



Brentfield Primary School

Children of Today Champions for Tomorrow

Safeguarding & Child Protection Policy

Head Teacher	Nicola Harmer
Person Responsible	Nicola Harmer & Governing Board
Review Date	September 2021

41-43 Meadow Garth, London, NW10 0SL

Tel: 020 8965 5326

Email: admin@brentfield.brent.sck.uk

Website: www.brentfield.brent.sch.uk

Introduction:

Brentfield Primary School recognises its responsibilities for safeguarding and Child Protection. The Policy has been updated and is based on KCSIE 2020. Our policy applies to all staff including those working in EYFS, Governors and volunteers working in the school. There are five main elements to our policy:

- Ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children
- Raising awareness of Child Protection issues and equipping children with the skills needed to keep them safe
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- Supporting pupils in accordance with the agreed Child Protection or Child In Need Plan
- Establish a safe environment in which children can learn and develop

The school will act in accordance with the following legislation and guidance:

- The Children Act 1989 and 2004
- Education Act 2002, section 175
- Local Authority Safeguarding Partners and London Child Protection Procedures
- DfE guidance, 'Keeping Children Safe in Education' (September 2020)
- DfE guidance, 'Working Together to Safeguard Children' (July 2018)
- The Equalities Act 2010

DfE guidance 'Working Together to Safeguard Children' (July 2018) requires all schools to follow the procedures for protecting children from abuse established by their Local Authority Safeguarding Partners. Schools must ensure that they have appropriate procedures in place for responding where they believe that a child has been abused or is at risk of abuse. The procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

DfE guidance 'Keeping Children Safe in Education' (September 2019) states that *"The designated safeguarding lead should ensure the school or college's policies are known and used appropriately...To ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made."*

Definitions

Safeguarding and promoting the welfare of children means:

- Protecting pupils from maltreatment
- Preventing impairment of pupils' mental and physical health or development
- Ensuring that pupils grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all pupils to have the best outcomes

1. **Child protection** is part of this definition and refers to activities undertaken to prevent pupils suffering, or being likely to suffer, significant harm.
2. **Abuse** is a form of maltreatment of a pupil, and may involve inflicting harm or failing to act to prevent harm.
3. **Neglect** is a form of abuse and is the persistent failure to meet a pupil's basic physical and/or psychological needs, likely to result in the serious impairment of the pupil's health or development. **Appendix 1 defines neglect in more detail.**
4. **Children** include everyone under the age of 18. All pupils that attend Brentfield fall in this category.
5. **Parent** refers to birth parents and other adults who are in a parenting role, for example step-parents.

1. Aims of the policy

- To provide an environment and foster a culture of vigilance within Brentfield School including EYFS
- To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- To promote an environment in which all staff and visitors know they can raise any concerns, no matter how small they may seem
- To provide a systematic means of monitoring children known or thought to be at risk of harm
- To develop a structured procedure within the school to be followed by all members of the school community in cases of suspected abuse
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care Services

- To ensure that all adults within the school who have access to children have been checked as to their suitability
- To emphasise the need for good levels of communication between all members of staff

2. Procedures

Brentfield's procedures for safeguarding children will be in line with the procedures of the Local Education Authority (LEA) and Local Safeguarding Partners.

The Designated Safeguarding Lead (DSL) is Nicola Harmer (Head Teacher) who takes regular training with Brent LEA, Andrew Hall and receive weekly e-bulletins from Andrew Hall.

The members of staff who will act in the DSL's absence are Julie Harvey (Deputy Head) and Sunita Rawat (Assistant Head).

The Designated Governor is Penny Witham, who may be contacted via the school office.

The school will ensure that:

- The staff are trained to develop their understanding of the signs and indicators of abuse
- The staff know how to respond to a pupil who discloses abuse
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures
- Procedures are regularly reviewed and updated
- All new members of staff will be given a copy of the latest Child Protection and Safeguarding Policy and Keeping Children Safe in Education (Part 1 and Annex A) as part of their induction into the school
- All staff are aware of the role of the Designated Safeguarding Lead (DSL) and how they can refer any child protection concerns
- All staff are aware that the DSL (and deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on responding to safeguarding concerns
- All staff are reminded of the above at the beginning of the school year and throughout the school year

The Governing Board is responsible for ensuring the annual review of this policy.

3. Responsibilities

"Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child."

(DfE guidance 'Keeping Children Safe in Education' - September 2019)

(a) Responsibilities of Governors and Senior Managers:

It is the role of the Governors and Senior Managers to take responsibility for safeguarding and promoting the welfare of children. This is a shared responsibility and requires:

- Having clear lines of responsibility
- Having effective recruitment and human resources procedures, including checking all new staff and volunteers to make sure they are suitable to work with children and young people
- Having procedures for dealing with allegations of abuse against members of staff and volunteers
- Making sure that the staff receive appropriate training
- Having clearly understood and working procedures and policies on how to safeguard and promote the welfare of young people, this includes children missing from education
- Working with the child's parents & carers to support their child's needs
- Helping parents & carers understand that the school has a responsibility for the welfare of all pupils and has a duty to refer cases to Social Care in the interests of the child
- Any deficiencies or weaknesses in regard to child protection arrangements to be remedied without delay
- Ensuring that children receive appropriate and timely preventative interventions when required
- Notifying the Disclosure and Barring Service (DBS) and the Department of Education (DfE) of the name of any member of staff considered to be 'unsuitable to work' with children in accordance with statutory regulations

Where the school provides before school, after school or holiday club services or activities directly under the supervision or management of school staff, the school's arrangements for Safeguarding will apply. Where services or activities are provided

separately by another body, the Governing Board will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and that there are arrangements to liaise with the school on these matters where appropriate.

(b) The Designated Safeguarding Lead (DSL) has the following responsibilities:

- Refer cases of suspected abuse to the local authority children's social care as required
- Liaise with Headteacher, Deputy Head and Inclusion lead to ensure children involved in a child protection/safeguarding matter are supported as appropriate for their situation
- Support staff who make referrals to local authority children's social care
- Refer cases to the Channel programme where there is a radicalisation concern as required
- Support staff who make referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service (DBS) as required
- Refer cases where a crime may have been committed to the Police as required and supporting staff that need to report directly to the Police, for example, in cases of suspected Female Genital Mutilation (FGM)
- Liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- Act as a source of support, advice and expertise for staff
- Ensure that the school operates within the legislative framework and recommended guidance from the Department of Education, the London Safeguarding Board, the Local Safeguarding Board/Safeguarding Partners and the Local Authority Designated Officer (LADO)
- Ensure that the school effectively monitors children about whom there are concerns
- Keep written records of concerns about a child even if there is no need to make an immediate referral
- Ensure that all such records are stored confidentially and securely and are separate from pupil records
- Ensure that the Head teacher is kept fully informed of any concerns
- Monitor attendance and absences for all pupils; inform Social Care if a child is absent without explanation for two days if currently subject to a Child Protection Plan
- Attends and submits reports to Child Protection Conferences
- Ensure that all staff and volunteers are aware of the LSCB's Child Protection Procedures
- Ensure that appropriate training and support is provided to all staff
- Develop effective working relationships with other agencies and services
- Liaise with Social Care teams over suspected cases of child abuse
- Provide guidance to parents, children and staff about obtaining suitable support
- Make a commitment to develop productive, supportive relationships with parents, whenever it is in the pupil's interests to do so
- Inform the social worker responsible where a pupil who is / or has been the subject of a child protection plan changes school
- When a child leaves the school, the DSL will contact the DSL at the receiving school to share information in a manner that facilitates ongoing support during the transition
- Transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file
- Promote educational outcomes by sharing the information on welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing or have experienced, with teachers and school leadership staff.

(c) Responsibilities of All staff

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education, \(September 2020\)](#) and review this guidance at least annually.

All staff will be aware of:

- Our systems which support safeguarding, including the staff code of conduct, the role of the designated safeguarding lead (DSL), the behaviour policy, and the safeguarding response to pupils who go missing from education
- The early help assessment framework and their role in it, including identifying vulnerable pupils with emerging problems, liaising with the DSL, and sharing information e.g. through completion of welfare checks, with other professionals to support early identification and assessment
- The process for making referrals to Brent children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a pupil tells them they are being abused or neglected, including specific issues such as FGM and gang crimes, and how to maintain an appropriate level of confidentiality while liaising with DSL and relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as 'sexting', modern day slavery, child sexual exploitation (CSE), FGM, upskirting and radicalisation

(d) Reporting

The reporting of safeguarding practice at Brentfield enables the Governing Board to ensure compliance with current legislation and to identify areas for improvement. Close liaison with the local authority is vital in order that appropriate support and training can be given. These are requirements of 'Working Together to Safeguard Children' (DfE July 2018).

At the termly Governing Board meetings, a Safeguarding report will be given. The Designated Safeguarding Lead will also liaise with the Governor responsible for Safeguarding whenever appropriate. The Deputy Designated Safeguarding Leads will also be kept fully informed.

It is important to protect the anonymity of the children concerned and discretion should be used to avoid the identification of individuals.

4. Training

Summary of Child Protection Training:

- Designated Safeguarding Lead undertake formal DSL training every two years as a minimum
- The DSL attends regular training provided by The Stonebridge School (specialist safeguarding centre) and other agencies regarding specific aspects of child protection including online safety, child sexual exploitation, domestic abuse, safer recruitment, Early Help, Prevent, FGM, upskirting and managing allegations against staff/volunteers
- All staff have formal training updated every two years as a minimum
- All staff attend annual small group briefings led by the DSL to refresh their knowledge
- All staff receive weekly reminders about safeguarding reporting procedures
- New staff receive training as part of their induction process
- A safeguarding board in the staff room displays information about a specific theme which is changed every half-term
- Designated Safeguarding Lead and nominated Senior Leaders undertake Safer Recruitment training

5. Related policies and documents

- Allegations of Abuse Against Staff and Volunteers (Brent Safeguarding Partners)
- Anti-Bullying Policy
- Attendance Policy
- Positive Behaviour Policy
- Capabilities Procedure
- Complaints Procedure
- Data Protection Policy
- Disciplinary Procedure
- Online Safety Policy
- Educational Visits Policy
- Equalities Policy & Plan
- First Aid Policy
- Guidelines on the Use of Restraint
- Health, Safety and Welfare Policy
- Home-School Agreement
- Inclusion Policy
- Intimate Care Policy
- Children Looked After Policy

- Manual Handling Policy
- Code of Conduct Policy (Staff Handbook)
- Whistleblowing Policy
- Lockdown Procedures
- Bomb Policy

6. Abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. All staff mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of these environments. **All** staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may 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 involve seeing or hearing the ill-treatment of another person. It may involve serious 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 of a child, though it may occur alone. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Sexual abuse

Sexual abuse involves forcing or inciting a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Neglect

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

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

It may also include neglect or unresponsiveness to a child's basic emotional needs. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

7. Concerns / Sharing Information

If any member of staff believes a child is in immediate danger, this must be brought to the attention of the DSL, Deputy DSLs, or a senior member of staff immediately so the appropriate agency/service can be contacted.

When we read case reviews about the most serious of safeguarding cases, there is often at least one missed opportunity in which the child or family could have been helped, and this is usually around communication.

Refer all concerns to the DSL, no matter how small, and keep referring additional concerns.

DO NOT assume someone else will pass on the information. You may also speak with the Headteacher, Deputy Head, or Safeguarding Governor if you feel that safeguarding concerns remain and that a child or family still appear to be at risk.

Fears about sharing information cannot stand in the way of the need to safeguard and promote the welfare of children. The General Data Protection Regulations and the Data Protection Act 2018 does not prohibit the collection and sharing of information. In the context of safeguarding a child or young person, where the child's welfare is paramount, professionals must share information with the most appropriate person. In school, that is usually the DSL or their deputies.

All staff and volunteers should be concerned about a child if he or she:

- Has any injury which is not typical of the bumps and scrapes normally associated with an accidental injury
- Regularly has unexplained injuries
- Frequently has some injuries (even if apparently reasonable explanations are given)
- Gives confused or conflicting explanations about how injuries were sustained
- Exhibits significant changes in behaviour, performance or attitude
- Indulges in sexual behaviour which is unusually explicit and / or inappropriate to his or her age / stage of development
- Discloses an experience in which he or she may have been significantly harmed

A referral to Social Care may lead to a statutory assessment under the Children Act 1989. This could mean a Section 17 (Child in Need) assessment or Section 47 if a child is suffering, or likely to suffer, significant harm. As part of their assessments, Social Care will work with the DSL to gather information and to support the child (ern). They will also be interested in the views of the professional who raised the initial concern.

8. Dealing with a disclosure

If a child discloses that he or she has been abused in some way, the member of staff or volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality as the DSL will need to be informed and it may be necessary to refer to Social Care or other agencies
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, rather than ask direct questions
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass information to the Designated Safeguarding Lead without delay

Do NOT allow the child to be interviewed a second time. Accept what the child says and report immediately to the Designated Safeguarding Lead.

General points on how to respond to a child wanting to talk about abuse:

- (a) Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
 - Be honest

- Tell the child you will need to let someone else know – **do not promise confidentiality**
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen

(b) Helpful things to say:

- I understand what you are saying
- Thank you for telling me
- It's not your fault
- I will help you

(c) Things not to say:

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else".

(d) At the end of the conversation:

- Reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and that you will let them know what happens
- Contact the Designated Safeguarding Lead or, if not available, contact the Headteacher or Deputy Head
- Consider your own feelings and seek pastoral support if needed

9. Record keeping

When a child has made a disclosure, the member of staff or volunteer should:

- Make brief notes as soon as possible after the conversation. If it is possible, please use the 'Child Protection Concern Form' (see Appendix 2)
- Speak to the DSL **immediately** if the disclosure indicates the child has experienced significant harm or is at risk of significant harm (staff should not wait until break or lunchtime)
- With all other disclosures, speak to the DSL as soon as possible and certainly before the end of the child's school day as a risk assessment may need to be carried out to ensure the child will be safe to go home
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any bruising or other injury using the 'body map' on the back of the concern form
- Record statements and observations rather than interpretations or assumptions
- Give all records to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer

10. Support following a disclosure

(a) Supporting staff:

Dealing with a disclosure from a child, and a child protection case in general, is likely to be a stressful experience. The member of staff or volunteer should consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead who can seek support from the appropriate governor or from the LSCB, Natasha Davis (Place2Be) or call our Employee Assistance Programme on 0800 0305182

(b) Supporting children:

The school will endeavour to support all children by

- Encouraging self-esteem and self-confidence whilst not condoning aggression or bullying
- Promoting a caring, safe and positive environment within the school
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children

11. Confidentiality

- All matters relating to Safeguarding are confidential failure to comply with this may lead to disciplinary action.
- The Headteacher or Designated Safeguarding Lead will disclose any information about a pupil to other members of staff on a need to know basis only
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children
- All staff must be aware that they cannot promise a child to keep secrets

12. Whistleblowing

It is recognised that children cannot be expected to raise concerns in an environment where staff fail to do so. The school will ensure that all staff are made aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary they should speak to the Designated Safeguarding Lead, the Headteacher or the Chair of the Governing Board.

The NSPCC runs a whistleblowing helpline on behalf of the government. The number is 0808 800 5000.

Please refer to the Whistle Blowing Policy

13. Appointment of staff

School procedures for appointing staff are in line with the "Keeping Children Safe in Education" (September 2019) and the safeguarding partners procedures. These will be reviewed regularly in the light of new legislation and guidance.

Safeguarding issues must be at the forefront in the recruitment processes for both teaching and non-teaching staff. Therefore, the process will always include a member of staff, or a Governor, that has been trained in Safer Recruitment.

The appointment process is designed to deter potential offenders from applying. All applicants are required to complete application forms that are designed to prompt interviewers to spot frequent job changes and movement around the country. They state the primacy of child protection concerns at the school and require a declaration of past convictions and whether or not the candidate is on the Children's List (List 99) or disqualified from working with children. References are taken up in advance, and interviews include questions regarding child protection issues.

All applicants who are offered employment in posts involving prohibitions to children (whether teachers or support staff) will be subject to a Disclosure and Barring Service (DBS) check before the appointment is confirmed. Other adults who may come into direct contact with pupils as part of their business with the school or an on infrequent basis, for example parent volunteers, will be subject to an appropriate check which may include a DBS Disclosure.

Any member of staff found not suitable to work with children under the Disqualification under Childcare Act 2008(as amended in 2018) will be notified to the appropriate bodies. In line with DfE guidance, any serious concern raised, whether proven or not, will be reported in staff references.

14. Allegations involving school staff, including supply staff volunteers

All school staff and volunteers should take care not to place themselves in a vulnerable position with a child and all staff should be aware of the school's behaviour/discipline policy.

If a pupil or parent makes a complaint of abuse against a member of staff, the person receiving the complaint must take it seriously and immediately inform the Headteacher. He or she should also make a record of the concerns including details of anyone else who witnessed the incident or allegation.

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but assess whether it is necessary to refer the matter to Social Care in accordance with the Safeguarding procedures. In doing so, the Headteacher can use his/her discretion to consult with the Local Authority Designated Officer (LADO) for Child Protection.

If the Headteacher decides that the allegation warrants further action through Safeguarding procedures she must make a referral direct to the local Social Care team. If the allegation constitutes a serious criminal offence, it will be necessary to contact Social Care before informing the member of staff.

Careful consideration needs to be given to the suspension of the member of staff against whom an allegation has been made. Any suspension is seen as a neutral action and does not predict the outcome of any disciplinary process. The Chair of the Governing Board will be consulted before a final decision is made. If it is decided that this is not necessary to refer the matter to Social Care the Headteacher will consider whether there needs to be an internal investigation.

If the complaint made to a member of staff concerns the Headteacher, the person receiving the complaint will immediately inform the Chair of Governors who will follow the procedures above without first notifying the Headteacher.

If an allegation proves to be unfounded, an investigation will take place to determine if there was malicious intent. Pupils found to have made malicious allegations are likely to have breached school behaviour policies so the school will apply an appropriate sanction, which could include temporary or permanent exclusion, as well as referral to the police if there are grounds for believing a criminal offence may have been committed.

15. Physical intervention/positive handling

The school has a separate policy on physical intervention and positive handling as staff may need to take action in situations where the use of reasonable force may be required.

The policy acknowledges that staff must only ever use physical intervention as a last resort and that at all times it must be the minimal force necessary to prevent injury to another person.

If the physical intervention is of a nature that causes injury or distress to a child it may be considered under child protection or disciplinary procedures.

16. Bullying

The school has a separate bullying policy. It acknowledges that to allow or condone bullying may lead to issues under safeguarding procedures.

17. Offensive comments

Offensive comments, including those of a racist, sexual or homophobic nature will not be tolerated and repeated incidents or a single serious incident may lead to consideration under Safeguarding procedures.

18. Inappropriate relationships

Under no circumstances should inappropriate relationships be encouraged between adults and children. Staff should be aware that the Sexual Offences Act 2003 created a new criminal offence of abuse of trust and a new offence of meeting a child following sexual grooming. Where a member of staff is concerned that a pupil has developed a crush or attachment to them, they should report this to the Designated Safeguarding Lead and should discourage social exchanges with them that are in any way different from those of the rest of their peers.

Staff should at all times have regard for their professional responsibilities and for their conduct to ensure that they uphold the letter and spirit of this policy in safeguarding children. (Code of Conduct & Staff Handbook)

19. Lone working

Lone working with individual children should be avoided if at all possible. However, it is recognised that there may be occasions when there is no alternative. The following guidelines should be considered by staff:

- Let another member of staff know that they are alone with a child
- Keep the door open to the room that they are in or ensure they are in a room with an uncovered glass panel in the door through which they are clearly visible
- If this is a regular occurrence (such as regular individual music lessons), the child's parent/carer should be aware of the situation
- Should anything happen during the session that makes the staff member uncomfortable or concerned, this should be reported to the Designated Safeguarding Lead immediately
- Children should only be given lifts in cars with the express permission of either the Designated Safeguarding Lead.

20. Curriculum links / prevention

PSHE assemblies, the PSHE curriculum including the introduction of I Space wellbeing supports children to develop an awareness about keeping themselves safe. The school works with external agencies who deliver specialist lessons, for example NSPCC and St Giles Trust and other pastoral activities facilitate a supportive school community.

There is a strong ethos where children feel secure and are encouraged to talk and are always listened to. All children know there is an adult in the school whom they can approach if they are worried or in difficulty. Place2Be support this work with lunchtime place 2 talk sessions.

Curriculum opportunities are included which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help both whilst at school and in the future.

21. Health and Safety and educational visits

The school places great significance on the protection of children within the school environment as reflected in the Health and Safety policy. This is extended when pupils are away from the school undertaking school trips and visits by the Trips and Educational Visits Policy. Risk assessments are completed by teachers before any trip takes place.

The School Business Manager seeks to ensure the suitability of adults working with children on the school site at any time including during school holidays

22. Lost child/ren (missing or absconding)

The DSL works closely with Brent Education Welfare and Brent Children Missing Education services to ensure the whereabouts of all children on roll at Brentfield are known.

All parents are informed they must contact the school every day their child is absent unless the school has agreed this is not necessary, for example, if a child has a serious illness that requires them to remain absent for a set period.

The school periodically requests parents to check the contact numbers held by the school so we can communicate promptly with a number of adults if the whereabouts of a child is unknown. We should hold at least 2 contact details for each child.

23. Communication with parents / adults with parental responsibility

In the event of a disclosure from a child or if a report from any other source indicates a parent or adult in a position of trust may have caused harm to a child or intends to cause harm to a child, this will be referred to Social Care without notification to the parents and/or those with parental responsibility. This is in line with Social Care protocols and is designed to protect the health, safety and well-being of the child. Social Care will advise the school accordingly if they wish for the school to discuss the matter with the parents and/or those with parental responsibility.

24. Anti-radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harm and abuse the school also has a duty to protect the risk of

- **Extremism** is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- **Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat **must** be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

The DfE has produced The Prevent Duty (June 2015) guidance to schools. From 1 July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “*due regard to the need to prevent people from being drawn into terrorism*”. This duty is known as the Prevent Duty.

The school will endeavour to identify any children that could be at potential risk through usual safeguarding and absence monitoring practices. The Designated Safeguarding Lead will undergo awareness training in relation to the Prevent Duty.

Staff should report any concerns to the Designated Safeguarding Lead. While this is not an exhaustive list, the following are possible indicators of a young person being at risk of radicalisation:

- spending time in the company of other suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- day to day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- possession of material or symbols associated with an extremist cause;
- attempts to recruit others to the group/cause/ideology;
- communications with others that suggest identification with a group/cause/ideology

Through maintaining positive relationships with parents and by encouraging children to share their views in a safe environment, the school will also promote British Values. Where there are any causes for concern, the school will seek advice from agencies such as Social Care, Brent's Prevent Lead or the DfE Extremism Team (020 7340 7264).

25. Female Genital Mutilation (FGM)

The Government has produced Multi Agency Statutory Guidance (April 2016) in relation to FGM. The guidance includes reference to the Section 5B of the FGM Act 2003 that *"introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police...this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools..."*

Professionals in all agencies need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. **There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.** Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

The school will endeavour to identify any girls that could be at potential risk through usual safeguarding and absence monitoring practices. The Designated Safeguarding Lead will undergo awareness training in relation to FGM.

While this list is not exhaustive, staff should be aware of the following indicators of a possible FGM procedure having taken place and report any concerns to the Designated Safeguarding Lead:

- A girl may complain of pain between her legs
- A girl may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- There may be behaviour changes or changes in usual mood

The DfE guidance, 'Keeping Children Safe in Education' (September 2019) states the following:

"Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should...discuss any such case with the school's designated safeguarding lead... The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures."

26. Breast Ironing

Breast Ironing also known as Breast Flattening is the process whereby the breasts of young pubescent girls are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely.

Breast Ironing is a harmful cultural practice and is child abuse. The girl generally believes that the practice is being carried out for her own good and she will often remain silent.

Young pubescent girls usually aged approximately 9 to 15 years old and from practising communities are most at risk of breast ironing. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing.

Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc.
- Reluctance in undergoing normal medical examinations

- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible

As with all concerns, staff must inform the Designated Safeguarding Lead immediately if there are indicators that breast ironing may have occurred.

27. Honour-based Violence (HBV)

So called 'Honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV as abuse (regardless of the motivation) and treats them as such.

Where staff members are concerned that a pupil might be at risk of HBV, they must contact the DSL as a matter of urgency.

28. Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) involves situations, contexts and relationships where young people receive something (for example food, alcohol, presents, money or in some cases simply affection) as a result of engaging in sexual activities.

Annex A of KCSIE (September 2020) describes CSE as

"CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media)".

Indicators of CSE can include:

- Children who have older boyfriends or girlfriends; and children who suffer from sexually transmitted infections or become pregnant.

Sexual exploitation can take many forms ranging from the seemingly consensual relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying (including cyberbullying) sexting and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Any concerns that a child may be experiencing any level of exploitation should be reported to the Designated Safeguarding Lead who will have undertaken awareness training in relation to CSE issues.

29. Child Criminal Exploitation (CCE)

Child Criminal exploitation (CCE) involves situations, contexts and relationships where young people receive something (for example food, alcohol, presents, money or in some cases simply affection) as a result of engaging in criminal activities.

Annex A of KCSIE (2020) describes CCE as:

"where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The Victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines, see page 85 for more information), forced to shoplift or pickpocket, or to threaten other young people".

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;

- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

30. Gangs

The following information on gang activity is based on Section 12 of the London Child Protection procedures - Safeguarding Children affected by Gang Activity / Serious Youth Violence.

There are a number of areas in which young people are put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household.

A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse or neglect.

Groups of children often gather together in public places to socialise, and peer association is an essential feature of most children's transition to adulthood. Groups of children can be disorderly and/or anti-social without engaging in criminal activity.

Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

Circumstances which can foster the emergence of gangs include:

- Areas with a high level of social and economic exclusion and mobility (which weakens the ties of kinship and friendship and the established mechanisms of informal control and social support);
- Areas made up of predominantly social housing, and especially where it is high rise / high density social housing. There is a perfect correlation in London with 'gang neighbourhoods' and being amongst the 20% most deprived government lower level super output areas (based on the Indices of Multiple Deprivation 2007);
- Areas with poor performing schools - in terms of leadership, positive ethos, managing behaviour and partnership working;
- Lack of access to pro-social activities (e.g. youth service) and to vocational training and opportunities;
- Communities who have experienced war situations prior to arrival in the UK;
- Areas with a high level of gang activity / peer pressure and intimidation, particularly if the family is denying this or is in fear of the gangs; and
- Family members involved in gang activity and criminality.

Many parents are aware of the widespread perception that the gang problem is ultimately a product of poor parenting and that the solution lies in assuming responsibility for their children. However, they feel unable either to control or to protect their children. Therefore, it is important that professionals report any concerns, no matter how small, so families can be supported at the earliest possible opportunity.

31. County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line".

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and carehomes.

Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral.

A safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Few will consult information on the signs of a child's involvement in county lines is available in guidance published by the [Home Office](#) for further advice.

32. SEND Pupils

It is important to recognise and be alert to children with Special Educational Needs and Disabilities (SEND) potentially being at a higher risk of all forms of abuse including peer bullying. SEND pupils are likely to be more vulnerable for a number of reasons including communication barriers and, in some cases, a dependency on others for physical and emotional support.

There are also additional challenges in safeguarding children with Special Educational Needs and Disabilities including:

- Behaviour, mood and injury may relate to possible abuse and not just their SEN or disability
- Higher risk of peer group isolation
- Disproportionate impact of bullying
- Difficulties with communication

The Inclusion lead meets regularly with the DSL to ensure the school is safeguarding vulnerable children and that potential external sources of support have been explored where appropriate.

33. Peer on Peer Abuse

The school is aware of the potential of peer on peer abuse which can manifest in a number of ways such as:

- **Bullying** (including cyberbullying).
- **Physical abuse** which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- **Sexual violence and sexual harassment**
- **Up skirting**, which typically involves taking a picture under a person's clothing without them knowing or permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. The Voyeurism Act came into force on 12th April 2019 and anyone of any gender can be a victim.
- **Sexting** (also known as youth produced sexual imagery).

The school recognises that it is more likely that girls will be victims but all Peer on Peer abuse is unacceptable and will be taken seriously. The school communicates with parents and children about the issues arising from inappropriate use of social media outside of school. We also inform parents when it is reported that children have been involved in online activity leading to disputes being brought into school.

Abuse is abuse and is never tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up'.

33. Domestic Abuse

The cross-government definition of domestic violence and abuse is:

"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional".

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Where the school is aware of Domestic abuse they will work closely with social care to offer help and support.

34. Online Safety

The vast majority of people who take or view photographs or videos of pupils do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse pupils through taking or using images, so we must ensure that we have some safeguards in place. To protect pupils, we will:

- Follow the General Data Protection Regulation and Data Protection Act 2018 (GDPR) when taking and storing photos and recordings for use in the school.
- Make staff aware they are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will be kept away during contact time with pupils. Failure to do so will result in disciplinary action being taken.
- Make staff aware they are not allowed to take pictures or recordings of pupils on their personal phones or cameras.
- Seek pupil/parental consent for photographs to be taken or published (for example, on our website or in newspapers or publications).
- Use only the pupil's first name with an image.
- Use only school cameras or iPads to take photos.
- Use monitoring systems to safeguard children from monitoring potentially harmful and inappropriate online material.

Where there is reason to believe a child may be accessing inappropriate content outside of school, or may be involved in or experiencing online abuse, this will be brought to the attention of the child's parents. A referral may also be made to Social Care and Police if there is a concern for their child's safety and well-being. (Please read the Acceptable Use Policy)

Pupils in year 5 and 6 may be in a mobile phone but must follow the expected protocol. Failure to do so will result in the phone being taken off the child and a meeting with the parent set up.

Please read the Acceptable Use policy

35. Sexual Violence and Harassment between Children in School

The Keeping Children Safe in Education guidance (DfE 2019) states that staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh", or "boys being boys"; and
- challenging behaviours (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Any incidents that could potentially be viewed as sexual violence or harassment must be reported to the DSL without delay.

37. Gender Dysphoria

Gender dysphoria is the description used for a young person whose birth gender does not match the way that they feel inside. This may be a child born male who identifies as a girl or vice versa. A number of young people are presenting with gender identification that is neither male nor female, or a combination of both. This is often referred to as non-binary or gender-fluid but there are many other definitions that may also be used.

A child's gender expression is not a child protection concern if they are being supported by their family. Supporting children and young people to live as their affirmed gender is very important to nurture self-esteem and self-confidence. In some cases, a child's gender expression may change but allowing them freedom of expression is vital to maintaining good mental health.

The school recognises that some young people may struggle with conflicting feelings or they may feel generally unsupported in relation to their gender expression. In these cases, the school will review if the needs of the child are being met and will consider appropriate intervention to safeguard the child's well-being.

38. Local Safeguarding Issues / Family Circumstances (Contextual Safeguarding)

The DSL will keep up to date with local and national issues that may have an impact on the safety and well-being of children, for example, gangs, crime, community regeneration and high unemployment.

Parents are also encouraged to share any circumstances specific to them that could impact on their child, such as relationship breakdowns, overcrowding, homelessness, illness, adult mental health issues, domestic abuse, young carers, children looked after, substance abuse, low income, crime, imprisonment or bereavement.

39. Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. (*Close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.)

Most frequently, young people are in private foster care for the following reasons:

- children from other countries sent to live in the UK with extended family
- host families for language schools
- parental ill-health
- where parents who have moved away, but the child stays behind (e.g. to stay at the same school to finish exams)
- teenagers estranged from their families

Each party involved in the private fostering arrangement has a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start. Not to do so is a criminal offence.

Once the notification has been made to the authority, Children's Services have a duty to visit and speak to the child, the parent and the foster carer; and everyone in the foster carers household. Children's services will then undertake a range of suitability checks including DBS checks on everyone in the household over the age of 16.

Other professionals, for example GPs surgeries and schools, also have a responsibility to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. (see 'Replacement Children Act 1989 Guidance on Private Fostering 2005 paragraph 2.6)

Note that although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear who has parental responsibility.

The local authority must visit each privately fostered child at least every six weeks in the first year of the arrangement; and at least every twelve weeks in the second and subsequent year.

The private foster carer has a duty to inform the local authority of any substantive changes to the arrangement or within the household.

39. Early Help

The Munro Review (2011) recommended the government place a statutory duty on local authorities and their partners to ensure enough provision of early intervention services. Under this duty, local authorities need to make every child and family who fall beneath child protection thresholds an "early help offer" of tailored services and resources.

To ensure children and / or their families are supported at the earliest possible opportunity, staff should share any concern, no matter how small, with the DSL. An assessment can then be made to determine if support and services could be offered to the family through the school or via external agencies.

The DSL meets regularly with the Inclusion lead to ensure that there is a package of support for the most vulnerable children and / or their families.

40. Additional Support

Staff and volunteers are actively encouraged to see the DSL if they require more information or training about any aspect of child protection or safeguarding.

The Governor with responsibility for safeguarding – Penny Witham – can be contacted through written correspondence via the school office. Please ensure the letter is placed in a sealed envelope, clearly addressed, and marked as **private and confidential**.

41. Mental Health and Therapeutic Services

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Where a member of staff is concerned about a child whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one, they should refer to Sunita Rawat to make a referral. Only appropriately trained professionals can attempt to make a diagnosis of a mental health problem. Staff however,

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy. Brentfield offers Place2be a provision to support children presenting with emotional issues. These may manifest through behaviour changes or a change in academic work.

It is common for children to identify themselves that they are struggling and need to work through a problem. Parents can also approach the school to request support for their children if the family is experiencing difficulties such as relationship breakdown, illness, housing issues, financial stress and bereavement.

The situation of all children who present as having a child protection or safeguarding concern are discussed by the DSL and Inclusion Lead for an initial assessment process to determine how the school can best support the individual child with their situation.

Where it is identified that a child requires specialist support, the DSL and Inclusion Lead will liaise in order to make referrals to the appropriate agencies, for example, CAMHS or Social Care.

42. Important Telephone Numbers

Staff and volunteers may also speak to any of the services below:

Brent Social Care and Brent LADO: 020 8937 4300

NSPCC: 0808 800 5000

Police: 999 (emergency) or 101 (non-emergency)

DfE Extremism Team: 020 7340 7264

Counter Terrorism Police 020 7230 8370

43. Additional Guidance

The DSL has access to a number of publications and resources for anyone requiring additional information or support. Please speak directly to the DSL if you require such materials.

Alternatively, you will find respected safeguarding guidance from the following sources:

[Brent Child Protection Referral Procedures \(www.brent.gov.uk\)](http://www.brent.gov.uk)

[Brent Local Safeguarding Children Board \(LSCB - www.brentlscb.org.uk\)](http://www.brentlscb.org.uk)

[Keeping Children Safe in Education \(DfE September 2019 - www.gov.uk\)](http://www.gov.uk)

[Working Together to Safeguard Children \(DfE July 2018 - www.gov.uk\)](http://www.gov.uk)

[Child Sexual Exploitation \(DfE February 2017 - www.gov.uk\)](http://www.gov.uk)

[Prevent Duty \(HM Government 2015 - www.gov.uk\)](http://www.gov.uk)

[Multi-agency Statutory Guidance on FGM \(HM Government April 2016 - www.gov.uk\)](http://www.gov.uk)

[London Child Protection Procedures \(www.londoncp.co.uk\)](http://www.londoncp.co.uk)

[NSPCC \(www.nspcc.org.uk\)](http://www.nspcc.org.uk)

[ThinkUKnow \(www.thinkuknow.co.uk\)](http://www.thinkuknow.co.uk)

[CEOP \(ceop.police.uk/safety-centre\)](http://ceop.police.uk/safety-centre)

Appendix 1

Further information on signs of abuse

What Signs May A Child Exhibit If They Are A Victim Of Neglect?

Definition: Neglect is the persistent failure to meet child basic physical and / or psychological needs, likely to result in the serious impairment of the child health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to child basic emotional needs.

SIGNS:

- Child smells, clothes are dirty, hair unbrushed
- Appears unhealthy but is always in school when unwell
- Low attendance- EWO involvement
- No Breakfast
- Is unfamiliar with basic routines of feeding self and toileting etc.
- Always hungry
- Late before and after school
- Attention seeking/ need praise to feel confident
- Poor hygiene, does not know how to use toilet properly
- Angry
- Parents have little contact with school. Do not attend parents evening
- Home Learning not completed/ PE kit repeatedly forgotten
- Correct clothes not worn to school i.e. not warm enough in winter, not cool enough in summer
- Steal things
- Lying
- Older siblings care for younger children and take on the parent role
- Cries a lot
- Makes slow progress
- Packed lunch does not provide child with a balanced diet
- Over eats at lunchtime
- Untidy/ unkempt
- Parents do not follow up medical requests from school i.e. need for eyes to be tested.
- Instability in family, different carers/ boyfriends
- Sleeps in class / Goes to sleep late, little routine at home
- Poor mental health

What Signs May A Child Show if They Are A Victim Of Sexual Abuse?

Definition: Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non- penetrative acts. They may include non- contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

SIGNS:

- Hides under clothes/ Baggy clothes
- Inappropriate contact with other children
- Withdrawn/ shy
- Aggressive to children of the opposite sex
- Scared of others
- Don't like being touched
- Touch themselves or others
- Won't change for PE
- Very quiet or loud
- Use of sexual language
- Stories or drawings include sexual connotations
- Exposing self
- Hesitate when wanting to talk to teacher
- Soiling/ wetting/ Stains underwear
- Repeated Urine Problems
- Re-enacting sexualise behaviour as part of play
- Bruising
- Sexually specific behaviour or/ and language
- Abusive to other children
- Little physical contact, finds hugs touching difficult to deal with will move away.
- Poor mental health

What Signs May a Child Show If They Are a Victim of Domestic Violence?

Definition: Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. A child who is subjected to domestic abuse either through directly observing it or is exposed to its effects in affected emotionally and is under a lot of stress. Domestic abuse is emotional abuse.

SIGNS:

- Disproportionate reactions (overly apprehensive, tearful, angry or fearful)
- Withdrawn or quiet
- Negative relationships with opposite sex (children and peers)
- Aggression or bullying
- Tantrums
- Vandalism
- Problems in School, truancy
- Difficulty with speech problems that were not there before
- Difficulties with learning
- Attention needing
- Struggle to make or keep friendships
- Reluctance to come to school
- Reluctance to go home with parents
- Aggressive comments or language (something not expected for that age)
- Self- harming
- Nightmare or insomnia
- Bed Wetting
- Anxiety, depression, fear of abandonment
- Feeling of inferiority
- Constant colds, headaches, mouth ulcers, asthma, eczema
- Seem afraid or anxious to please
- Need for constant acceptance
- Be possessive over friends and belongings
- Poor mental health

What Signs May A Child Show When They Are A Victim of Emotional Abuse?

Definition: Emotional Abuse is the persistent emotional ill- treatment of a child such as to cause severe and persistent adverse effects on the child 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill- treatment of a child, though it may occur alone. Children's witnessing domestic abuse between the parents or carers is also emotional abuse.

SIGNS

- Low self esteem
- Withdrawn/ frightened/ shy
- Secretive
- Makes little eye contact
- Emotionally finds it difficult to maintain relationships with peers and adults
- Jumpy or stuttering during conversations with adults
- Cries a lot/ very sensitive
- A Loner
- Stealing
- Lack of Concentration
- Poor Social Skills
- Very unsettled
- Bullies others
- Anti-social Behaviour
- Lack of Confidence
- Additional Signs
- Wetting/ Soiling
- Self-Harm
- Poor mental Health

What Signs May A Child Exhibit If They Are A Victim Of Physical Abuse?

Definition: 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 feigns the symptoms of,

or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or uncaused syndrome by proxy.

SIGNS:

- Marks and Bruises
- Suspicious stories about how the marks are made
- Frequent bumps etc.
- Broken Bones
- Frightened/ nervous at simple movement
- Tearful
- Poor behaviour
- Repeating inappropriate behaviour/ Bullying
- Violent Outbursts
- Hair missing
- Scratches/ burns
- Sleeping in class
- Use of bad language
- Shouting
- Poor attendance
- Little contact with other children
- Restless and fidgeting
- Mood swings
- Poor mental health

Appendix 2

Brentfield Primary Record Form of Safeguarding Concerns

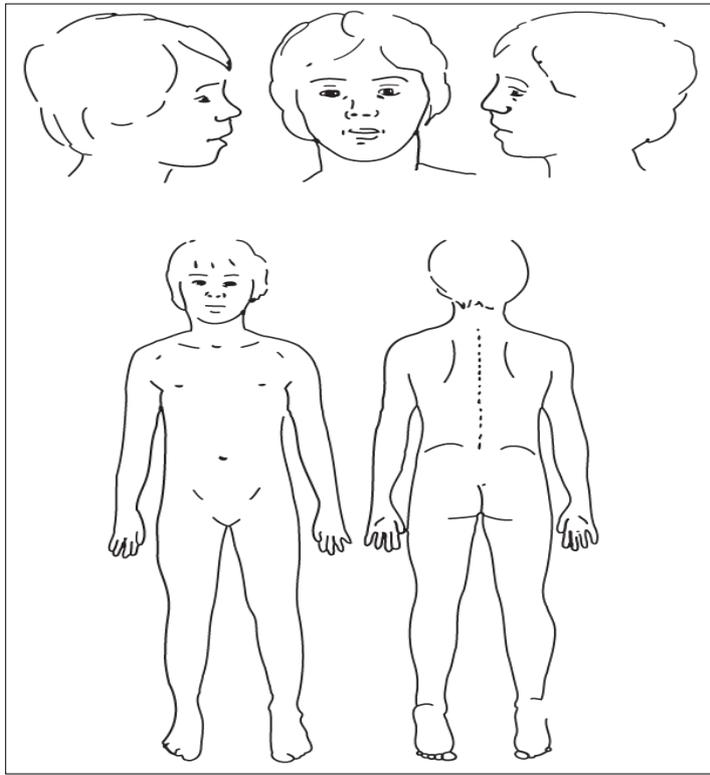
Staff, volunteers and regular visitors are required to complete this form and pass it to Nicola /Julie or Sunita. In the unlikely event that they are all out of school, please inform a member of the leadership team.

Full name of child		Class		Ethnicity	
Date of birth		Gender		Date	
Concern/disclosure					
<i>(Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.)</i>					

Time of incident												
Was there an injury?		Yes - (pls complete body map)				Did you see it?			Yes / No			
Was anyone else with you?		Yes / No			Who?							
Your full name												
Your position												
Your signature												
Who are you passing this information to?												
Name												
Time received												
Action taken by DSL												
Police	Brent Social Care	Early Help Assessment	Education Welfare Officer	Parents meeting	Monitor situation	School Extended day	School Inclusion team	Place2Be	Health - e.g. School nurse/ health visitor, named GP	Channel/ Prevent Duty	Other	
Have parents been informed?			Yes / No		If no, why?							
Feedback given to												
Person who recorded concern/disclosure		Class teacher			SLT			Child		Other		

CHILD PROTECTION BODY MAP

Please use the diagram below to indicate and/or describe the site of any markings which are causing concern.



Body Map Guidance

- a. Body Maps should be used to document and illustrate visible signs of harm and physical injuries.
- b. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.
- c. Do not remove clothing for the purpose of the examination unless the injury area is freely available because of treatment.
- d. **When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, tears, slits, rips, wounds, scalds and burns:**
 - Do not attempt a medical examination or get pupil to undress
 - Note all visible injuries even small marks that in themselves may not be of concern
 - Note condition: Is the skin broken?
 - Is there any swelling, blistering or bleeding?
 - Does it look fresh or healing?
 - Exact site of injury on the body, e.g. upper outer arm/left cheek.
 - Size of injury - in appropriate centimetres or inches.
 - Colour of injury - if more than one colour, say so.
 - Approximate shape of injury, e.g. round/square or straight line.
 - Is the injury clean or is there grit/fluff etc.?
 - Is mobility restricted as a result of the injury?
 - Does the site of the injury feel hot?
 - Does the child feel hot?
 - Does the child feel pain?
 - Has the child's body shape changed/are they holding themselves differently?
 - Is it causing any distress to the child?
 - If the child says anything about the injury note this down.
 - If the parent says anything about the injury note this down.

e. Ensure pupil is seen by the Welfare Officer as soon as possible and recorded.

f. A copy of the body map should be kept on the child's concern/confidential file.

At no time should an individual/member of staff or school take photographic evidence of any injuries or marks to a child's body; the body map below should be used. Any concerns should be reported and recorded immediately to the DSL who will contact the appropriate safeguarding services, e.g. Brent Social Care or Police.

Service	Name	Telephone	Email
Brent Social Care Brent Civic Centre, Engineers Way, Wembley HA9 0FJ.	Duty Officer	Monday-Friday 9am-5pm 020 8937 4300 Emergency Out of Hours Duty Team 020 8863 5250	family.frontdoor@brent.gov.uk
Brent Local Safeguarding Children Board Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ.	Duty Officer	020 8937 4305	brent.lscb@brent.gov.uk
Met Police - Brent & Harrow Pupil Abuse Investigation Team (CAIT) Edgware Police Station, Whitchurch Lane, Edgware, Middlesex, HA8 6LB.	Duty Officer	Any Time 020 8733 3503	
The Pupil Exploitation and Online Protection Centre(CEOP) 33 Vauxhall Bridge Road, London, SW1V 2WG.	Duty Officer	Monday-Friday 9.00am- 5.00pm 0870 000 3344	
<u>Local Authority Designated Officer (LADO) for staff allegations.</u> Brent Civic Centre, Engineers Way, Wembley HA9 0FJ	Yvonne Prince Aqualma Murray	020 8937 2090 020 8937 2092	yvonne.prince@brent.gov.uk brent.LADO@brent.gcsx.gov.uk
<u>Designated Safeguarding Doctor</u> Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ.	Dr Arlene Boroda	Fax line: 020 8900 5401 020 8900 5349 Mobile 07990 838 513	arlene.boroda@nhs.net
<u>Named GP Safeguarding Children</u> Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ.	Dr Dilip Bassi	020 8900 5318	Dilip.Bassi@nhs.net
<u>Designated Nurse for Children Looked After (CLA)</u> Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ.	Brigid Offley-Shore	020 8900 5373	brigid.offley-shore@nhs.net
<u>Designated Nurse</u> Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ.	Lesley Tilson	020 8900 5394 07825 073261020	lesley.tilson@nhs.net
Rape/Sexually assaulted victims <u>Camberwell Haven in South London,</u> near to King's College Hospital SE5 9RS <u>Paddington Haven in West London,</u> near to St Mary's Hospital W2 1NY <u>Whitechapel Haven in East London,</u> near to The Royal London Hospital E1 5DG	Duty Officer	Monday-Friday 9.00am- 5.00pm (not public/bank holidays) Haven Camberwell Tel: 020 3299 1169 Haven Paddington Tel: 020 3299 6781 Haven Whitechapel Tel: 020 3299 6901	
Educate Against Hate		020 7340 7264 (not for use in emergency situations)	counter.extremism@education.gov.uk

(for prevent, extremism or radicalisation)			
Counter Terrorism City of London Police, Wood Street Police Station 37 Wood Street, London, EC2P 2NQ.	Duty Officer	Monday-Friday 7:30am -7:30pm 020 7230 8370	counterterroristsection@cityoflondon.pnn.police.uk
UK Safer Internet Centre Online safety		Monday-Friday 10.00am-4.00pm Helpline 0344 381 4772	helpline@saferinternet.org.uk
Female genital mutilation (FGM) NSPCC	Duty Officer	0808 800 5000	fgmhelp@nspcc.org.uk