SAFEGUARDING POLICY

Rationale
The purpose of this policy is to ensure that procedures are in place so that every student and member of staff is safe and protected. Educ8 is committed to the safety of all children and adults and will operate in ways which promote good practice at all times. Every employee has a moral and legal responsibility to protect the rights of children and adults and safeguard their physical and psychological wellbeing.

The key principle of safeguarding, as stated by Luton Safeguarding Children Board is that safeguarding is everybody’s responsibility. This is reinforced within the Statutory Guidance ‘Keeping Children Safe in Education’ (2015)

The welfare of children and adults is paramount and they have an equal right to protection from abuse whatever their age, culture, ability or disability, gender, language, racial origin, religious beliefs or sexual identity. Everyone has the right to be safe and to be treated with dignity and respect.

All employees will be aware of their responsibilities regarding the welfare of children and adults and the need to reduce the risk of adults using their position of trust to abuse children. It is also important to reduce the risk of false allegations being made due to unacceptable practice.

Research has shown that only 5% of cases of abuse are reported and of them only 5% result in a conviction, often due to the contamination of evidence through poor handling of the initial disclosure. It is important to be sensibly vigilant and to involve suitably qualified and experienced professionals at the earliest opportunity. Our role is to safeguard our students and to report anything that we may observe that gives us cause for concern that they might have suffered or are suffering from inappropriate treatment or care.

At Educ8 we work closely with the Local Authority, Social Workers, schools, parents and carers involved with the care of these students. It is our responsibility as an organisation to ensure that those responsible for the care of these students are informed of any concerns that we may have.

Definition
Safeguarding is defined as –

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

(Working Together, DFE 2015)
This includes, but is not limited to safeguarding children in specific circumstances

<table>
<thead>
<tr>
<th>Neglect</th>
<th>Physical abuse</th>
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</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Bullying, including online and prejudice-based bullying</td>
<td>Racist, disability and homophobic or transphobic abuse</td>
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<td>Gender based violence / violence against women and girls</td>
<td>Radicalisation and /or extremist behaviour</td>
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<td>Child Sexual Exploitation and trafficking</td>
<td>The impact of new technologies on sexual behaviour e.g. sexting</td>
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<td>Teenage relationship abuse</td>
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<tr>
<td>Fabricated / induced illness</td>
<td>Poor parenting</td>
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</table>

**Aims**

This policy will contribute to safeguarding our children and promoting their welfare by:

- Clarifying standards of behaviour for staff and children;
- Contributing to the establishment of a safe, resilient and robust ethos built on mutual respect, and shared values;
- Creating an organisational culture that is safe for children;
- Introducing appropriate work within the curriculum;
- Encouraging children and parents to participate;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff’s awareness of the risks and vulnerabilities children face;
- Addressing concerns at the earliest possible stage in the least intrusive way; and
- Reducing the potential risks children face of being exposed to violence, extremism, exploitation, or victimisation.

- Aiming to provide an atmosphere in which students feel safe, secure, valued and respected. A place where students can feel confident to talk openly and be sure of being listened to.
- Ensuring that all members of staff feel sufficiently informed and aware of possible abuse, and to act on any suspicions. By following these procedures staff should be able to deal competently and confidently with suspected abuse.
- Outlining what staff should be aware of, and what to do in the event that a student consciously or sub consciously discloses something that may indicate abuse of some kind.

This policy will contribute to supporting children by:

- Identifying and protecting the most vulnerable
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

This policy will contribute to the protection of children by:
• Including appropriate work within the curriculum;
• Implementing child protection policies and procedures; and
• Working in partnership with children, parents and agencies.

Expectations

All staff should be aware of the guidance issued by Luton Safeguarding Children Board Threshold Framework to ensure children in order to secure the support and intervention at the earliest possible opportunity in the least intrusive way. ([http://lutonlscb.org.uk/pdfs/threshold-framework.pdf](http://lutonlscb.org.uk/pdfs/threshold-framework.pdf)). This document is integral to safeguarding children in Luton educational establishments and will always be used to underpin decision making.

All staff will:

• Be familiar with this safeguarding policy and implement this consistently in the course of their work with children and young people;
• Be subject to Safer Recruitment processes and checks.
• Be alert to signs and indicators of possible abuse (See Appendix One for current definitions and indicators).
• Record concerns and give the record to the Designated Safeguarding Leads.
• Recognise and respond to concerns about the behaviour of staff, students and parents which indicates they may pose a risk of harm to children following interagency procedures agreed by the LSCB.
• Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible.

Safeguarding Children who are Vulnerable to Extremism

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

Educ8 values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society’s values. Both children and staff have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion. Essential to this company is fundamental British values of Democracy, Rule of Law, Equality of Opportunity, Freedom of Speech and the rights of all Women and Men to live free from persecution of any kind and it would be expected that views and opinions expressed would be commensurate with these.
The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. We are clear that this exploitation and radicalisation should be viewed as a safeguarding concern. We must seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

**Safeguarding Children who are Vulnerable to Exploitation, Forced Marriage, Female Genital Mutilation or Trafficking**

In consultation with the school and the LSCB Thresholds Framework, if the concerns about the child or young person indicate that they may be at risk of, or suffering significant harm a referral will be made to the Rapid Intervention and Assessment Team. The parent will be informed of the referral unless informing the parent may place the child / young person at increased risk of harm. If Educ8 is concerned that a child / young person has experienced or is at risk of FGM a Child Protection referral will be made to the Rapid Intervention and Assessment Team in accordance with interagency procedures produced by the LSCB. If Educ8 is concerned that a child may be at risk of significant harm in relation to radicalisation or involvement in violent extremism a child protection referral will be made to the Rapid Intervention and Assessment Team.

**Reference:**
- Working Together to Safeguard Children (DFE 2015)
- Keeping Children Safe in Education: Statutory guidance for schools and colleges (DFE July 2015)
- The Procedures of Luton Safeguarding Children Board
- The Children Act 1989
- The Education Act 2002 s175 / s157
- What to do if you are worried a child is being abused (DFE, 2015)
- Mental Health and Behaviour in Schools: Departmental Advice (DFE 2014)
- Prevent Duty, Counter Terrorism and Security Act 2015
- Serious Crime Act 2015

NK JONES

Review

January 2016

January 2017
APPENDIX ONE

DEFINITIONS AND INDICATORS OF ABUSE

1. NEGLECT

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

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

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

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

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

2. PHYSICAL ABUSE

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

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

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
• Bite marks;
• Round burn marks;
• Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
• An injury that is not consistent with the account given;
• Changing or different accounts of how an injury occurred;
• Bald patches;
• Symptoms of drug or alcohol intoxication or poisoning;
• Unaccountable covering of limbs, even in hot weather;
• Fear of going home or parents being contacted;
• Fear of medical help;
• Fear of changing for PE;
• Inexplicable fear of adults or over-compliance;
• Violence or aggression towards others including bullying; or
• Isolation from peers.

3. SEXUAL ABUSE

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

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

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

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

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

The intelligence reporting form on the LSCB website will be used to share information with Police and children’s social care that raises a concern around CSE.

In addition to making referrals to children’s social care, referrals of children thought to be at risk of, or experiencing CSE will be referred to the Child Sexual Exploitation panel.

5. EMOTIONAL ABUSE

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

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

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Behaviours such as rocking, banging head, regression, tics and twitches;
- Self - harming, drug or solvent abuse;
• Fear of parents being contacted;
• Running away;
• Compulsive stealing;
• Appetite disorders - anorexia nervosa, bulimia; or
• Soiling, smearing faeces, enuresis.

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

6. RESPONSES FROM PARENTS

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

• Delay in seeking treatment that is obviously needed;
• Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
• Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
• Reluctance to give information or failure to mention other known relevant injuries;
• Frequent presentation of minor injuries;
• A persistently negative attitude towards the child;
• Unrealistic expectations or constant complaints about the child;
• Alcohol misuse or other drug/substance misuse;
• Parents request removal of the child from home; or
• Violence between adults in the household.

APPENDIX TWO

DEALING WITH A DISCLOSURE OF ABUSE

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

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

NB It is not education staff’s role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children’s social care without delay, by the Head Teacher or one of the Designated Safeguarding Leads.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from Designated Safeguarding Leads or Head Teacher.

APPENDIX THREE

ALLEGATIONS ABOUT A MEMBER OF STAFF

1. Inappropriate behaviour by a member of staff could take the following forms:

   - **Physical**
     For example - the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or inappropriate physical handling.

   - **Emotional**
     For example - intimidation, belittling, scapegoating, sarcasm, lack of respect for children’s rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality. Excessive or aggressive shouting

   - **Sexual**
     For example - sexualised behaviour towards peers, sexual harassment, sexual communication including via social networking, email, text, grooming behavior, sexual assault and rape.

   - **Neglect**
     For example - failing to act to protect a child or children, failing to seek medical attention or failure to meet a child’s basic needs

2. If a child makes an allegation or raises a concern about a member of staff the Company Director should be informed immediately. If the allegation or concern may fall within the following criteria the LADO will be contacted at the earliest possibly opportunity and within 1 working day.
• Behaved in a way that has harmed a child or may have harmed a child;
• Possibly committed a criminal offence against or related to a child; or
• Behaved in a way that indicates s/he may pose a risk of harm to children

The Company Director will not carry out the investigation himself or interview pupils.

3. If a child makes an allegation of physical abuse against an adult that works with children and there are visible bruises, marks or injuries. Or if a child makes an allegation of sexual abuse against an adult that works with children Child Protection procedures will be followed and a referral made to the Rapid Interventions and Assessment Team. The LADO will also be informed.

3. The Company Director must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –

• If the actions of the member of staff, are felt likely to fall within the scope of the interagency allegation management procedures as stated in point 2, the Company Director will notify the Local Authority Designated Officer (LADO) (Tel: 01582 548069). The LADO will liaise with the Local Authority and advise about action to be taken which will be in accordance with the interagency procedures for managing allegations.
• If the Company Director is uncertain whether the concern or allegation falls within the scope of the allegation management procedures a consultation with the LADO will take place and the advice provided will be acted upon. This consultation and the advice offered will be recorded and held on file.

APPENDIX FOUR

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

2. Extremism is defined by the Government in the Prevent Strategy as:
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:

• Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
• Seek to provoke others to terrorist acts;
• Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
• Foster hatred which might lead to inter-community violence in the UK.

4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

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

6. Indicators of vulnerability include:

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

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

8. More critical risk factors could include:

• Being in contact with extremist recruiters;
• Accessing violent extremist websites, especially those with a social networking element;
• Possessing or accessing violent extremist literature;
• Using extremist narratives and a global ideology to explain personal disadvantage;
• Justifying the use of violence to solve societal issues;
• Joining or seeking to join extremist organisations; and
• Significant changes to appearance and / or behaviour;
• Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.
## APPENDIX FIVE

### EMERGENCY CONTACT NUMBERS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Company Director</td>
<td>07500979302</td>
</tr>
<tr>
<td>LBC Safeguarding Team (Adults)</td>
<td>01582 547659</td>
</tr>
<tr>
<td>LBC Safeguarding Team (Children)</td>
<td>08702 385465 Emergency</td>
</tr>
<tr>
<td>Paul James (LADO)</td>
<td>01582 548069</td>
</tr>
<tr>
<td>Bedfordshire Police</td>
<td>01582 401212 999 Emergency</td>
</tr>
<tr>
<td>NSPCC</td>
<td>0808 800 5000 24 Hours</td>
</tr>
<tr>
<td>Childline</td>
<td>0800 1111</td>
</tr>
</tbody>
</table>
APPENDIX SIX

FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD

Concern put in writing on a Safeguarding concern form

Hand concern form to:
Nigel Jones

The local authority
Designated Officer for concerns about adults is: Paul James

Contact details:
01582 548069

Designated Safeguarding Lead reviews concern form and makes a decision about next steps

Decision made to monitor the concern.

Tutor asked to monitor child and feedback to the Designated Safeguarding Lead within an agreed timescale

In exceptional circumstances, concerns may be referred directly to children’s social care

Decision made to discuss the concern informally with the parents/carers/school

Once discussed with parents Designated Safeguarding Lead decides to record concern, monitor or refer to social care

Decision made to refer the concern to social care

Designated Safeguarding Lead discusses decision with school and Local Authority and agrees to refer to social care

Record

Contact Details
Social Care Referrals:
01582 547653
08702 385465
Prevent/Channel Referrals:
01582 473048
**Safeguarding Children Concern Form**

**Recognise**  **Record**  **Respond**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Day/Date/Time of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name and role</td>
<td>Date of birth of student</td>
</tr>
</tbody>
</table>

**Concern:**
Describe the event or observation. If a child has made a disclosure, record what the child has said using his/her own words and attach that to this form.

**Impact:**
Is there any identifiable impact on the child? (Physical/ emotional).

**Action:**
1. Copy sent to designated CP officer  
   - Yes  
   - No  
2. Information filed  
   - Yes  
   - No  
3. Information shared with parents  
   - Yes  
   - No  
4. Information shared with other professional  
   - Yes  
   - No  
5. Immediate referral to RIAT (Social Services)  
   - Yes  
   - No  
6. Information sent to ALPS  
   - Yes  
   - No

**Follow up action:**

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\[ Date \text{ feedback given to person reporting} \]
Guidance on completing concern forms

It is important that concern forms are fully completed in a timely way. The details are important to help the safeguarding team respond appropriately. Please follow the guidance below.

- Enter all the admin details, including date of birth (we are asked for this when we report a concern to Children's Services or the police)
- Include your full name (not initials)
- Make sure the concern is given in detail, preferably in the child's own words. Concern forms should be typed and not hand written.
- Don't report what other people have told you - they must write their own concern form
- Only write about one child on each concern form (use a separate form for each child)
- Remember that concern forms are used in court cases and inquests as primary documents, so they must be complete and accurate.
- Make sure you use a Concern Form to record your concern. Do not use other any other form or piece of paper. Writing on the back of other forms can cause confusion and error.
- If you jotted your notes down on a piece of paper whilst talking to the student or immediately afterwards, attach that to the completed concern form.
- If there are no Concern Forms available, please:
  - Contact a member of the safeguarding team immediately
- When completed print a hard copy of the concern form and sign it. Hand the signed copy to the safeguarding lead. If possible this should then be scanned and emailed to the school/ALPS. If it is not possible to scan the original typed form should be emailed.
- Completed concern forms must be given to the safeguarding lead as soon as completed.
- Please alert the safeguarding team to concerns as soon as possible. It can take several hours to deal with even urgent concerns and the earlier we start the better.
- If the concern involves a student on role with ALPS, a copy of the concern form must be sent to the relevant keyworker and Martin Watson (Safeguarding Lead)
- Finally, it is essential that you date and time the concern form.

ALPS Keyworkers

Lorraine Moir – Lorraine.moir@luton.gov.uk
Tegan Anker – Tegan.anker@luton.gov.uk
Stephanie Horner – Stephanie.horner@luton.gov.uk
Kathy Baugh – Kathy.baugh@luton.gov.uk
Cheryl Cook – cheryl.cook@luton.goc.uk