

# **SAFEGUARDING POLICY**

Date: December 2018

Date of Review: December 2019

## Table of Contents

Safeguarding Policy Statement.....	4
what school staff should look out for .....	6
specific safeguarding issues.....	6
School Procedures.....	8
Dealing with a disclosure.....	8
Early Help.....	9
Support .....	10
Confidentiality .....	10
Communication with Parents .....	10
Record Keeping.....	11
Allegations_involving school staff/volunteers .....	11
Monitoring and Evaluation.....	12
Specific Safeguarding issues .....	12
The Designated Lead Child Protection Officer (DSL) .....	13
The_Governing Body .....	13
Statutory Framework.....	14
Child Protection .....	14
Staff Training.....	14
Safe School, Safe Staff.....	14
Appendix 1: Reporting a concern	
Child Protection.....	16
Appendix 2: Procedures.....	17
Appendix 3 - Indicators Of Harm .....	18
Physical Abuse .....	18
<i>Indicators in the child</i> .....	18
<i>Bruising</i> .....	18
<i>Fractures</i> .....	18
<i>Mouth Injuries</i> .....	19
<i>Poisoning</i> .....	19
<i>Fabricated or Induced Illness</i> .....	19
<i>Bite Marks</i> .....	19
<i>Burns and Scalds</i> .....	19
<i>Scars</i> .....	19
<i>Emotional/Behavioral Presentation</i> .....	19

<i>Indicators in the Parent</i> .....	20
<i>Indicators in the Family/Environment</i> .....	20
Emotional Abuse .....	20
<i>Indicators in the Child</i> .....	21
<i>Indicators of in the Family/Environment</i> .....	21
<i>Neglect</i> .....	21
<i>Indicators in the child</i> .....	22
Development .....	22
Sexual Abuse .....	23
<i>Indicators in the Child</i> .....	23
<i>Sexual Abuse by Young People</i> .....	23
Annex A.....	24
Children and the court system.....	24
Further information on a child missing from education.....	24
Children with family members in prison.....	24
Further information on child Sexual Exploitation.....	24
Child criminal exploitation 'county lines' .....	25
Domestic abuse.....	25
Homelessness.....	25
Further information on so called 'Honour Based' Violence.....	26
FGM Mandatory Reporting Duty.....	26
Forced Marriage.....	27
Further information on Preventing Radicalisation.....	27
Prevent .....	27
Additional support.....	27
Channel.....	27
Peer on Peer .....	27
Sexual violence and sexual harassment between students.....	28
What is consent .....	29
Sexual harassment.....	29
Raise Awareness.....	29
Child Protection File.....	30
Annex B.....	31
Online Safety.....	31

# SAFEGUARDING POLICY STATEMENT

Our school recognises our moral and statutory responsibility to safeguard and promote the welfare of all students.

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 safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centered. This means that they should consider at all times, what is in the best interests of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with safe and effective care; and taking legal action to enable all children to have the best outcomes.

Children include everyone under the age of 18.

Staff are important as they are in a position to identify concerns early, provide help for children and prevent concerns from escalating. All staff have a responsibility to provide a safe environment in which children can learn. The Governing body takes seriously its responsibilities to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

Any staff member who has a concern about a child's welfare should follow the referral processes. Staff should expect to support social workers and other agencies following any referral.

Brentford School for Girls has a designated safeguarding lead who provides support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

The Teachers' Standards 2012 state that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

What school staff need to know:

All staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include:

- the child protection policy;
- the behaviour policy;
- the staff behaviour policy (sometimes called a code of conduct);
- the safeguarding response to children who go missing from education; and
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

**As a school we are committed to:**

- Establishing and maintaining an environment where school staff (including supply staff) visitors and volunteers feel safe, are encouraged to talk and are listened to when concerns about the safety and wellbeing of students is raised.
- Supporting the child's development in ways that will foster security, confidence and independence.
- Providing an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- Raising the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- Providing a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- Developing a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- Developing and promoting effective working relationships with other agencies, especially the Police and Social Care.

- Ensuring that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance) , and a central record is kept for audit. (Please see safer recruitment policy for further details.)

There are several school policies that have implications for Safeguarding and Child protection.

These are:

- Safer recruitment policy
- Anti – bullying policy
- External visitors policy
- Behaviour policy
- Attendance policy
- Reasonable Force policy
- Whistleblowing policy
- Looked after Child policy
- Exclusion policy
- Trips and visits policy
- Allegations against Staff
- Drug and Substance Abuse
- Support of Children in School with Medical Needs
- Sex Relationships – PSHCE
- Safer working practices policy
- School security policy
- Health and Safety policy
- E-safety policy
- Anti- extremism and anti- radicalization
- Peer on peer abuse
- Children missing education
- Work experience policy

## WHAT SCHOOL STAFF SHOULD LOOK OUT FOR

All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Indicators of abuse and neglect, and examples of safeguarding issues are described in pages 29 and 30.

Staff working with children are advised to maintain an attitude of ‘**it could happen here**’ where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.

Knowing what to look for is vital to the early identification of abuse and neglect. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).

**All** staff should be aware of their local early help process and understand their role in it.

**All** staff should be aware of the process for making referrals to children’s social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

**All** staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and children’s social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

### **What school staff should look out for:**

**Any** child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

### **What school staff should do if they have concerns about a child**

If staff have **any concerns** about a child's welfare, they should act on them immediately. See flow chart setting out the process for staff when they have concerns about a child.

Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming. The online tool [Reporting child abuse to your local council](#) directs staff to their local children's social care contact number

See previous page for a flow chart setting out the process for staff when they have concerns about a child.

If, after a referral, the child's situation does not appear to be improving, the designated safeguarding lead (or the person who made the referral) should press for re-consideration to ensure that their concerns have been addressed and, most importantly, that the child's situation improves.

If early help is appropriate, the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

If early help or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation does not appear to be improving.

If a teacher in the course of their work, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

### **What staff should do if a child is in danger or at risk of harm**

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made. [Reporting child abuse to your local council](#) directs staff to their local children's social care contact number.

## **SPECIFIC SAFEGUARDING ISSUES**

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be clear as to the school's policy and procedures with regards to peer on peer abuse.

Safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside the school. All staff, but especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that schools provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

## **ASSESSMENT**

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

## **CHILD ON CHILD SEXUAL VIOLENCE AND SEXUAL HARASSMENT**

Reports of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. If an allegation of sexual violence or sexual harassment is made then all concerns will be investigated by the designated safeguarding lead and headteacher. Advice will be sought from relevant professionals where necessary.

## **SCHOOL PROCEDURES**

- If any member of staff is concerned about a student he or she must inform the Designated Senior Lead for Child Protection or CPO.
- The DSL or CPO will decide whether the concerns should be referred to Social Care. This should be done immediately if there is a risk of immediate serious harm.

- If the DSL or CPO are not available and a member of staff believes that there is an urgent safety issue then members of staff should refer to the head teacher or another member of the Leadership team as soon as possible.
- Members of the Leadership Team will need to exercise their professional judgment and can refer the matter on to the relevant agency or out of hours duty team if they believe the student is at risk of immediate serious harm.
- If there is no senior member of staff in school (if the incident occurs out of school hours for example) contact the caretakers, who have out of hours contact numbers for the head teacher and members of the Leadership Team. If there are still concerns then staff are aware that they can contact social care directly.
- The member of staff must record information regarding the concerns on the same day and as soon as possible. The recording must be a clear, precise and factual account of the observations. The member of staff must use the BSfG Child Protection Record of Concern Form. Appendix (2)
- If it is decided to make a referral this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm
- It is important to note that any staff member can refer their concerns to children's social care directly
- If the child's situation does not appear to be improving the staff member with concerns should press for reconsideration

Particular attention will be paid to the attendance and development of any student about whom the school has concerns, or who has been identified as being the subject of a Child Protection Plan (formerly referred to as the Child Protection Register) and a written record will be kept

If a student who is/or has been the subject of a Child Protection Plan changes school, the CPO will inform the social worker responsible for the case and transfer the appropriate records to the CPO at the receiving school, in a secure manner, and separate from the student's academic file

## DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the student to talk freely
- Reassure the student, but not make promises which it might not be possible to keep
- Not promise confidentiality
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see CP Record sheet)
- Pass information to the DSL or CPO without delay

## EARLY HELP

**Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.** Referrals will be made in conjunction with the relevant borough referral process.

### Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

### **Children suffering or likely to suffer significant harm**

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

### **What will the local authority do?**

Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required
- the child is in need, and should be assessed under section 17 of the Children Act 1989
- there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989
- any services are required by the child and family and what type of services
- further specialist assessments are required to help the local authority to decide what further action to take
- to see the child as soon as possible if the decision is taken that the referral requires further assessment.

The referrer should follow up if this information is not forthcoming.

If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

### **Record keeping**

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

### **Why is all of this important?**

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action.<sup>11</sup> Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;
- poor record keeping;
- failing to listen to the views of the child;
- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action

### **What staff should do if they have concerns about another staff member who may pose a risk of harm to children**

If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers) posing a risk of harm to children, then:

- this should be referred to the headteacher;
- where there are concerns/allegations about the headteacher, this should be referred to the chair of governors.

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional; in undertaking an early help assessment.

All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they might be expected to play in such assessments.

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.

## **SUPPORT**

Dealing with a disclosure from a student, and safeguarding issues is likely to be a stressful experience. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the DSL / CPO.

## **CONFIDENTIALITY**

Child Protection raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of students with other professionals, particularly the investigative agencies (Student Schools and Families and the Police).
- If a student confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the student in a manner appropriate to the student's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other student safe.
- Staff/volunteers who receive information about student and their families in the course of their work should share that information only within appropriate professional contexts.
- If a crime has been committed then the DSL/Headteacher is required to report this to the police.

## **COMMUNICATION WITH PARENTS**

Brentford School for Girls will undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the student at further risk from harm.

We ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

## **RECORD KEEPING**

When a student has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible (see CP record sheet) (Appendix 2)
- 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 student
- Draw a diagram to indicate the position of any bruising or other injuries (or use the diagram in Appendix 2)
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Lead promptly. No copies should be retained by the member of staff or volunteer.

## **ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS**

See the separate policy on Allegations against Staff and the Whistleblowing policy

An allegation is any information, which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a student.
- Possibly committed a criminal offence against/related to a student
- Behaved towards a student in a way which indicates s/he is unsuitable to work with students

This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life.

- The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.
- Action should be taken including making a written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, what was said and if anyone else was present. This record should be signed and dated and immediately passed on to the Head teacher.
- It is important to note that any staff member can refer their concerns to children's social care directly
- If the concerns are about the Head Teacher, then the **Chair of Governors** should be contacted.

**NAME: Ms Terri George**

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair of this school is:

**NAME: Ms Nicola Gouldstone**

The contact details can be obtained from the Head teacher's PA.

- The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.
- The Head teacher/ Governor (in the case of the HT) will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to social care in consultation with the Local Authority Designated Officer
- If it is decided that the allegation meets the threshold for further action through the HSCB Inter-agency Child Protection and Safeguarding Student Procedures, the Headteacher must immediately make a referral to the Social Care 0208 583 2222
- If it is decided that the allegation does not meet the threshold for referral to Social Care, the Headteacher and the Local Authority Designated Officer will consider the appropriate course of action e.g. joint evaluation meeting, internal investigation.
- The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation

## **MONITORING AND EVALUATION**

The Child Protection policy and procedures will be monitored by:

- Scrutiny of secure files
- Scrutiny of half termly reports to the LT
- Scrutiny of LM minutes
- Weekly updates on current issues to members of the LT
- Annual Report to the Governors / Reviews by Governors and further updates as required

# SPECIFIC SAFEGUARDING ISSUES

All staff at Brentford School for Girls will receive training in the following:

- Bullying including cyberbullying
- Children missing education
- Child missing from home or care
- Child sexual exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender based violence / violence against women and girls (VAWG)
- Hate
- Mental health
- Missing children and adults
- Private fostering
- Preventing radicalization
- Relationship abuse
- Sexting
- Trafficking
- Peer on Peer Abuse
- Child sexual violence

# **THE DESIGNATED SENIOR LEAD FOR CHILD PROTECTION (DSL)**

The Designated Senior Lead for Child Protection in this school is:

**NAME: Katie Coleman**

A Child Protection Officer should be appointed to act in the absence/unavailability of the DSL.

The Child Protection Officer for this school is:

**NAME: Angela Stone**

The above persons should ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities.

It is the role of both the Designated Senior Lead for Child Protection and the CPO to:-

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- Ensure that all staff who work with students undertake appropriate training to equip them to carry out their responsibilities for safeguarding students effectively and that this is kept up to date by refresher training
- Ensure new staff receive induction on Safeguarding Children on commencement of their contract.
- Regularly check the safeguarding information given to supply teachers to ensure it is up to date
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the Inter-agency Child Protection and Safeguarding Student Procedures
- Ensure that the Head Teacher and members of the LT are kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Hounslow (EHH) or Common Assessment Framework (CAF) or refer to Student, Schools and Families social care.
- Attend follow up meetings with regard to students referred and disseminate information as appropriate
- Liaise with social care teams over suspected cases of child abuse
- Ensure that accurate records relating to individual students are kept separate from the academic file in a secure place and marked 'Strictly Confidential' and are passed securely should the student transfer to a new provision.
- Update confidential records on sims and produce half termly reports for LT on individual student concerns
- Ensure reports are submitted and that the appropriate staff member attends Child Protection Conferences and contributes to decision making and delivery of actions planned to safeguard the students.
- Ensure that the school effectively monitors students about whom there are concerns, notifying social care when there is an unexplained absence of more than two days for a student who is the subject of a child protection plan.
- Provide guidance to parents, student and staff about obtaining suitable support.
- Report annually to the governing body

## **THE GOVERNING BODY**

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the students in their establishment.

**The nominated governor for child protection is: Terri George**

In particular the Governing Body must ensure:

- Child protection policy and procedures are in place.
- Safer recruitment procedures are adhered to.
- Appointment of a DSL who is a senior member of school leadership team
- Relevant safeguarding Student training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head teacher
- Safeguarding policies and procedures are reviewed annually.

## STATUTORY FRAMEWORK

In order to protect students from harm the school has acted in accordance with the following legislation and guidance:

- The Children Act 1989
- Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000,
- The Children Act 2004
- Education Act (2002), section 175
- The Teacher Standards 2012
- 'Working Together to Safeguard Children' 2018
- 'Keeping Children Safe in Education' 2018

The school follows the procedures for protecting students from abuse which are established by the Hounslow Safeguarding Children Board. The school is expected to ensure that it has appropriate procedures in place for responding to situations in which it believes that a student has been abused or is at risk of abuse - these procedures also cover circumstances in which a member of staff is accused of, or suspected of abuse. Parents need to understand that the school has a duty to safeguard and promote the welfare of children and that this means we need to share information and work together with other agencies where there are concerns about a child's welfare.

The Teacher Standards (2012) state that teachers should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties

'Working together to Safeguard Children' (2015) makes clear the need for schools to work in partnership with social care, the police and other services to promote the welfare of children and protect them from harm. The Governing body should ensure that the school contributes to interagency working in order to provide additional support to children

DfE guidance Keeping Children Safe in Education (2016) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Hounslow Safeguarding Student Board
- Everyone who comes into contact with children and their families has a role to play in safeguarding children
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for Child Protection should receive appropriate training

## STAFF TRAINING

Governing bodies and proprietors should ensure that all staff members undergo safeguarding and child protection training at induction. The training should be regularly updated. Induction and training should be in line with advice from the LSCB.

In addition all staff members should receive regular safeguarding and child protection updates (for example, via email, bulletins, staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Governing bodies and proprietors should recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

## SAFE SCHOOL, SAFE STAFF

All members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- There is a Child Protection policy on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it on joining the school
- The school operates safer recruitment procedures and is aware of safer recruitment training
- The school has procedures for dealing with allegations of abuse against staff and volunteers and procedures for making a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- Any weaknesses in Child Protection are remedied immediately
- A member of the Governing Body (the Chair of Governors) will liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Head teacher
- The DSL is a member of the Senior Leadership Team
- Child Protection policies and procedures are reviewed annually
- The Governing Body considers how children may be taught about safeguarding through the school curriculum.
- That enhanced DBS checks are in place for Chairs of Governors
- Both the Lead DSL and the Child Protection Officer (A Stone) have undertaken the relevant training, followed by biannual updates.
- The name of the designated members of staff for Child Protection, and the DSL, will be clearly advertised in the school
- All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding policies and procedures so that they know who to discuss a concern with.
- All members of staff are trained in and receive regular updates on e-safety and reporting concerns via face to face training and e-newsletters
- All other staff and governors, have child protection awareness training, updated as appropriate, to maintain their understanding of the signs and indicators of abuse.
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of relevant staff training.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures
- A separate policy is in place for all external visitors on site.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- Community users organising activities for children are aware of the school's child protection guidelines and procedures.
- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO<sup>1</sup> for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)<sup>2</sup> for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:  
General guidance can be found at [Advice on whistleblowing](#)  
The NSPCC Whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call on 0800 028 0285, the line is available for 8am to 8pm Monday to Friday and email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- LAC and SEND children are at further risk of being vulnerable to abuse and neglect. All staff are made aware of this in their training. All staff have access to the inclusion mapping where staff are aware of these needs.
- The CPO is the designated LAC lead and communicates with Kate Elliott, virtual headteacher.

---

<sup>1</sup> LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

<sup>2</sup> Contact the LADO for guidance in any case

# APPENDIX 1 - REPORTING A CONCERN

## CHILD PROTECTION

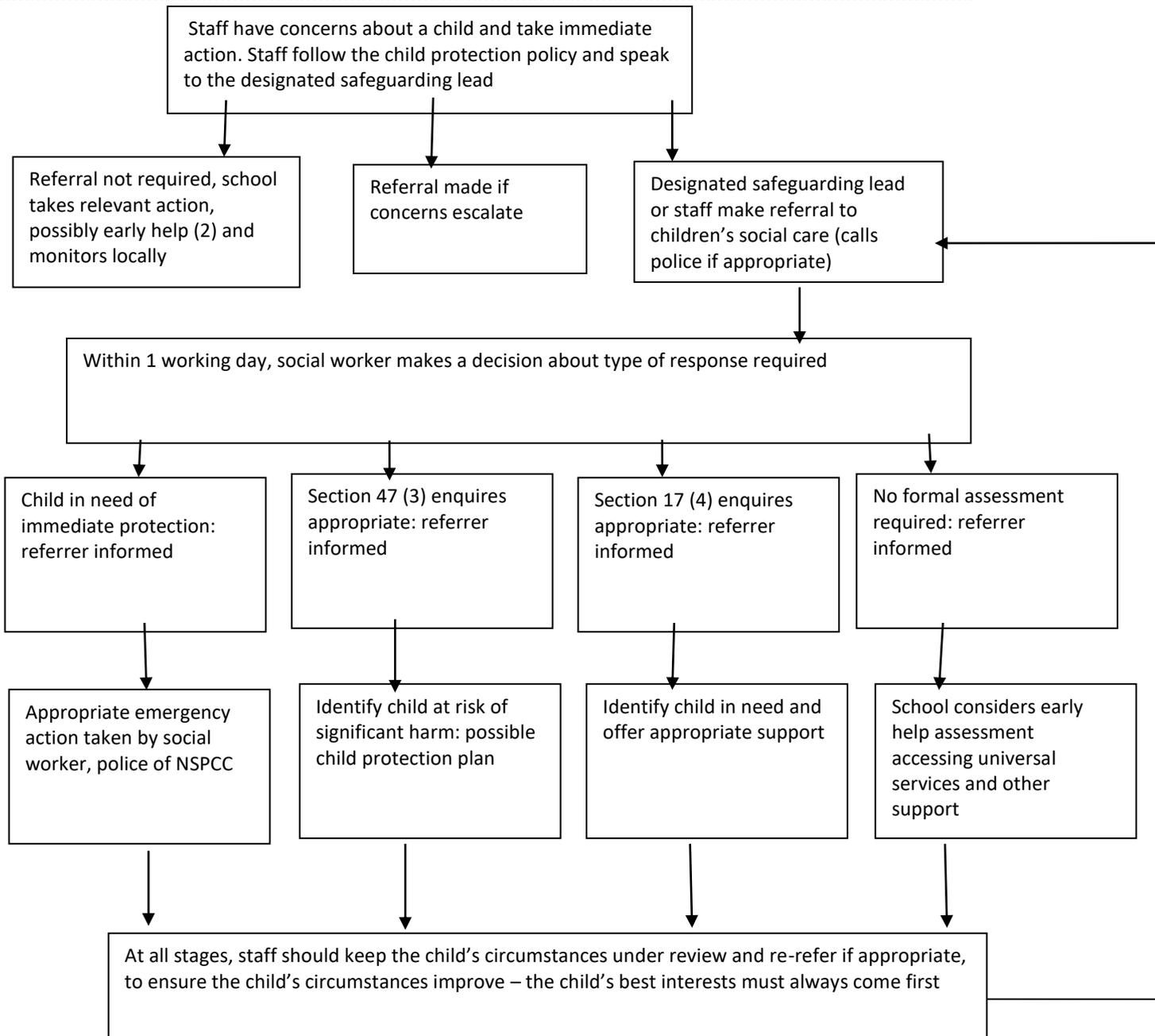
Brentford School for Girls Record of Concern

Students Name:	
Students DOB:	
Date & Time of concern:	
Your account of the concern: (what was said, observed reported and by whom)	
Additional Information: (Your opinion, context of concern/disclosure)	
Your response: (what did you do/say following the concern)	
Your Name:	
Your signature:	
Your position in school:	
Date and time of this recording:	
Action and response of DSL/HT	
Name..... Date.....	

# APPENDIX 2: PROCEDURES

Designated Senior Staff Member Katie Coleman Ext 2600 (or a member of the Leadership Team in her absence)  
 Child Protection Officer Angela Stone Ext 2283  
[Staff-safeguarding@brentford.hounslow.sch.uk](mailto:Staff-safeguarding@brentford.hounslow.sch.uk)

## ACTIONS WHERE THERE ARE CONCERNS ABOUT A CHILD



- If the DSL or CPO are not available and a member of staff believes that there is an urgent safety issue then this should be referred to the head teacher or another member of the Leadership Team.
- If there is no senior member of staff in school (if the incident occurs out of school hours for example) contact the caretakers, who have out of hours contact numbers for the head teacher and members of the Leadership Team.
- If there is a concern that needs reporting immediately and there is not a member of the leadership team around, then call the out of hours duty team
- Alternatively the NSPCC whistleblowing helpline can be contacted on 0800 028 0285

# APPENDIX 3 - INDICATORS OF HARM

## ABUSE

### PHYSICAL ABUSE

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. A form of abuse which 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.

Abuse: a form of maltreatment of a child. Someone may cause or neglect a child by inflicting harm or by failing 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

### INDICATORS IN THE CHILD

#### BRUISING

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### FRACTURES

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

## **MOUTH INJURIES**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

## **POISONING**

Ingestion of tablets or domestic poisoning in child under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young child.

## **FABRICATED OR INDUCED ILLNESS**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

## **BITE MARKS**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

## **BURNS AND SCALDS**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

## **SCARS**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

## **EMOTIONAL/BEHAVIORAL PRESENTATION**

- Refusal to discuss injuries
- Admission of punishment, which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather

- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

## **INDICATORS IN THE PARENT**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their child, never taking a much-needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.
- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

## **EMOTIONAL ABUSE**

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

## **INDICATORS IN THE CHILD**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

## **INDICATORS OF IN THE FAMILY/ENVIRONMENT**

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **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, for example, 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);
- or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **INDICATORS IN THE CHILD**

### **PHYSICAL PRESENTATION**

- Failure to thrive or, in older Student, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

### **DEVELOPMENT**

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

### **EMOTIONAL/BEHAVIOURAL PRESENTATION**

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

### **INDICATORS IN THE PARENT**

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child. e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

### **INDICATORS IN THE FAMILY/ENVIRONMENT**

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

## **SEXUAL ABUSE**

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

## **INDICATORS IN THE CHILD**

### **PHYSICAL PRESENTATION**

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **INDICATORS IN THE PARENTS**

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities, may (or may not) be associated with this form of abuse
- Grooming behaviour
- Parent is a sex offender

### **Indicators in the family/environment**

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

## **SEXUAL ABUSE BY YOUNG PEOPLE**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

## **ANNEX A**

If staff have any concerns about a child’s welfare, they should act on them immediately. They should follow Brentford School for Girls child protection policy and speak to the designated safeguarding lead (or deputy).

**Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children’s social care (and if appropriate the police) is made immediately.**

## **CHILDREN AND THE COURT SYSTEM**

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

## **CHILDREN MISSING FROM EDUCATION**

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school’s unauthorised absence and children missing from education procedures.

## **CHILDREN WITH FAMILY MEMBERS IN PRISON**

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

## **CHILD SEXUAL EXPLOITATION**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;

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

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

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- 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.

## **CHILD CRIMINAL EXPLOITATION: COUNTY LINES**

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

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

## **DOMESTIC 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

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

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

NSPCC- UK domestic-abuse Signs Symptoms Effects

Refuge what is domestic violence/effects of domestic violence on children

Safelives: young people and domestic abuse

## HOMELESSNESS

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation.

## SO-CALLED 'HONOUR-BASED' VIOLENCE

So-called 'honour-based' violence (HBV) encompasses incidents or 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. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

### Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see following section)

Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

## FGM

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

### FGM mandatory reporting duty for teachers

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining pupils or students, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

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 good reason not to, they should still consider and discuss any such case with the school's

designated safeguarding lead (or deputy) and involve children's social care as appropriate. 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. The following is a useful summary of the FGM mandatory reporting duty:

Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they have reason to believe that another teacher has already reported the case. As defined in the Government's Counter Extremism Strategy.

## **FORCED MARRIAGE**

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

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, which focus on the role of schools. School staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email [fmfco.gov.uk](mailto:fmfco.gov.uk).

## **PREVENTING RADICALISATION**

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools' or colleges' safeguarding approach. Extremism 101 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<sup>102</sup> refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

## **THE PREVENT DUTY**

All schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 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 Prevent duty should be seen as part of schools' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general theme themes: Risk assessment, working in partnership, staff training, and IT policies.

## **ADDITIONAL SUPPORT**

The department has published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

As defined in the Revised Prevent Duty Guidance for England and Wales.

According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors

relevant to how they carry out their usual functions. "Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

Educate Against Hate, a website launched by the Her Majesty's Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

## **CHANNEL**

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel guidance, and a Channel awareness e-learning programme is available for staff at: Channel General Awareness.

The school's designated safeguarding lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

## **PEER ON PEER ABUSE**

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

## **SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN IN SCHOOLS**

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

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

Staff should be aware of the importance of:

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

## **WHAT IS SEXUAL VIOLENCE AND SEXUAL HARASSMENT?**

### **Sexual violence**

It is important that school staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003<sup>105</sup> as described below:

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

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

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

## **WHAT IS CONSENT?**

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

## **SEXUAL HARASSMENT**

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

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

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by

It is important school staff (and especially designated safeguarding leads and their deputies) understand consent. This will be especially important if a child is reporting they have been raped. More information: [here](#)

PSHE Teaching about consent from the PSHE association provides advice and lesson plans to teach consent at Key stage 3 and 4.

Project deSHAME from Childnet provides useful research, advice and resources regarding online sexual harassment.

Reporting sexual violence or sexual harassment. No victim should ever be made to feel ashamed for making a report.

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

## **RAISE AWARENESS**

The designated safeguarding lead should:

- ensure the school or college's child protection policies are known, understood and used appropriately;
- ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- 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 and the role of the school or college in this; and
- link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

## **CHILD PROTECTION FILE**

Where children leave the school ensure their Child Protection File is transferred to the new school or college as soon as possible. This should be transferred separately from the main student file, ensuring secure transit and confirmation of receipt should be obtained.

### **Availability**

During term time the designated safeguarding lead (DSL) (or CPO) should always be available (during school hours) for staff in the school to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, however, if these individuals are not on site, a member of the Leadership Team will cover if the DSL or CPO is not available.

It is a matter for Brentford School for Girls and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

## ANNEX B: ONLINE SAFETY

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school community in their use of technology and establishes mechanisms to identify, intervene in, and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- **content:** being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
- **contact:** being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young adults; and
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying.

### Education

Opportunities to teach safeguarding, including online safety, are discussed at paragraph 85-87. Resources that could support schools include:

- UKCCIS has recently published its Education for a connected world framework. Online safety is a whole school and college issue. The framework aims to support the development of the curriculum and is of particular relevance to PSHE education and Computing. It is designed, however, to be usable across the curriculum and beyond and to be central to a whole school approach to safeguarding and online safety. It covers early years through to age 18.
- The PSHE Association provides guidance to schools on developing their PSHE curriculum – [www.pshe-association.org.uk](http://www.pshe-association.org.uk)
- Parent Zone and Google have developed Be Internet Legends a free internet safety curriculum with PSHE accredited lesson plans and teaching resources for Key Stage 2 pupils.

### Filters and monitoring

Impero is used to safeguard and promote the welfare of children, and provide them with a safe environment in which to learn and how often they access the IT system and the proportionality of costs vs risks.

Guidance on e-security is available from the National Education Network-NEN. Buying advice for schools is available here: [buying for schools](#). And may be used if further advice is needed.

Whilst filtering and monitoring are an important part of the online safety picture in school, it is only one part. A whole school approach to online safety is in place and a clear policy on the use of mobile technology in the school. Is in place, please see ICT policy.

The filters and monitoring systems are in place, and do not “over block” or lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

### Reviewing online safety

Technology in this area evolves and changes rapidly. A free online safety self-review tool for schools can be found via the 360 safe website. UKCCIS have recently published Online safety in schools: Questions for the governing board

### Staff training

Governors and proprietors should ensure that, as part of the requirement for staff to undergo regularly updated safeguarding training (paragraph 81) and the requirement to ensure children are taught about

safeguarding, including online safety (paragraph 85), that online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

### **Information and support**

There is a wealth of information available to support schools, colleges and parents to keep children safe online. The following list is not exhaustive but should provide a useful starting point;

#### **Organisation/Resource**

thinkuknow

disrespectnobody

UK safer internet centre

swgfl

internet matters

parentzone

childnet cyberbullying

pshe association

educateagainsthate

the use of social media for online radicalisation

UKCCIS

NSPCC

net-aware

commonsensemedia

searching screening and confiscation

lgfl

#### **What it does/provides**

NCA CEOPs advice on online safety

Home Office advice on healthy relationships, including sexting and pornography

Contains a specialist helpline for UK schools and colleges

Includes a template for setting out online safety policies

Help for parents on how to keep their children safe online

Help for parents on how to keep their children safe online

Guidance for schools on cyberbullying

Guidance and useful teaching resources covering online safety issues including pornography and the sharing of sexual images

Practical advice for parents, teachers and governors on protecting children from extremism and radicalisation.

A briefing note for schools on how social media is used to encourage travel to Syria and Iraq

The UK Council for Child Internet Safety's website provides:

- Sexting advice
- Online safety: Questions for Governing Bodies
- Education for a connected world framework

NSPCC advice for schools and colleges

NSPCC advice for parents

Independent reviews, age ratings, & other information about all types of media for children and their parents

Guidance to schools on searching children in schools and confiscating items such as mobile phones

Advice and resources from the London Grid for Learning