Adult) before the next school day, enabling timely and appropriate support.

Operation Encompass aims to reduce the long-term impact of domestic abuse by enabling early support and intervention. Domestic abuse can damage social, emotional, physical and academic outcomes across a child’s life. By connecting police and schools immediately after an incident, Operation Encompass helps schools understand a child’s lived experience and provide timely, nurturing support. From 24 May 2024, the Victims and Prisoners Act makes participation in Operation Encompass a statutory duty for all police forces in England and Wales.

Operation Encompass provides an efficient, confidential channel of communication between police forces and Key Adults within schools. Operation Encompass ensures that all incidents of domestic abuse are shared with schools, not just those where an offence can be identified. Operation Encompass does not replace statutory safeguarding procedures.

21.1 Benefits

- School staff can ‘check in’ with pupils to see how they are feeling.
- Staff can offer support, as needed, which can potentially reduce some of the impact of the trauma.
- Timely information about incidents can lead to better informed assessments of risk for the child and their family. Children may feel more comfortable and secure talking about domestic abuse with a trusted adult at school. There is better coordination between services to support the child and the family.

22. Managing Allegations against Staff / Referrals to LADO

22.1 Overview

The Local Authority Designated Officer (LADO) manages and oversees allegations and concerns relating to adults who work or volunteer with children.

The purpose of the LADO process is to ensure concerns are managed consistently, fairly, promptly and in a way that protects children whilst also ensuring appropriate support and process for adults involved. The LADO does not normally undertake investigations directly but coordinates and oversees the process with employers and relevant agencies.

The LADO process applies to all adults working with children, including:

- School staff
- Volunteers
- Agency staff
- Supply staff
- Governors and trustees
- Sports coaches and activity leaders
- Foster carers
- Contractors and other professionals working with children

22.2 When a Referral to LADO Should Be Made

A referral should be considered where an adult working with children has allegedly:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children (including conduct outside work that presents transferable risk)

Concerns should not be dismissed because they appear low-level or because information is incomplete. Where there is uncertainty, advice should be sought.

Step 1 – Immediate Internal Reporting

Any allegation or concern about an adult working with children must be reported immediately to:

- The Headteacher (where the concern relates to a member of staff)
- The Chair of Governors (where the concern relates to the Headteacher)
- The proprietor or relevant governance lead where appropriate

Staff should not investigate allegations themselves.

Step 2 – Consider Immediate Safeguarding Action

The senior leader receiving the concern should:

- Consider whether any child requires immediate protection
- Take proportionate steps to safeguard children pending advice
- Preserve evidence and records
- Avoid interviewing children or the adult beyond immediate clarification of concern

If a child may be at immediate risk of significant harm, children's social care and/or police should also be contacted without delay.

Step 3 – Referral to Salford LADO

Where the threshold may be met, the organisation should notify the LADO **within one working day** of becoming aware of the allegation or concern.

Referrals in Salford are made through:

[Salford Children and Families Portal – LADO Referral](#)

The referral should include:

- Details of the adult subject to concern
- Details of the child(ren) involved
- Nature of the allegation and chronology
- Immediate actions taken
- Known witnesses or evidence
- Information about current employment status and contact arrangements
- Whether police or social care have already been informed

Step 4 – Initial LADO Evaluation

Following referral, the LADO will consider:

- Whether the threshold for formal LADO involvement is met
- Whether the concern should remain an internal management matter
- Whether police involvement is required
- Whether children's social care involvement is required
- Whether a multi-agency allegations meeting is required

The LADO may provide consultation and advice even where the threshold for formal oversight is not met.

Step 5 – Strategy Discussion / Allegations Management

Where threshold is met, the LADO may coordinate:

- Employer investigation processes
- Children’s social care enquiries
- Police investigation (where required)
- Information sharing across agencies

There may be three parallel strands:

- Child safeguarding enquiries
- Criminal investigation
- Employer disciplinary processes

These processes may occur at the same time but remain separate.

Step 6 – Outcome and Ongoing Responsibilities

At the conclusion of the process:

- Outcomes and actions should be recorded appropriately
- Support should be considered for affected children and staff
- Learning and safer working practice should be reviewed
- Referral to the Disclosure and Barring Service (DBS) should be considered where legal thresholds are met

22.3 Important Practice Considerations

- LADO referrals are **not** a disciplinary process in themselves
- Resignation of the adult does not end safeguarding responsibilities
- Confidentiality should be maintained throughout
- Employers should avoid assumptions about credibility until processes conclude
- Professional curiosity and child-centred decision-making should remain central throughout

23. Information Sharing and Record Keeping

23.1 Principles of Information Sharing

The Data Protection Act 2018, and the UK General Data Protection Regulation (UK GDPR) place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure. *See also ICO guidance, which includes information about the school's obligations and how to comply, including protecting personal information, and providing access to official information.*

Effective information sharing is essential for safeguarding children. Staff must:

- Be open and honest with the person from the outset about why, what, how and with whom information will be shared
- Seek consent to share information, unless doing so would place a child at increased risk
- Remember that the Data Protection Act 2018 and UK GDPR are not barriers to the necessary sharing of information
- Consider safety and wellbeing at all times
- Share with consent where appropriate and respect a person's decision not to consent, unless there is a safeguarding reason not to
- Share necessary, proportionate, relevant, accurate, timely and secure information
- Where appropriate, keep a record of your decision and reasons for sharing or not sharing

23.2 Record Keeping

Accurate and timely record-keeping is essential for effective safeguarding. All safeguarding records must be:

- Factual, clear, and include direct quotes where possible
- Dated, timed, and signed by the person making the record (or evidence who the reporting person is, if electronic)
- Stored securely with restricted access to the DSL and other authorised staff only
- Retained in line with data protection legislation and school policies
- Transferred to a child's new school in accordance with KCSIE guidance

23.3 Confidentiality

Basic principles regarding confidentiality are upheld by all staff and governors and requested of parents, where appropriate. The Governing Body will ensure staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the UK GDPR.

All staff remain aware of the legal responsibility related to confidential information that should only be shared with those who need to be involved, in line with statutory requirements in Keeping Children Safe in Education.

The staff who information will be passed onto will vary depending on the risks and needs involved. For example, if information relates to who is or isn't allowed to collect a child from school, then this information would be shared with the class teacher, parallel class teacher, class teaching assistants or any teaching assistants who may cover the class, office staff, staff in aftercare provision or after school clubs and possibly members of the senior leadership team.

Practitioners in a school work together best to safeguard children where there is a justifiable exchange of relevant information between them at key times, for example, a detailed handover when children transition to a new class.

In most cases, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (*Data Protection Act 2018, European Convention on Human Rights, Article 8*). However, fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. Wherever possible, consent should be obtained before sharing personal information with third parties, but may be waived in the certain circumstances - legal advice may be sought if in doubt.

'Safeguarding of children and individuals at risk' allows practitioners to share information without consent where there is good reason to do so, including where the sharing of information will enhance the safeguarding of a child at risk of harm. The decision making process must weigh up what might happen if the information is shared against what might happen if it is not shared.

Where consent cannot be obtained to share information, or consent is refused, or where seeking it may undermine the prevention, detection, or prosecution of a crime, the practitioner must judge from the facts whether there is enough public interest to justify sharing information. A concern in relation to protecting a child from significant harm, promoting the welfare of children, protecting adults from serious harm or preventing crime and disorder are all well within public interest.

Further guidance on information sharing and for staff who have to make decisions about sharing information can be found at: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Adults working with children know not to promise confidentiality to a child who is making a disclosure or sharing concerning information. They should seek to explain, in an age appropriate way, why they may need to pass on information in order to promote or ensure safety and well-being.

24. Challenge and Escalation

Effective partnership working is vital in order to ensure that outcomes for children and families are central to all assessment, planning and intervention. This includes the need to consider differing views and experiences which evidence the value of exchanging ideas and developing critical thinking in regards to how best to achieve improved outcomes. There will be times when disagreements occur and require informal and possibly formal escalation. There needs to be a clear process in place to achieve and evidence this.

Principles in practice:

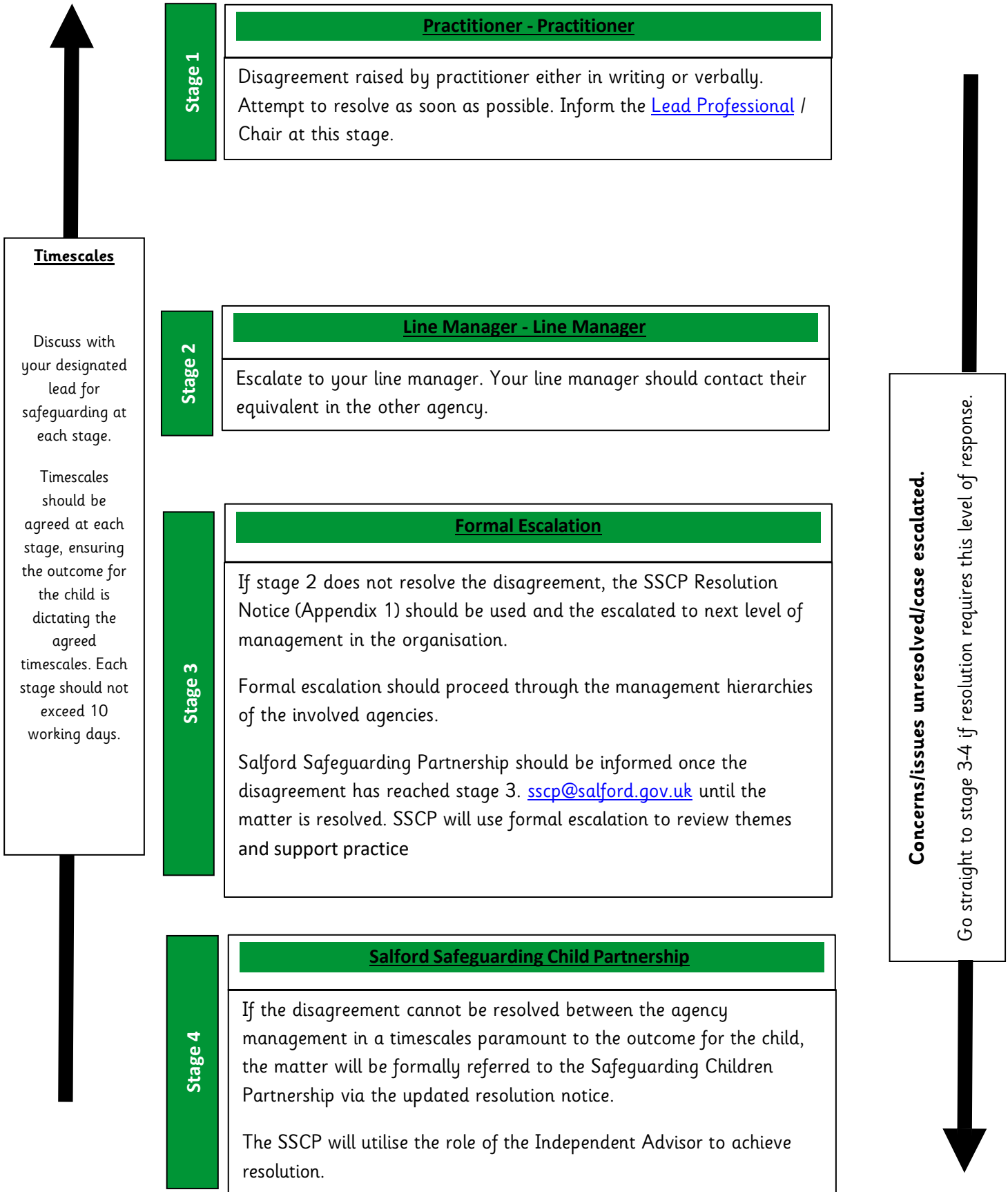
- Challenge is positive and should always be focused on the desired outcome for the child and family.
- The safety and wellbeing of the child is always paramount.
- It is the responsibility of each individual professional and agency to progress challenge if they are not in agreement with the outcome of any aspect of assessment, planning or intervention (any level of need and support)
- Challenge should be restorative and relationship based. Language should therefore be respectful and where possible discussions with the relevant practitioners should take place first.
- Challenge and escalation should be resolved in a timely manner.
- Challenge must be evidenced based and recorded on the child's file, including details or how the resolution improved outcomes for the child and/or family.
- If you have an immediate concern regarding the safety of a child, this should be reported to the Bridge.

Ensure your safeguarding lead is consulted with throughout the escalation process. Please attempt to resolve any disagreements informally, before initiating the Formal process. Inform the Lead Professional / IRO / child protection/ young person's plan coordinator or Chair of multi-agency meeting for information and monitoring.

This process below should be used in line with other relevant [policies and procedures](#) in Salford and the Greater Manchester Safeguarding Procedures Manual on:

- [Resolving Professional Disagreements/Escalation Policy](#)
- [Whistleblowing Guidance](#)

Salford Challenge and Escalation Process included below



Salford Safeguarding Children Partnership challenge & escalation single point of contact list.

Service	Contact Details
Achieve Substance Misuse Service - part of GMMH	Alicia Murphy 0161 357 1318 Alicia.Murphy@gmmh.nhs.uk
Adult Social Care	worriedaboutanadult@salford.gov.uk 0161 631 4777
Cheshire and Greater Manchester Community Rehabilitation Company	CGM.Salford@interservejustice.org 0161 451 5350
Child in Need/Child Protection Team/ Children with disabilities	cpcinad@salford.gov.uk 0161 603 4555
Early Help	North.locality@salford.gov.uk
Education	Contact to be made to the school, college, nursery/pre-school to clarify Designated Safeguarding Lead arrangements
Adult Mental Health Services – part of GMMH (not Six Degrees)	John Fenby 0161 271 0753 John.Fenby@gmmh.nhs.uk Anne Marie Lord 0161 271 0753 Anne-Marie.Lord@gmmh.nhs.uk
Greater Manchester Mental Health Foundation Trust	Helen Williamson 0161 358 2094 Helen.Williamson@gmmh.nhs.uk
Greater Manchester Police	All escalations to GMP must include a telephone call to ensure the correct officer is being contacted. 0161- 856 5425 DI Martin Ashurst- 11070@gmp.pnn.police.uk - Op Gulf, Op Arctic. DI Gareth Jenkins- Gareth.jenkins@gmp.police.uk - Complex Safeguarding DI Alison Barber- Alison.barber@gmp.police.uk - Safeguarding and threats to life DCI Amanda Delamore- Amanda.delamore@gmp.police.uk – Pro Active CID (Line manager for the above)
Leaving Care (Next Steps)	nextstepsadmin@salford.gov.uk 0161 607 1888
Looked After Children Team	lac@salford.gov.uk 0161 779 7800
National Probation Service	christine.araya@justice.gov.uk Tel: 0161 451 5359. CC: manjit.byrne@justice.gov.uk
NHS Salford Clinical Commissioning Group	safeguarding.nhssalford@nhs.net 0161 212 4413
Salford Royal Foundation Trust	safeguardingteam@srft.nhs.uk 0161 206 3803
Salford Safeguarding Unit	cpru@salford.gov.uk 0161 603 4350
Strategic Housing	Housing.Strategy@salford.gov.uk
The Bridge Partnership	worriedaboutachild@salford.gov.uk 0161 603 4500

Please contact sscp@salford.gov.uk for any updates that are required to the SPOC list.

THIS DOCUMENT MUST BE SENT/STORED SECURELY

Date of Notification	
Name of Child/Young Person	
D.O.B	
NHS Number/ P Number	
Outcome Resolution Notice Completed by:	
Name	
Role	
Agency/Team	
Contact Details	
Notification has been sent to:	1. 2. cc'd in sscp@salford.gov.uk
Summary of disagreement	
Evidence of the informal challenge that has taken place at stages 1-2 and the outcome of this challenge	
Desired outcome for the child and / or family. Please include details of what it is you are requesting happens as a result of this challenge	

Stage	Date Outcome Resolved	Supporting Evidence
Stage 3		Embed written confirmation between parties about the agreed outcome
Stage 4		

25. Policy Sign-Off and Review

This policy was adopted by the governing body on the date shown below and will be reviewed annually.

Date Adopted	Review Date
June 2026	June 2027

Signed by:

Head Teacher: _____ Date: _____

Chair of Governors: _____ Date: _____

Safeguarding Governor: _____ Date: _____