Safeguarding Policy

Our Safeguarding Policy

This policy applies to all staff, including Office employees, Mazkirut, volunteers, Madrichim on both Camps and at local Sviva and anyone representing Bnei Akiva.

The purpose of this policy is:

- To protect children and young people who receive Bnei Akiva's services. This includes the children of adults who use our services.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection.

Bnei Akiva believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- Children Act 2004
- Children and Social Work Act 2017
- Working Together to Safeguard Children; HM Government 2023
- United Nations Convention of the Rights of the Child 1990
- Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- SEND Code of Practice; HM Government 2015
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2024

Current reviewing

- Keeping children safe in Education
- Prevent Duty Guidance
- NSPCC safeguarding guidance

This policy should be read alongside the following policies:

- Employee Agreements (all staff)
- Safeguarding Handbook (Roshim and all staff)
- Machane Code of Conduct (volunteers, Mazkirut and DSL)
- Madrichim's Guidelines (volunteers, Mazkirut and DSL)
- First Aid at Camp Policy (all staff)

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act, 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation of identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare

We will seek to keep young people safe by:

- Valuing them, listening to and respecting them
- Appointing a Designated Safeguarding Lead (DSL) for children and young people, a deputy, and a lead trustee for safeguarding. These are currently the following named individuals:
  Designated Safeguarding Lead – Sarah Peston
  Deputy Designated Safeguarding Lead – Hannah Reuben and Sam Niman
  Lead Trustee for Safeguarding – Louise Lanzkron
- Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers
- Implementing an effective e-safety policy and related procedures
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are made and enhanced DBS checks are carried out.
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers posters, discussions and trainings.
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measure in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

Contact Details

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We are committed to reviewing our policy and good practice **annually** or **earlier if legislation changes.**

This policy was last reviewed in: September 2026.

Safeguarding Procedures

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Introducing the Safeguarding Procedures

1.1 Why we need a Safeguarding Procedures

Children participate in a wide range of regulated activity organised by our staff and volunteers, and which are delivered on or off Bnei Akiva premises involving frequent and intermittent contact.

Over recent years, there has been increasing recognition that the abuse of children can and does happen in organisations, and a growing acceptance of the potential risks to children from adult unintentional acts and deliberate actions.

Unintentional acts can happen due to a lack of 'due diligence' and organisational negligence. It can lead to acts of harm such as child injury or abduction due to inadequate care and supervision or lack of policies and procedures to inform staff planning and practice. It can also emerge from a lack of staff compliance with legal requirements.

Deliberate actions are taken by people with intent to abuse children. Research and practice tell us that predatory offenders with the intent to abuse children sometimes deliberately place themselves in an organisation and/or job that give them access to children.

Bnei Akiva recognises that we have a fundamental duty of care towards all children we engage with. We take our responsibility seriously to ensure we are doing all we can to protect children from abuse, both from within and outside the organisation, and to take appropriate action if such abuse occurs.

1.2 Purpose of a Safeguarding Procedures

Child protection is not just about health and safety. Even though we have a Health & Safety Policy, and carry out risk assessments, this does not cover all the situations and circumstances we need to address in relation to the protection of children. Therefore we need an additional policy that considers all aspects and steers us as an organisation to do all that we can to keep children safe and operate ethically.

Its purpose is to help us to develop a common understanding of child protection issues, develop good practice across the diverse and complex areas in which we operate and thereby increase accountability in this crucial aspect of our work. This policy, when put into practice, will help make sure that children are protected. It also

ensures that staff and other representatives are protected. This aspect of good governance is also critical in maintaining the reputation and credibility of Bnei Akiva.

1.3 What are Safeguarding Procedures?

Safeguarding Procedures are an organisation's commitment to protect children from abuse, exploitation and organisational negligence. This is reflected in the way an organization conducts its activities and the way staff behave. Child Protection Procedures are how an organisation puts its policy into action. Examples of typical organisational Safeguarding Procedures & procedures include safer recruitment and screening processes for those working with Bnei Akiva, codes of conduct for staff, guidance on the appropriate use of children's images and information and requirements for staff to report suspected or actual abuse.

For Bnei Akiva, major challenges in developing a Safeguarding Procedures arise due to the number of locations we work in, and the diversity of our operations. This Safeguarding Procedures sets out the broad framework and expectations, and it is recognized that volunteers and staff will have to identify how to implement the policy, given the local operating conditions.

1.4 Who is defined as a child?

In this policy, a child is defined as anyone who has not reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. We use the definition of a child according to UK law, as set out in the UK Children Act, 1989.

1.5 Who is the audience for the Safeguarding Procedures?

The policy covers and positively benefits children we engage with throughout the organisation.

This policy is mandatory for all Bnei Akiva staff. For the purposes of this policy 'staff' is defined as anyone who works for Bnei Akiva, either in a paid or unpaid, full or part time capacity. This includes directly employed staff, trustees, contractors, agency staff, consultants, volunteers and interns.

1.6 What are our responsibilities?

Everyone shares responsibility for safeguarding and promoting the welfare of children irrespective of individual roles.

Our policy is for all staff to be responsible for implementing this policy and the reporting procedure detailed in section five if they receive or become aware of any of the following situations in relation to:

• any allegation of or concern about actual or suspected situations of abuse involving a child or children known to Bnei Akiva

• any allegation of or concern about actual or suspected staff misconduct and/or criminal activity involving the abuse of a child or children whether or not they are known to Bnei Akiva.

1.7 Principles underpinning the Safeguarding Procedures

A number of key principles underpin the provisions of the Safeguarding Procedures. These include:

- **Best interests of the child are paramount** and **shall be the primary consideration** in our decision making.
- **Child-centred and rights-based** approach in order to keep children sharply in focus in all our planning and direct work. Some of the worst child protection incidents have happened when staff have lost sight of the child and their rights to be protected.
- **Equality of opportunity** to ensure that all children have the opportunity to enjoy our activities. Vulnerable children will require particular attention in order to optimise their safety needs and promote their access to important opportunities.
- **Taking responsibility** in order to meet our obligations regarding our duty of care towards children, and **taking action** where we believe that a child is at risk or is actually harmed.
- **Recognising** and acknowledging that an element of risk exists, and while we may never be able to totally remove this, we need to do all we can to reduce it or limit its impact.
- **Honesty and transparency** by informing those we work with, including children, about our safeguarding Procedures, and the way we work to try and protect children.
- **Confidentiality** to protect sensitive personal data. Information should only be shared and handled on a *need to know basis*, that is, access to the information must be necessary for the conduct of one's official duties. Only individuals who have legitimate reasons to access the information are allowed to receive it.
- **Supporting and training** those working with Bnei Akiva to recognise and respond to child protection risks and incidences.
- **Working with others** to protect children. This includes involving law enforcement and specialist child welfare agencies where necessary.
- **Monitoring** the implementation of the Safeguarding Procedures. The Safeguarding Procedures will be reviewed every three years.

Understanding Child Protection Issues

It is important when considering child protection that we have a shared understanding of child protection and what it means. If we do not fully understand what we are protecting children from, then it is unlikely that we will be successful in our efforts.

2.1 What are we protecting children from?

In the context of this policy, when we talk about 'child protection' we do not mean preventing accidents (covered by our Health and Safety Policy) or making sure that a child's rights are fully implemented. Instead we are referring specifically to the protection of children from abuse.

2.2 General definitions of child abuse

Internationally, five main categories of abuse are generally recognised:

- **Physical Abuse:** This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child who they are looking after.
- **Emotional Abuse:** This is the persistent emotional ill-treatment of a child such as to cause severe and long lasting effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only so far as they meet the needs of another person. It can also involve age or developmentally inappropriate expectations being imposed on children or causing children frequently to feel frightened or in danger. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.
- **Neglect:** This is the persistent failure to meet the child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's physical or cognitive development. For example, inadequate care and supervision which leaves a child in a dangerous situation where they could be harmed (but only where this can be avoided).
- **Sexual Abuse:** This involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening or gives consent. The activities may involve physical contact, including penetrative (e.g. rape) or non-

penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Other types of abuse commonly recognised, such as commercial sexual exploitation and trafficking, are complex manifestations of a combination of the above four categories.

- **Peer or peer:** when a child abuses another under 18 year old. This can be across all forms of abuse.

It is important to highlight that bullying is also a form of abuse as it is an act of aggressive behaviour in order to intentionally hurt another person or persons, mentally, physically and/or sexually. Abuse can take place in many forms and anywhere, that is, in the family, community or on the Internet. Abuse is also manifesting itself in digital and augmented technologies such as smart phones. This can be virtual or real and can take many forms including sexual harassment and child pornography. It should be remembered that although we commonly think of adults as those who abuse children, children can also be the perpetrators.

Health And Safety of Bnei Akiva Madrichim and Chanichim

3.1 It is the policy of Bnei Akiva to provide a healthy and safe working environment. It will provide safe systems of work for all Mazkirut members, madrichim at Machane and madrichim at Sviva. It will also provide training and information as appropriate /necessary.

3.2 Bnei Akiva takes responsibility for all those who work or volunteer for Bnei Akiva.

3.3 The Mazkir/a takes overall and final responsibility for this policy document and is responsible for maintaining/ updating as required.

3.4 The Rosh of any Bnei Akiva activity is responsible for ensuring the provision of healthy and safe working conditions for madrichim and Chanichim.

Responsibility includes:

3.4.1 Informing the proprietors of the building (synagogue, school, activity centre etc.) of which activities will be conducted.

3.4.2 To ensure that all activities carried out are within the conditions of the insurance (either by the insurance of the proprietor of the building or by the Bnei Akiva public liability insurance), which should be checked with the Mazkir/a.

3.4.3 To carry out, and record, a Risk Assessment of the site (synagogue, school, activity centre etc). If at Sviva, this should be submitted to the community director. If at Camp, this should be submitted to the Technical Director. If in Israel, this should

be submitted to the Israel and Communities Director. All members of the Mazkirut should subsequently pass this on to the Mazkir/a and COO for their records.

3.4.4 To designate an appointed person to act as First Aider.

3.4.5 To prepare a fire emergency procedure and to ensure that all madrichim and Chanichim are aware of it and to carry out a fire drill.

3.4.6 To record and report accidents and incidents to the Mazkir at the first possible opportunity.

3.4.7 To ensure that all regular participants at Sviva have completed a medical form and that a copy of this form is at hand at Sviva.

3.5

The Technical Director is responsible for ensuring that DBS checks are done for all madrichim in the movement. In the case that a DBS check comes back with a disclosure then the Mazkirut will use their discretion to decide whether the madrich is suitable to work for Bnei Akiva.

Care Of Children

4.1 Ratios

4.1.1 Bnei Akiva endeavours to provide a ratio of at least 1 madrich to 10 Chanichim and if the Chanichim are aged between 4 and 8, the ratio will be one madrich to 6 Chanichim.

4.1.2 All activities will have an absolute minimum of 2 responsible madrichim.

4.1.3 The ratio of madrichim who will be appointed, will take into account the make up the group e.g. male/female, type of behaviours, type of activity and needs of the participants.

4.2 Training

4.2.1 It is Bnei Akiva's policy to train Madrichim in leadership skills and the care and welfare of children.

4.2.2 This training is of a more intense nature for residential camps and activities than for non-residential activities.

4.2.3 Bnei Akiva takes recommendations from UJIA and other Jewish care organisations on welfare training.

4.2.4 Bnei Akiva offers at least one First Aid course per year for madrichim.

4.3 Madrichim/Chanichim Relations

4.3.1 Madrichim must refrain from non-essential contact with Chanichim.

4.3.2 Madrichim should exercise discretion in their involvement with Chanichim and madrichim of the opposite sex.

4.3.3 All forms of physical contact between members of the opposite sex are forbidden except for cases of reasonable emergency.
4.3.4 No Madrichim should ever been alone with a Chanich/a.

4.4 Under-8 year olds

4.4.1 A Rosh Sviva must inform the Mazkirut if he/she is running an activity for under-8 year olds, if it will run for more than 2 hours.
4.4.2 If a Sviva has activities for under-8 year olds, there must be someone over the age of 18 in charge of the activities for the under 8 year olds, and in the building at all times.
4.4.3 There must be a named deputy to the Rosh Sviva who is responsible for the group of under-8 year old children.
4.4.4 All activities for groups of under 8 year olds must have a ratio of at least one madrich to six Chanichim. On trips out from the centre, the ratio will be one to six.
4.4.5 All activities must have at least 2 madrichim present

4.5 In loco parentis

4.5.1 Madrichim at a residential camp are expected to exercise the same degree of care that a reasonable, prudent and careful parent would exercise.
4.5.2 Bnei Akiva provides a "duty of care" to all Chanichim and madrichim that would be acceptable to a parent/guardian of a participating young person.

4.6 Discipline and Punishment

4.6.1 Madrichim must always try to deal with Chanichim who have misbehaved, themselves, and in a calm manner.
4.6.2 Madrichim must never shout directly at a Chanich/a, and must not touch a Chanich/a when disciplining.
4.6.3 Once a madrich feels that he/she cannot deal with a Chanich/a, he/she must then contact the Sgan/it Machane or Rosh Sviva.
4.6.4 In disciplining Chanichim, madrichim should ensure that another member of the team is present.
4.6.5 Madrichim should not discipline a child without first consulting the Rosh.

4.7 Sleeping in a non-residential building

4.7.1 The Rosh of a Bnei Akiva residential activity held in a non-residential building (e.g. sleeping on the floor of a synagogue hall) must ensure that the proprietor of the building is aware of the existence and nature of the activity.

4.8 Technology & Social Media

4.8.1 Staff and Madrichim should never give their personal phone or contact details to Chanichim.

4.8.2 When contacting madrichim under the age of 18, staff should ensure the forum is public and non-encrypted, or has another adult in the conversation, for example on WhatsApp groups conversations. No person under the age of 18 should be in a private chat with an adult on any form of encrypted social media.

4.8.3 Snapchat should never be used to contact Chanichim or madrichim within Bnei Akiva.

4.8.4 Staff should use their best judgement as to whom to connect with on Facebook and other forms of non-encrypted social media.

4.8.5 Staff should use Bnei Akiva accounts or devices to contact Madrichim or Chanichim under the age of 18, rather than giving out their own personal details. The welfare phone number will need to be added to every Whatsapp group made with Chanichim.

4.8.6 All photos taken of children attending Bnei Akiva activities should be taken on Bnei Akiva devices where possible. If taken on a personal device, these should be sent to the Bnei Akiva office and then deleted as soon as possible.

4.9 Detection of Abuse and Disclosure

4.9.1 It is the duty of all madrichim to be alert to physical, sexual or emotional abuse or neglect of any Chanich/a with whom we come into contact.

4.9.2 In the event of Disclosure, Bnei Akiva madrichim must not under any circumstances make any attempt to counsel a Chanich/a, confront parents or keep information to themselves. They should remember to stay calm and create a safe supportive environment.

4.10 Confidentiality

4.10.1 Every young person is entitled to confidentiality if they choose to speak to a madrich/a or volunteer, but this should never be promised, as there will be occasions when confidentiality cannot be maintained.

4.10.2 If a madrich/a has any concerns that a Chanich/a may be at risk, they must accurately record this as soon as possible on the disclosure forms , before it is forgotten. They must then immediately inform their Rosh Machane or Sviva, who, in turn, must inform the Mazkir/a.

4.10.3 It is the policy of Bnei Akiva to pass any such matter to the relevant authorised agencies within the Jewish and wider community structures as necessary.

4.10.4 The decision to share information about a young person must be taken in the context of what is in compliance with current relevant legislation, and then what is best for that person.

4.10.5 Any personal information gained through a Madrich/a/Chanich/a relationship will be treated in confidence except in the following circumstances:

i) With the express permission of the Chanich/a.

ii) If the young person is imminently intent on causing injury to themselves or to others.

iii) Where the young person is considered 'at risk' from injury or abuse by others.

4.10.6 The disclosure of such information must override the confidential relationship between Chanich/a and madrich/a, and the madrich/a is obliged to pass on the information to the Rosh Machane immediately who will then pass it on to the Mazkir/a. This information must not be discussed with anyone else. Discretion is of the utmost importance.

4.10.7 A disclosure conversation should not be initiated by a madrich/a

4.10.8 Any attempt to engage the Chanich/a in further discussion may be interpreted, in the long term, as being the first stage of the formal process of disclosure. This may consequently put the Chanich/a at risk if not handled properly. If disclosed to by a Chanich/a, a madrich/a must:

i) Reassure the Chanich/a that their statement is believed.
ii) Listen but not ask any leading questions.
iii) Inform the Chanich/a that the information must be passed on.

4.10.9 The madrich/a may want to continue to befriend and listen to the Chanich/a, however, they must not make any attempt to encourage the Chanich/a to provide further information.

4.10.10 There may be the possibility that a Chanich/a will not want to continue to discuss any matter if they are aware that the information will be passed on. This will be subject to the Chanich/a's decision; however, it remains the duty of the madrich/a to report the initial disclosure. All such conversations should be recorded in as much detail as possible as soon as possible after the event. As an addition please ensure that the Chanichim are told on day one that it is our duty of care to let the correct people know within Bnei Akiva.

4.10.11 If a madrich/a has concern regarding the behaviour/wellbeing of another madrich/a, they must immediately inform their Rosh Machane who will then pass it on to the Mazkir/a.

4.11 Training

4.11.2 All members of staff will be read this Safeguarding Policy by the COO as part of onboarding to the organization.

4.11.3 All volunteers and ad hoc staff will be directed to this policy before undertaking any care of children.

4.11.4 Bnei Akiva UK commits to providing accredited Safeguarding Training for the DSL, Deputy DSL and all senior positions on residential events, as well as for any other staff who it is deemed necessary. This training should be provided at least once every year with refresher courses offered to those already trained or certified.

4.11.5 All volunteers who interact with children will receive internal safeguarding training from the DSL, Deputy DSL, Senior member of staff or an external specialist body.

4.11.6 All staff who engage or interact with children must undergo an enhanced DBS check, and it will be the responsibility of the DSL and Deputy DSL to ensure this happens and records are maintained.

4.11.7 Bnei Akiva UK will ensure all staff and volunteers are scrutinized through personal recommendations, references and DBS checks before being employed to ensure safer recruitment.

Reporting & Responding to Allegations & Concerns

REPORTING FORMS AND SYSTEM

The online reporting system and forms are to be used by all staff as detailed below. The purpose of the safeguarding form and CPOMS system is to create uniform and consistent reporting, that is easily accessible for staff, and able to be securely stored.

Forms will be submitted electronically, and copies will be received by the DSL, Deputy DSL and COO in real time. Information on forms will be copied into individual participant files and stored securely to build each participant's long term profile.

Both CPOMS and the safeguarding reporting form are there to provide a space for a detailed account of any incidents that take place and to ensure that the incident is able to correctly be dealt with.

5.1 It is anticipated that, if this policy is properly implemented, the chances of an actual situation of abuse occurring from within the organisation will be reduced. Even so, incidents may still arise or information come to light about the behaviour of another staff member which creates cause for concern. We may also become aware of situations of actual or suspected abuse from outside the organization.

5.2 Child protection can be a complex area. Speaking out when there is child abuse can be difficult. The nature of child abuse means that it is hard to acquire concrete evidence. Staff are more likely to be faced with indirect statements from children, non-verbal clues and signs which can be inconsistent. When actual disclosures of abuse are made they are often retracted. For this reason, when faced with child abuse, staff are more likely to have feelings of concern; an intuition or suspicion that something is happening but doubt their judgement and/or feel uncomfortable about saying anything or raising the concern as they do not believe they have enough evidence. Because of the often secret and intimidating nature

of abuse and the severe impact it can have on children, however, it is essential that people speak out.

5.3 It is not the responsibility of staff to decide whether or not child abuse has taken place. All staff, however, have a responsibility to act on any concerns by reporting these to the Designated Safeguarding Lead (DSL), or Deputy DSL via the online reporting forms.

To ensure that all such situations are handled appropriately and effectively, the above reporting mechanism has been created, with the following guidelines:

1. All allegations and concerns of abuse must be taken seriously, irrespective of the identity of the alleged perpetrator and victim, and regardless of how 'unbelievable' the situation may seem.
2. All staff must report any of the following situations in relation to:
   - any allegation of or concern about actual or suspected situations of abuse involving a child or children known to Bnei Akiva;
   - any allegation of or concern about actual or suspected staff misconduct and/or criminal activity involving the abuse of a child or children whether or not they are known to Bnei Akiva.
3. No staff member can agree to keep information regarding actual or suspected abuse 'private' as a personal confidence. In general, Bnei Akiva will seek to discuss our concern with the child in a way that is appropriate to the child's age and understanding, and with their parents/guardians, and seek their agreement if making a referral to a specialist agency. However, there will be situations where this may place the child in danger. A decision to refer to a specialist agency without informing the child and without obtaining the consent of their parents/guardians must always be taken by the DSL.
4. Bnei Akiva is not an investigative authority. In the event of a disclosure no leading questions should be asked to the child, rather everything voluntarily spoken must be noted and passed on.
5. Any Bnei Akiva staff member, voluntary or paid, who is the recipient of a disclosure, part disclosure, or has any concerns, must fill out the relevant reporting form.
6. **A written record of all child protection reports, including any decisions made, must be kept up to date by the DSL and logged in the relevant participant file. This should include details of any referrals made to specialist agencies. This must be stored in line with our Data Protection Policy.**
7. All sensitive and personal data must be kept confidential (including the names of anyone who makes a report of abuse) and be shared on a strictly *'need to know basis',* that is, access must be necessary for the conduct of one's official duties.
8. Referrals must be made to a specialist child welfare and law enforcement agency when sufficient evidence exists that an allegation or concern is a serious welfare

and/or criminal matter. Apart from referrals to child welfare and law enforcement agencies, no details regarding the circumstances of children and their families will be passed to other individuals or organisations without the express permission of the child and their parents / guardians.

9. Names of those who are alleged to be a risk to children will also be passed on to law enforcement agencies where it is suspected that a crime may have been committed, for investigation in accordance with relevant legislation.
10. Where a member of staff is the subject of an investigation (but not when making a report), an Internal Child Protection Investigation Panel will be convened by the DSL. The panel will work alongside any formal police investigation. The composition of the panel depends on the nature of the allegation or concern but will routinely consist of a representative from Bachad, the Mazkirut and the Professional Staff.
11. Where abuse is sent or received via the Internet or other technologies (such as child pornography images), even if this is received in the form of 'Spam' or passed on to Bnei Akiva from another organisation, the images must not be sent via the Internet to law enforcement agencies or to any other person working for Bnei Akiva. Instead they should be contacted and asked to advise how to send the information.
12. If a report of abuse is made, or concerns are raised, even if the situation is ultimately found to be untrue, no retaliatory action will be taken against the person making the report. If, however, the report is found to be malicious, the staff member will be offered support and the Mazkir/a, COO and DSL will decide on the course of action relating to disciplinary and suspension issues.
13. It is understood that there will be unanticipated situations where staff will have to apply their independent judgment. They should do so in a way that is consistent with the principles of the policy and in consultation, when possible, with the DSL or an available senior manager. Where staff do have to apply their own judgement in relation to a child protection issue, and it is not possible to consult with the DSL, the DSL should be advised of the situation as soon as possible. All steps taken without the knowledge of the DSL should be recorded by the individual and passed on at the earliest possible time.
14. The Designated Safeguarding Trustee is responsible for reporting any serious incidents to the Charity Commission.
15. Bnei Akiva UK's policy on whistleblowing is publicly available and can be found in our Customer Service Policy at www.bauk.org.

Reporting Externally

It is the responsibility of the DSL to report safeguarding or welfare concerns to external bodies where appropriate. Bnei Akiva UK makes decisions on reporting based on the Barnet Continuum of Support (link below) and MASH guidance (link below).

Safeguarding Reporting

Youth Mental Health Support	https://www.barnet.gov.uk/youthmentalhealth
Universal Plus form	https://account.barnet.gov.uk/OnlineApplication/Introduction.aspx
MASH Form	https://account.barnet.gov.uk/OnlineApplication/Introduction.aspx

Guidance

Mash Guidance	https://wwc.barnet.gov.uk/wwc/working-children-barnet/practition
Barnet Continuum of Support	https://thebarnetscp.org.uk/assets/1/barnet_continuum_of_suppor

Continuum of Support

Tier 1	No additional needs
Tier 2	Early Help
Tier 3	Complex or multiple need
Tier 4	Acute need

If in doubt about the services available or the level of need, you can contact the MASH between 9am

After 5pm and at weekends the Out of Hours social work service provided by LB Harrow operates by

Email: Members of the public or professionals can e-mail MASH on MASH@barnet.gov.uk or secure e

6.1 Behavior, Discipline and Exclusion

6.2

6.2.1 Unreasonable behavior and disobedience that is the cause of disruption and upset of a camp or a Sviva meeting will not be tolerated by Bnei Akiva.

6.2.2 The Rosh of a Camp or a Sviva has the discretion to discipline a child who behaves in a manner which he/she feels is unreasonable or disruptive.

6.2.3 The Rosh, after consultation with the Mazkir, reserves the right to exclude any child that they consider unsuitable for camp or other activities, with no refund.

6.2.4 Being sent home from any Bnei Akiva event may affect the chances of a Chanich being accepted onto future programmes or activities.

6.2.5 A Madrich should not discipline without first consulting the Rosh.

6.2.6 In the event that a child is asked to leave a programme or activity, their parent/guardian will be responsible, at their own expense, for collecting or arranging for the collection of their child.

6.3 Bullying

6.3.1 Bnei Akiva defines bullying as any act, whether of a verbal or physical nature, or any behaviour by an individual or group, which causes anxiety or spoils the enjoyment of others.

6.3.2 Bullying is not tolerated at any Bnei Akiva activity or camp and may be reason to contact parents, send a child home, or exclude a child from an activity.

6.3.3 It is the responsibility of the Rosh of a camp or Sviva to deem whether an act should be labelled as “bullying”.

6.4 Damage to property

6.4.1 Any child who wilfully damages the property of Bnei Akiva, or that of a fellow participant, or indeed any other property (e.g. a school used for a camp or synagogue used for a Sviva meeting), will be charged in full for any costs incurred. Should the individual not be traced, the costs may be defrayed between the relevant group of individuals.

6.4.2 Bnei Akiva takes no responsibility for items, not handed into a madrich/a, that may be damaged or lost at a camp or any activity.

6.5 Alcohol, Smoking and Drugs

6.5.1 Smoking is forbidden at all Bnei Akiva activities for children.

6.5.2 Any child who is found smoking or in the possession of cigarettes will be punished accordingly and may, at the discretion of the Rosh be excluded.

6.5.3 Alcohol and drugs are forbidden at all Bnei Akiva camps and events. Any participant found in the possession of alcohol or any illegal drugs, or under the influence of such substances will be excluded from the activity or Machane with immediate effect.

6.5.4 The consumption of stimulant drinks and tablets (e.g. Red Bull and Pro Plus) is not allowed at any Bnei Akiva event or camp, by any Madrich/a or Chanich/a. Any participant found in possession of any of these items will have them confiscated and the participant will be disciplined at the discretion of the Rosh.

6.6 Mobile Phones

6.6.1 Mobile phones are permitted at residential camps.

6.6.2 The three younger Machanot are allowed mobile phones, however in most cases must hand them in. They will be returned to the Chanichim on Fridays and any other time at the Rosh's discretion.

6.6.3 The older Machanot will be allowed their mobile phones throughout Machane, however are not allowed to use it during formal activities including meal times. If seen to be used, the Tzevet have the permission to confiscate the phones.

6.7 Jewish Religious Issues

6.7.1 Bnei Akiva is a Religious Zionist movement and, as such, expects all participants to respect the atmosphere of religious observance, regardless of their personal commitment or religious background. This is to ensure that all activities operate within the religious framework that Bnei Akiva educates towards.

6.7.2 Participants at all Bnei Akiva events are expected to fully observe the laws of Kashrut, Prayer and Shabbat and physical contact between males and females is not acceptable.

6.7.3 Immodest or unsuitable clothing is not acceptable at all Bnei Akiva activities.

6.7.4 Girls' skirts and boys' shorts should cover their knees, and skin-tight clothing is not allowed to be worn by either sex. Trousers should not have rips above the knee.

6.7.5 All T-shirts must cover the mid-rift (even when stretching up), and sleeveless vest tops are not permitted. It is within the discretion of madrichim to ask a child to change.

6.7.6 Any participant who does not keep these basic religious principles will be disciplined at the discretion of the Rosh.

Transport and Trips

7.1 Private Cars

7.1.1 It is Bnei Akiva's policy that madrichim must not take Chanichim in their private cars. If this is ever necessary, parents or madrichim may only do so if they have *"business use"* in their insurance.

7.1.2 Insurance, M.O.T and Licenses must be checked by the Rosh Sviva or Rosh of the activity or the Mazkirut before any journeys are taken.

7.1.3 If a trip in a private car is to be undertaken, Chanichim must sit in the back of the car.

7.2 Areas of Care

7.2.1 Once a Bnei Akiva activity (e.g. Sviva) has ended, Bnei Akiva's responsibility for the attending person does not cease until they have been collected or other arrangements have been made with the parents/guardians.

7.2.2 Bnei Akiva takes responsibility for children on the coach on the way home from camp, until the point of leaving the coach stop with parents/guardians or on their own.

7.2.3 Bnei Akiva takes on the responsibility of caring for children for the time they are in a Sviva activity, with constant supervision and strict regulations against leaving the premises during the activities. However, if a Chanich/a leaves a Sviva meeting without permission of the Rosh Sviva, then Bnei Akiva does not take responsibility for the child outside the meeting place.

7.2.4 At a Bnei Akiva residential camp no Chanich/a may arrive late, depart early, or travel in any way other than on the transport arranged by Bnei Akiva without a letter from their parent/guardian requesting permission for this. This will only be allowed provided that the parent/guardian personally takes responsibility for this travel.

First Aid

8.1 First Aid must only be administered by a nominated First Aider.

8.2 Bnei Akiva, at any of its camps, is not responsible for any medical condition either physical or emotional, which is not disclosed on a participant's medical form or is a result of a previous condition not disclosed in full prior to the Bnei Akiva event.

8.3 Any medical condition not declared could be deemed reason for that child to be returned home immediately, at their own expense, from a camp or any Bnei Akiva activity.

8.4 It is the responsibility of a child's parent/guardian, where a medical form is not deemed requested, to inform the Rosh of any condition which may affect their child at that event.

8.5 Whilst it is the responsibility of the child's parents/guardian to have completed a medical form and have this form submitted to Bnei Akiva, the Rosh should ensure that such completed medical form is available when deemed necessary (e.g. Sviva).

8.6 Bnei Akiva reserves the right to offer over-the-counter medication to participants at any Bnei Akiva camp or event.

8.7 In the event of a child being seen by an external Doctor or taken to a hospital, Bnei Akiva will contact a parent or the alternative contact person.

8.8 If a child is admitted to a hospital, it is at the discretion of the Rosh and the Mazkir/a to decide at what point the child's parents are contacted, and required to come to the hospital and take responsibility for their child.

8.9 If it is thought that a child may suffer an anaphylactic reaction to any product, then the designated first aider for that child will be advised how to administer the medication.

Data Protection

9.1 The Madrichim, Rosh and Mazkirut of Bnei Akiva must not give out the home address, e-mail address or phone number of a member of Bnei Akiva to any other person.

9.2 Bnei Akiva will not sanction giving lists of the contact details of camp participants and will not give out details over the telephone, or by e-mail.

9.3 It is the responsibility of all holders of contact information lists of Bnei Akiva members to keep the information confidential.

Organisational Structure

GENERAL STRUCTURE

During the regular course of the year in Bnei Akiva, there are three staff with responsibilities for safeguarding and accident/incident reporting. They are as follows:

DSL

Designated Safeguarding Lead. The main areas of focus are:

- Arranging preliminary discussions with families who plan on attending programmes that have a history of welfare/safeguarding/medical needs, or who have listed any specific needs in their booking forms.
- The creation of care plans for children and madrichim as and when needed
- The creation of welfare reports to be given over to relevant voluntary staff e.g. Sviva and Machane Roshim
- Working alongside the Mazkir/a to ensure that Safeguarding practices are followed at all Bnei Akiva events and activities.
- Liaising where necessary with external bodies e.g. LADO, Children's Services, NSPCC etc.
- Ensuring all incidents and concerns are properly documented and retained.

Deputy DSL

Mazkir/a and COO is the deputy Designated Safeguarding Lead. They are responsible for ensuring that Madrichim have an understanding of Bnei Akiva's Safeguarding procedures, and that these are implemented 'in the field'. They are the point of contact for Madrichim who have concerns, and relay all information to the DSL.

Chief Operating Officer

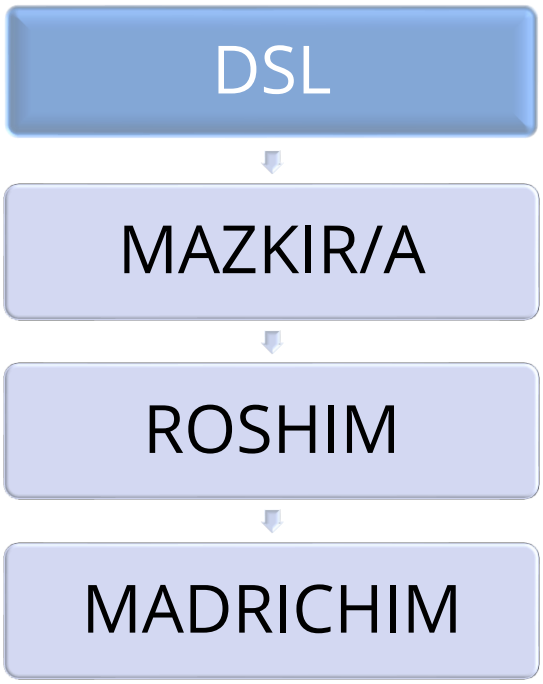
Works as and with the rest of the safeguarding team where necessary and ensure that all policies and procedures are kept up to date. Responsible for accident/incident reporting that does not directly fall under the Safeguarding banner (e.g. RIDDOR, First Aid etc) as well as Health & Safety policies and procedures.

SVIVOT STRUCTURE

Svivot are Bnei Akiva's local weekly groups. Each Sviva is comprised of Roshim, Sganim and Madrichim, and is overseen by the Svivot & Hadracha Worker. It is the responsibility

of the Svivot & Hadracha Worker, with oversight from the Mazkir/a, to ensure that all Sviva Tsvatim are aware of Bnei Akiva's Safegurding policies and procedures.

Any welfare or safeguarding concerns should go directly from the Roshim to the Mazkir/a or DSL.



RESIDENTIAL CAMP STRUCTURE

Bnei Akiva runs residential camps in the winter and summer. These camps have the following staff and support systems:

OFFICE BASED

DSL

The ultimate decision maker for all Safeguarding and Welfare concerns. All information should be fed through to the DSL in the office. Responsible for ensuring that Care Plans are kept to during Machane, incidents and disclosures are dealt with in line with policies, and that all aspects of safeguarding are properly recorded.

COO

Provides support and guidance to the DSL in the office and is qualified to take over as DSL should the DSL be absent.

IN THE FIELD

Mazkir/a – Deputy DSL

The Mazkir is the point of contact for all on site, and is responsible for ensuring that Madrichim have an understanding of Bnei Akiva's Safeguarding procedures, and that these are implemented 'in the field'. They converse with the DSL and ensure that decision are implemented.

Mental Health Professional

Bnei Akiva works with a Mental Health Professional (MHP) for the duration of Machane, to be support senior staff in decision making and support leaders after receiving a disclosure. They are there to provide guidance and support to the Mazkir/a, Roshim, and also be an available resource to the Madrichim. The MHP should relay all information to the DSL and Deputy DSL, and any practical or policy guidance given should be done so after conversation with the DSL and Deputy DSL.

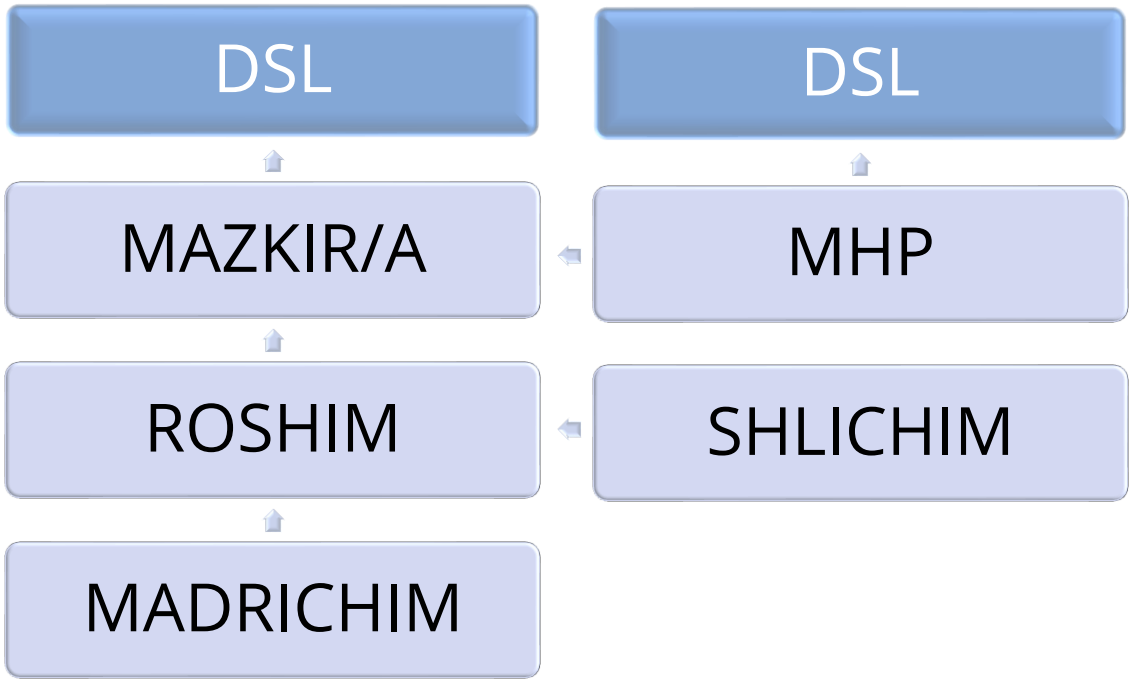
Shlichim

The Shlichim provide additional care to the Madrichim and Roshim in the form of personal relationships and discussions. They should be used as a valuable sounding board for Roshim on decision making, as well as checking in on the mental health of Senior Tsvatim. They should relay all relevant information regarding welfare or

safeguarding to the DSL and Deputy DSL, and should not offer practical guidance in these areas without approval.

Roshim

The Roshim are responsible for the welfare of their Madrichim and Chanichim, as well as ensuring that Madrichim are reminded of Safeguarding policies and procedures. All Madrichim should report into the Roshim, who must report into the DSL and/or Deputy DSL.



ISRAEL MACHANE STRUCTURE

OFFICE BASED

DSL

The ultimate decision maker for all Safeguarding and Welfare concerns. All information should be fed through to the DSL in the office. Responsible for ensuring that Care Plans are kept to during Machane, incidents and disclosres are dealt with in line with policies, and that all aspects of safeguarding are properly recorded.

Deputy DSL

The Mazkir/a is the final decision maker for all behavioural and disciplinary matters and is advised on any welfare implications when making these. Welfare and Safeguarding information is shared with the Mazkir/a and they are involved in the decision-making process. They are responsible for ensuring Madrichim and Roshim receive timely updates on any matters.

IN THE FIELD

Roshim

The Roshim are responsible for the welfare of the Madrichim and Chanichim, as well as ensuring that Madrichim are reminded of Safeguarding policies and procedures. One Rosh will be given the specific Tafkid of Rosh Hadracha which includes oversight of Welfare and Safeguarding, ensuring information is kept streamlined. All Madrichim should report into this Rosh, who must report into the DSL and/or Deputy DSL. The Rosh is responsible for ensuring decisions are enacted in the field.

UJIA/Tlalim

Bnei Akiva has a valuable resource in its partners at the UJIA and Tlalim. The DSL and Deputy DSL are responsible for liaising with the UJIA and Tlalim on matters of note, and seeking support where necessary.

Social Care Team Contacts

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact the relevant Local Authority, Children's Social Care Service as soon as possible.

Barnet Social Care Team

020 8359 4066 (Monday to Friday, 9am to 5pm)
020 8359 2000 (out of hours)

Harrow Social Care Team

020 8901 2690

Ealing Social Care Team

020 8825 8000

Brent Social Care Team

020 8937 4300 (Monday to Friday, 9am to 5pm)
020 8863 5250 (out of hours)

Hertfordshire Social Care Team
030 0123 4043

Enfield Social Care Team

020 8379 2507 (Monday to Friday, 9am to 5pm)
020 8379 1000 (out of hours)

Redbridge Social Care Team

020 8708 3885 (Monday to Friday, 9am to 5pm)
020 8708 5897 (out of hours)

Hackney & The City Social Care Team

020 8356 5500 (Monday to Friday, 9am to 5pm)
020 8356 2710 (out of hours)

Westminster Social Care Team
020 7641 4000
020 7641 6000 (out of hours)

Camden Social Care Team
020 7974 6600

020 7974 4444 (out of hours)

Bury Social Care Team

0161 253 5678
016 1253 6606 (out of hours)

Stockport Social Care Team
016 1217 6028

016 1718 2118 (out of hours)

Leeds Social Care Team
011 3222 4403 (Monday to Friday, 9am to 5pm)
011 3240 9536 (out of hours)

Birmingham Social Care Team
012 1303 1888 (Monday to Friday, 8:45am to 5:15pm)

012 1464 9001 (out of hours)

Appendix

Indicators of Need Matrix [Tiers 1 - 4]			
Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Tier 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Tier 4** Children in acute need. Require immediate referral to children's social care and/or the police.

The child's health			
The child is healthy and does not have a physical or mental health condition or disability	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN statement Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.

The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.

		them at risk of grooming and exploitative relationships with peers or adults.	
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
The child is emotionally supported by his/her parents/carers to meet their	The child occasionally does not meet developmental	The child is unable to meet developmental milestones due to the inability of their	The child's development is being significantly impaired.

developmental milestones to the best of their abilities.	milestones due to a lack of emotional support.	parent/carer to emotionally engage with them.	
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance mis-use.	The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in gang/criminal activity.
The child's social development			

The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills Positive interaction with others is severely limited.
The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.

The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.

The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.

The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.

	yet. They express casual support for extremist views.		
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.

The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.

The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views.	The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced by them	The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching her/him the correct way to live and those who don't hold these views as deluded and/or as a threat
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	The child's outcomes are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy

			period of time and are unlikely to end in the foreseeable future.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.
Abuse and neglect			

The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]
The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.

The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim