

Curzon and Fawood Nursery Schools & Family Wellbeing Centre



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& Family Wellbeing Centre

Child Protection and Safeguarding Policy

Reviewed – Autumn 2021

Next Review – Autumn 2022

Policy Lead – Executive Head

Approving Committee – Curriculum

Child Protection and Safeguarding Policy

Safeguarding children ~ the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

KNOWING THE WAY CONCERNS DEVELOP INTO ACTIONS IS ESSENTIAL – Appendix 1

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 mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children, July 2018)

(Appendix 2 Flow chart of when and how to share information)

Purpose

The Child Protection and Safeguarding Policy of Curzon & Fawood Nursery Schools and Family Wellbeing Centre aims to provide clear direction to staff and others about expected codes of behaviour in dealing with safeguarding and child protection issues; it ensures that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in **Part One of Keeping Children Safe in Education, September 20210**

The policy also aims to make explicit our commitment to safeguarding and our aim to create a culture of vigilance through good practice and sound procedures. The purpose of the policy is, therefore, to ensure that safeguarding and child protection concerns and referrals are handled sensitively, professionally and in ways that keep the best interests of the child at its heart.

The **governor with specific responsibility for Child Protection and Safeguarding** is the Chair of the Governing Board, **Sasha Lumley** (contact details are available from the reception). The **Designated Safeguarding Lead at Curzon Crescent is Lorraine Lawrence (0208 459 6813 ext 104)**, the **Designated Safeguarding Lead at Fawood is Fiona Gaughan (0208 965 9334 ext 206)** and the **Designated Safeguarding Lead for the Family Wellbeing Centre is Mata Thorburn (0208 459 6813 ext 118)**. The Designated Safeguarding Deputy is Nisha Lingam (0208 965 9334/0208 459 6813)

Email addresses for Safeguarding concerns:

safeguarding@curzon.brent.sch.uk

safeguarding@fawood.brent.sch.uk

This policy is reviewed annually and complies with national, Multi-Agency Safeguarding Children Arrangements in Brent and the Local Authority guidance.

This policy for Child Protection and Safeguarding was developed and agreed by the staff and has the full agreement of the Governing Board.

Introduction

Curzon and Fawood Nursery Schools and Family Wellbeing Centre fully recognises the contribution it can make to protect children and support the children in its care. We recognise that our staff, play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating.

All staff are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members must always act in the **best interests** of the child. There are three main elements to our Child Protection and Safeguarding policy:

1. **Prevention** (positive Centre atmosphere, careful and vigilant practice, pastoral care, support to children, providing good adult role models)
2. **Protection** (following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns)
3. **Support** (to children and Centre staff who may have been abused)

Types of Abuse and Neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institution 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. Children may be abused by an adult or adults or by another child or children.

Physical Abuse: 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.

What signs may a child exhibit if they are the victim of physical abuse?

SIGNS:

- Marks and bruises
- Frequent bumps
- Broken bones
- Scratches/burns
- Hair missing
- Bite marks

- Stories that don't add up, or are inconsistent with how the injuries came about
- Frightened/nervous at simple movement, flinches
- Tearful
- Anxious
- Restless/fidgety
- Poor behaviour
- Repeating inappropriate behaviour/bullying
- Mood swings
- Violent outbursts

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 in so far 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 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.

What signs may a child exhibit if they are a victim of emotional abuse?

SIGNS:

- Low self-esteem, lacks confidence
- Withdrawn, frightened, shy, secretive, timid, anxious
- Cries a lot, very sensitive
- Makes little eye contact
- Emotionally finds it difficult to maintain relationships with peers or adults, but can be clingy
- Jumpy or stuttery when in conversations with adults
- Tends to play alone
- Stealing
- Lack of concentration
- Poor social skills
- Very unsettled
- May bully others
- Wetting, soiling
- Self-harming
- Rocking

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 the outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraphs 46-50 of the full guidance).

What signs may a child exhibit if they are a victim of sexual abuse?

SIGNS:

- Inappropriate contact with other children
- Withdrawn/shy
- Aggressive to children of the opposite sex
- Abusive to other children
- Scared of others
- Doesn't like being touched
- Little physical contact, finds hugs and other positive touches difficult to deal with
- Touches themselves or others
- Masturbation
- Very quiet or very loud
- Use of sexual language
- Stories or drawings include sexual connotations
- Exposing self
- Soiling/wetting/stains on underwear
- Repeated urine problems
- Re-enacting sexual behaviour as part of play, e.g. in home corner
- Bruising
- Sexually specific behaviour and/or language

Neglect: 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.

What signs may a child exhibit if they are a victim of neglect?

SIGNS:

- Child smells, clothes are dirty, hair unbrushed, untidy, unkempt
- Appropriate clothes not worn to nursery i.e. not warm enough in winter, not cool enough in summer
- Poor hygiene does not know how to use toilet properly for age and development

- Poor dental hygiene resulting in caries, which is not addressed by visiting a dentist regularly
- Repeated health problems that are not addressed e.g. head lice/ringworm/dental problems
- Appears unhealthy but is always in nursery when unwell
- Parents do not follow up medical requests from nursery e.g. need for hearing/vision to be tested; attendance at medical appointments
- Low attendance/ late before nursery and late being collected after nursery
- Falls asleep at nursery, goes to bed late, lack of routine at home
- No breakfast, always hungry, over eats at lunch time, snack time
- Is unfamiliar with basic routines of feeding self and toileting etc.
- Cries a lot
- Attention seeking/needs praise to feel confident
- Angry, aggressive
- Withdrawn, difficulties in making relationships
- Makes slow progress
- Parents have little contact with nursery and reluctant to attend keyperson conferences
- Home Learning not completed, no interest shown in child's Home Learning
- Steals things, tells lies
- Older siblings care for younger children and take on the parental role
- Instability in family, different carers, partners

All staff working within the Partnership should have an awareness of specific safeguarding issues including:

- Domestic abuse (**Appendix 3**)
- Online abuse ~ Bullying and Cyber Bullying, Grooming, Sexting
- Child Sexual Exploitation
- Female Genital Mutilation, including genital tattooing and piercing ~ and the mandatory duty to report to police if under eighteen (**Appendix 4**)
- Child Trafficking
- Children missing from education (**Appendix 5**)
- Children missing from home and/or care
- Fabricated or induced illness
- Issues related to mental health
- Drugs
- Gender based violence, also refers to transgender
- Violence against women and girls including so-called honour based abuse and forced marriage
- Gangs and gang related violence
- Peer on peer abuse
- Faith abuse
- Relationship abuse
- Hate crimes
- Private fostering
- Preventing radicalisation (**Appendix 6**)

- Additional safeguarding of vulnerabilities of learners with SEND and how those barriers can be overcome
- Children and the court system
- Children with family members in prison
- Child criminal exploitation (CCE KCSIE 2021 p. 13, p. 125)
- Homelessness
- Sexual violence and sexual harassment between children in school
- Upskirting

(Appendix 7 Safeguarding flowchart for schools, Referrals to Brent Family Front Door, incorporating MASH)

Curzon and Fawood Nursery Schools and Family Wellbeing Centre Commitment

- To establish and maintain an ethos where children feel secure and are encouraged to talk and are listened to.
- To ensure challenging conversations are had with children and families when necessary.
- To include in the curriculum appropriate opportunities for our young children to acquire the disposition and language to talk with confidence about themselves and their feelings
- To create a culture of safe recruitment implementing recruitment procedures that help deter, reject or identify people who abuse children.
- To ensure that if a child makes a disclosure, that disclosure will **immediately** be passed on to the Designated Safeguarding Lead and written up on a Record of Concern form.
- All staff whether permanent or temporary, volunteers and agency staff who work with children will be given a written statement about this policy and procedures and names of relevant contacts within each Centre.

1. Aims

1.1 The aims of this policy are:

- 1.1.1 To support the child's development in ways that will foster security, confidence and independence
- 1.1.2 To raise the awareness of staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse, ensuring that they read Keeping Children Safe in Education Part 1, September 2021 and then sign to say they have read and understood the document.
- 1.1.3 To provide a systematic means of monitoring children known or thought to be at risk of harm.
- 1.1.4 To emphasise the need for good levels of communication between all members of staff.
- 1.1.5 To develop a structured procedure within the Centre, which will be followed by all staff in cases of suspected abuse.
- 1.1.6 To develop and promote effective working relationships with other agencies, especially the Police and Social Care and Channel Duty guidance

- 1.1.7 To ensure that all adults within our Partnership, who have access to children and young people, have current DBS (Disclosure and Barring Service) checks, have their identity verified by original documentation and that references are checked in line with safe recruitment policies.

(Appendix 8 Flowchart of Disclosure and Barring Service criminal record checks and barred list checks)

- 1.1.8 To ensure that all adults within our Partnership understand our statutory duty with regard to the Prevent agenda's reference to fundamental British values: democracy, the rule of law, individual liberty and mutual respect and tolerance and to safeguard children from radicalisation and/or extremist behaviour. (The Prevent duty: Departmental advice for schools and childcare providers, June 2015).

(Appendix 6 The Prevent Duty)

- 1.1.9 To ensure that all adults within our setting understand our statutory duty with regard to FGM and follow necessary procedures including mandatory reporting in order to ensure children's safety.

(Appendix 4 Female Genital Mutilation)

1.1.10

2.0 Procedures

- 2.1 Our Partnership's procedures for safeguarding children will be in line with procedures outlined in Brent's Multi-Agency Safeguarding Children Arrangements. We will ensure that:
 - 2.1.1 We have designated members of staff who undertake regular training in child protection and attend the termly Designated Leads Forum.
 - 2.1.2 We have trained members of staff who will act in the designated member of staff's absence.
 - 2.1.3 All members of staff develop their understanding of the signs and indicators of abuse, recognising that age and/or SEND can limit the verbal disclosures from children
 - 2.1.4 All members of staff are trained to respond to a child who discloses alleged abuse.
 - 2.1.5 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures.
 - 2.1.6 As much information as possible will be given as part of the referral process, including any environmental factors, in order for the full context of any abuse to be considered.
 - 2.1.7 Where an allegation of abuse is made against a parent/carer, and a referral made to the Social Care Department of the Local Authority, a risk assessment should be undertaken to determine who should inform the parent/carer in order that the child is not put at risk of further harm.
 - 2.1.8 Procedures are understood with regard to the Prevent agenda.
 - 2.1.9 Procedures are understood with regard to mandatory reporting of FGM.
 - 2.1.10 Our procedures will be regularly reviewed and up-dated.

- 2.1.11 All new members of staff sign up to our child protection procedures as part of their induction.
- 2.1.12 All staff understand the need to reassure victims that they are being taken seriously and that they will be supported and kept safe. We understand that a victim should never be given the impression that they are creating a problem, or be made to feel ashamed by reporting abuse, sexual violence or sexual harassment.
- 2.1.13 Where staff are working from home, they must continue to act on any concerns for a child immediately, in line with this policy.

In the event of a school lockdown/closure, e.g. due to a covid outbreak, this policy, including definitions and core safeguarding principles, still apply.

Where key worker and vulnerable children continue to attend, attendance will be closely monitored and Social Workers will be notified of absences.

We will continue to monitor children who are not 'vulnerable' but where we have concerns, and will have the option to offer places in school if necessary. These children may be:

- Children who have previously had a social worker
- Children who have had their case closed during any closure periods
- Children we have been monitoring due to low level concerns that don't yet meet the threshold
- Children with high need SEND and/or those living in very poor housing conditions.

If these children do not attend school, we will put a contact plan in place.

Contact Plans in the event of a school closure

We will have contact plans for children with a social worker and children who we have safeguarding concerns about, for circumstances where:

- They are not attending school (for example where the school, parent/carer and social worker, if relevant, have decided together that this wouldn't be in the child's best interests); or
- They would usually attend but have to self-isolate

Each child will be individually assessed and a plan identified which sets out:

- How often the school will make contact – this will be at least once a week
- Which staff member(s) will make contact – as far as possible, this will be staff who know the family well
- How staff will make contact – this will be over the phone or by video call (where deemed appropriate occasional doorstep visits will be carried out to visually see the family and/or drop resources)

If we cannot make contact, we will inform one or more of the following as appropriate:

1. The Social Worker
2. The Social Worker's Team leader
3. Brent Family Front Door
4. Brian Grady or Jane Stewart (contacts located in Executive Head teacher's Office and One Drive Safeguarding contacts folder)

3.0 Responsibilities

3.1 The Designated Safeguarding Lead, supported by the designated members of staff for child protection is responsible for:

- 3.1.1 Adhering to the Brent's Multi-Agency Safeguarding Children Arrangements with regard to referring a child if there are concerns about possible abuse
- 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral
- 3.1.3 Ensuring that all such records are kept confidentially and securely.
- 3.1.4 Where children leave the Partnership nurseries, ensure their child protection file is transferred to the new nursery or school as soon as possible, this may be in advance of the child leaving if appropriate support needs to be put in place. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

The broad areas of responsibility for the Designated Safeguarding Lead are:

Managing referrals

Refer all cases of suspected abuse to Brent's Children's Social Care Team (BFFD) and:

- The designated officer(s) for child protection concerns - LADO (all cases which concern a staff member),
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed).

-Liaise with the Executive headteacher to inform him or her of issues especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.

-Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

-Meet with Designated Safeguarding Lead deputies at least half termly to review current cases and referrals, staff training needs, updates from the Local Authority and Brent's Multi-Agency Safeguarding Children Arrangements.

- Be aware of pupils who have a social worker

- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues with teachers and school and college leadership staff

Appendix

9a Flow chart 1: Action taken when a child is referred to local authority children's social care services)

9b Flow chart 2: Immediate protection

9c Flow chart 3: Action taken for an assessment of a child under the Children Act 1989)

9d Flow chart 4: Action following a strategy discussion

9e Flow chart 5: What happens after the child protection conference

Training

The Designated Safeguarding Lead (and other designated members of staff for child protection) should receive appropriate training carried out every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as Early Help assessments.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the Child Protection and Safeguarding policy and procedures especially new and part time staff.
- Ensure that each member of staff has access to Child Protection and Safeguarding training annually.
- Ensure that Child Protection and Safeguarding is an agenda item at Staff Meetings.
- Be alert to the specific needs of children with Special Educational Needs and Disabilities (SEND), Children in Need (CIN) and young carers.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures that may put in place to protect them.

Raising Awareness

The Designated Safeguarding Lead (and other designated members of staff for child protection) should ensure the policies are known and used appropriately:

- Ensure the Child Protection and Safeguarding policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with the Governing Board regarding this.
 - Ensure the Child Protection and Safeguarding 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 Partnership within this.
 - Link with the Multi-Agency Safeguarding Children Arrangements in Brent team to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

(Keeping Children Safe in Education, September 2021)

4.0 Supporting Children

- 4.1 We recognise that a child who has been abused or witnessed violence may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless, humiliated and may experience self-blame.
- 4.2. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal, aggressive or withdrawn behaviour.
- 4.3. We understand that those with SEND can face additional safeguarding challenges, as there may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration. Also children with SEN and disabilities can be

disproportionally impacted by things like bullying, without outwardly showing any signs, and are at higher risk of peer group isolation difficulties due to communication barriers.

4.4. Our Partnership will support all children by:

- 4.4.1 Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying
- 4.4.2 Promoting a caring, safe and positive environment
- 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children
- 4.4.4 Notifying the Social Care Department of the Local Authority as soon as there is a significant concern.
- 4.4.5 Notify Channel if there should be a serious concern with regard to the Prevent Duty (refer to the LADO, or to the police non-emergency 101).
- 4.4.6 Following our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the school without a new school being named and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points (Appendix 5).
- 4.4.7 Following our procedures for uncollected or abandoned children (see Appendix 10)

Children Who May Be Particularly Vulnerable

Some children may have an increased risk of abuse. Many factors can contribute to an increase in risk including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our children receive equal protection, we will give special consideration to children who are:

- Under the supervision of a social worker
- Children with Special Educational Needs or Disabilities
- Children who are Looked After
- Young carers
- Children who are affected by parental substance misuse, domestic violence or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied, or engaging in bullying
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race ethnicity, religion, disability or sexuality
- At risk of Child Sexual Exploitation (CSE) (which is a form of child sexual abuse, KCSIE, para 36)

- At risk of Child Criminal Exploitation (CCE) (which may present differently for boys and girls, KCSIE, para 35)
- Do not have English as a first language
- At risk of female genital mutilation (FGM)
- At risk of forced marriage
- At risk of being drawn into extremism
- Displaying behaviours linked to issues such as drug taking or alcohol misuse
- Deliberately missing education
- Involved in consensual and non-consensual sharing of nude and semi-nude images and/or videos.

Special consideration includes the provision of Safeguarding information and EHA.

Peer on Peer Abuse

We recognise that children are also vulnerable to physical, sexual and emotional abuse by their peers or siblings. This is most likely to include, but not limited to, bullying or physical violence. Children may display behaviour that is challenging and defiant, or they may instead be withdrawn, or display abusive behaviours towards other children. Abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so we support the victim of the abuse whilst supporting the child exhibiting the harmful behaviour.

We use group times to help children understand, in an age-appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. Such abuse will always be taken seriously and the same safeguarding procedures will apply; staff must never tolerate or dismiss concerns relating to peer on peer abuse.

Mental Health

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

School staff are not expected or trained to diagnose mental health conditions or issues, but may notice behaviours that may be of concern.

Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue by information the designated safeguarding lead or one of the Safeguarding Deputies (see additional guidance, p.15).

5.0 Confidentiality

- 5.1 We recognise that all matters relating to Child Protection are confidential.
- 5.2 The Designated Members of Staff will disclose any information about a child/young person to other members of staff on a '**need to know**' basis only.
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child or family member to keep secrets.

How to respond to a disclosure from a child

If a child decides to confide in you, it is important that you respond in the following ways:

- * Listen carefully to what the child is saying without interrupting.
- * Keep an open mind about what you are being told.
- * Take any disclosure seriously, even if you cannot see any injury which would support the story.
- * Be sensitive.
- * Stay calm ~ do not show shock or horror.
- * Be honest ~ do not make promises that you can't keep.
- * Do not promise confidentiality.
- * Do not interrogate the child or young person ~ it is not your job to carry out an investigation, this will be up to professionals who have experience.
- * Be reassuring, tell the child that they were right to tell/have done nothing wrong.
- * Don't delay action in response to a disclosure. Make sure you inform the Designated Safeguarding Lead **immediately**.
- * At the earliest opportunity, within the same day, make a written record using the Record of Concern form and the 'Body Map' (where necessary – see Appendix 11).
- * Don't be afraid of being wrong or concerned about starting an investigation, you will be supported.

6.0 Supporting Staff

- 6.1 We recognise that staff working in the Partnership who have become involved with a child/young person who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- 6.2 We will support such staff by providing an opportunity to talk through their anxieties with the designated member of staff and to seek further support as appropriate.

7.0 Allegations against staff

- 7.1 We understand that a child may make an allegation against a member of staff or a volunteer.
- 7.2 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Executive Headteacher.
- 7.3 The Executive Headteacher on all such occasions will discuss the content of the allegation with the **LADO (Local Authority Designated Officer), within one working day. Contact Mona Cook Tel: 02089372057 Mob: 07826549777**
No member of staff or the governing board will undertake further investigations before receiving advice from the LADO. The allegations will be dealt with quickly and fairly and in a way that provides effective protection for the child while at the same time providing support for the person against whom the allegation is made.
- 7.4 If the allegation made to a member of staff concerns the Executive Headteacher, the person receiving the allegation should contact the **LADO and the Chair of Governors**. If neither are contactable on that day the member of staff receiving the information should pass the information onto the **Deputy Headteacher or the Vice Chair of Governors – Andrea Gray** (contact numbers are available from the reception).

8.0 Whistleblowing

8.1 Whistleblowing ensures that staff work in a culture where concerns can be freely reported. We acknowledge that children cannot be expected to raise concerns in an environment where staff fail to do so.

8.2 All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.

NB: The NSPCC whistle-blowing helpline number is 0800 028 0285 for support and assistance.

9.0 Physical Intervention

9.1 Physical intervention by staff must only ever be used as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person.

9.2 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

10.0 Bullying

10.1 We are aware that bullying could be an issue and acknowledge that to allow or condone bullying may lead to consideration under child protection procedures.

11.0 Racist Incidents

11.1 We acknowledge that racist incidents occur and that repeated racist incidents, or a single serious incident, may lead to consideration under child protection procedures

11.2 **The Prevent Duty ~ radicalisation and extremism**

Working together with practitioners to understand and identify any concerns regarding a child/family being influenced by fundamental, anti-establishment extremism (political or religious) which may exert a malign influence on the child's home life. To work in partnership with outside agencies e.g. social care, police, Channel in order to safeguard children's wellbeing in this respect.

12.0 Prevention

We recognise that we play a significant part in the prevention of harm to our children, by providing good lines of communication with trusted adults, supportive friends and an ethos of protection. We will therefore:

12.2.1 Establish and maintain an ethos of attachment, where children feel secure and are encouraged to talk and are always listened to.

12.2.2 Ensure that all children/young people know there is an adult in the agency whom they can approach if they are worried or in difficulty.

12.2.3 Work in partnership with parents and provide support in line with current guidance.

12.2.4 Ensure that personal mobile phones and cameras are stored in staff lockers and only used in the staff room or outside the building (away

from the children), and that these are only used whilst staff are on breaks or outside of working hours. In addition, we will post notices forbidding the use of cameras and mobile phones in all public areas, and point these out to Parents and Visitors as necessary.

12.2.5 Ensure that children are safeguarded from potentially harmful and inappropriate online material by ensuring appropriate filters are in place.

12.2.6 Assess the risks and issues in the wider community when considering the wellbeing and safety of children

Additional Guidance

Working together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children, HM Government, July 2018 – last updated 9th December 2020

Keeping Children Safe in Education, Statutory Guidance for Schools and Colleges, DfE (September 2021)

Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, HM Government, (July 2018 – last updated 4th July 2018) Revised PREVENT duty guidance (March 2016 - Last updated 1st April 2021)

Sexual Violence and Sexual Harassment between children in schools and colleges, DfE, 2018 – Last updated 1st September 2021

Children missing in education, DfE (September 2016)

Child Sexual exploitation: definition and guide for practitioners, DfE (Feb 2017)

Use of Reasonable Force, DfE, 17th July 2013

Additional guidance on Mental Health and behaviour - schools <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Contacts for Social Care:

Brent Family Front Door (incorporating MASH) 0208 937 4300

Contact information for Brent LADO:

Mona Cook

Local Authority Designated Officer (LADO)

Safeguarding and Quality Assurance

Brent Council

Email: mona.cook@brent.gov.uk Tel: 02089372057 Mob: 07826549777

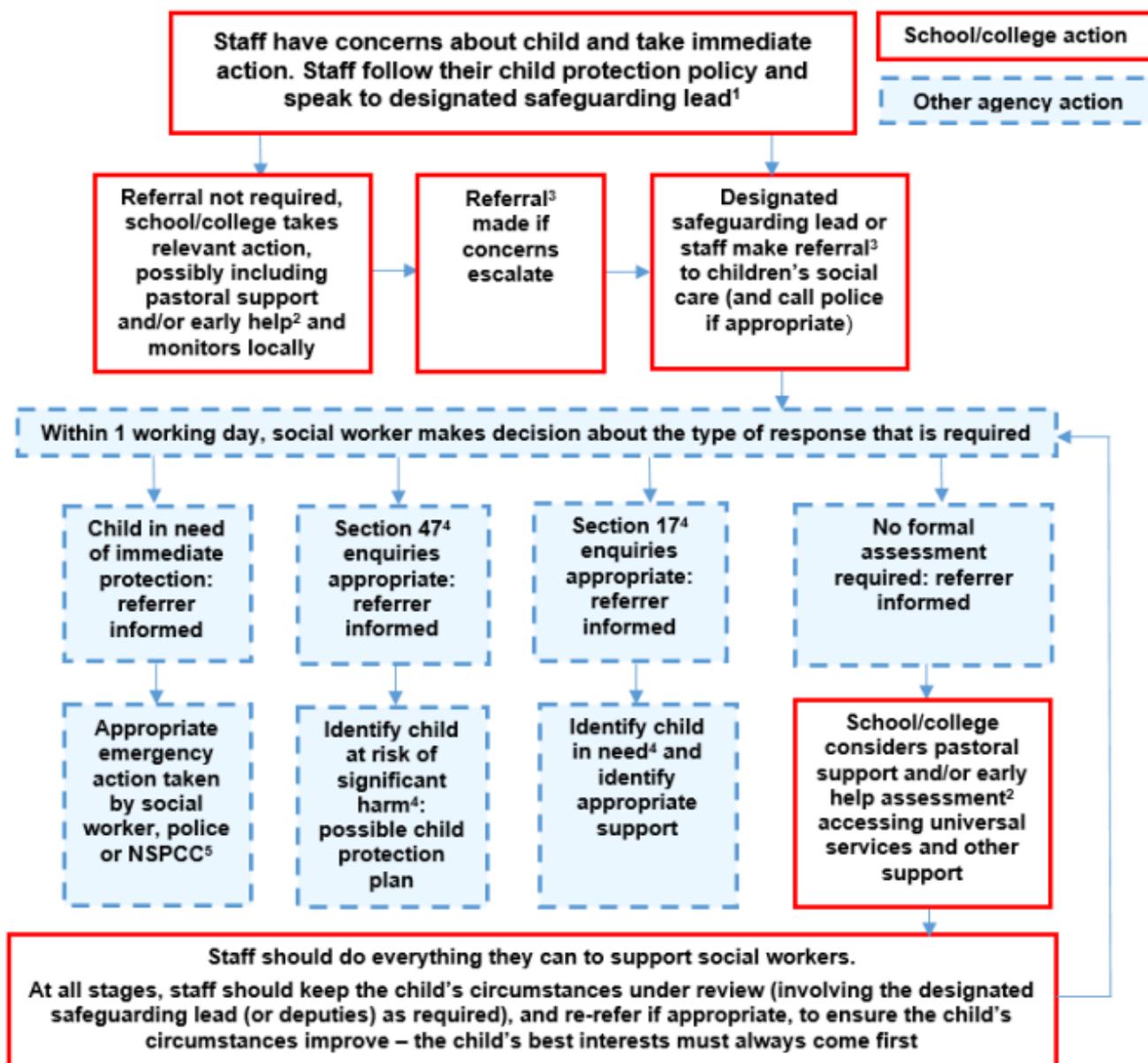
Supporting Documents as Appendices

1. Flowchart 'Actions when a child has suffered or is likely to suffer harm' Keeping Children Safe in Education September 2021
2. Flow chart of when and how to share information
3. Domestic Abuse
4. Female Genital Mutilation
5. Children who are Missing from Education
6. The Prevent Duty
7. Safeguarding flowchart for Brent Schools
8. Flowchart of Disclosure and Barring Service criminal record checks and barred list checks Keeping Children Safe in Education September 2021 , p.23
9. Flow chart 1: Action taken when a child is referred to local authority children's social care services
Flow chart 2: Immediate protection (Working Together to Safeguard Children, July 2018)
Flow chart 3: Action taken for an assessment of a child under the Children Act 1989 (Working Together to Safeguard Children: 35)
Flow chart 4 : Action following a strategy discussion (Working Together to Safeguard Children: 38)
Flow chart 5: What happens after the child protection conference, including the review? (Working Together to Safeguard Children: 48)
10. Uncollected or Abandoned Children Procedure
11. Body Map Guidance

Links with other policies and documents

- Admissions Policy
- Accessibility Plan
- Administering Medication Policy
- Behaviour Policy
- Code of Conduct
- E Safety Policy
- Equalities Policy
- Health and Safety Policy
- Intimate Care Policy
- Positive handling Policy
- SEND policy
- Safer Recruitment

Action when a child has suffered or is likely to suffer harm



¹ In cases which also involve a concern or an allegation of abuse against a staff member, see Part Four of this guidance.

² Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

³ Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).

⁴ Under the Children Act 1989, 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. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).

⁵ This could include applying for an Emergency Protection Order (EPO).

DOMESTIC ABUSE

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

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

SIGNS:

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

IDENTIFYING GIRLS AND WOMEN AT RISK OF FEMALE GENITAL MUTILATION

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. The majority of cases of FGM are carried out in 28 African countries e.g Egypt, Ethiopia, Somalia and Sudan; prevalence rates can be as high as 98%. In other countries such as Nigeria, Kenya, Togo and Senegal, the prevalence rates vary between 20 and 50 per cent. FGM has also been documented in communities in: Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan, United States and Canada.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant. Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL'S OR WOMAN'S RISK OF BEING AFFECTED BY FGM

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies. There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
- Parents seeking to withdraw their children from learning about FGM.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

It is important that professionals look out for signs that FGM has already taken place so that:

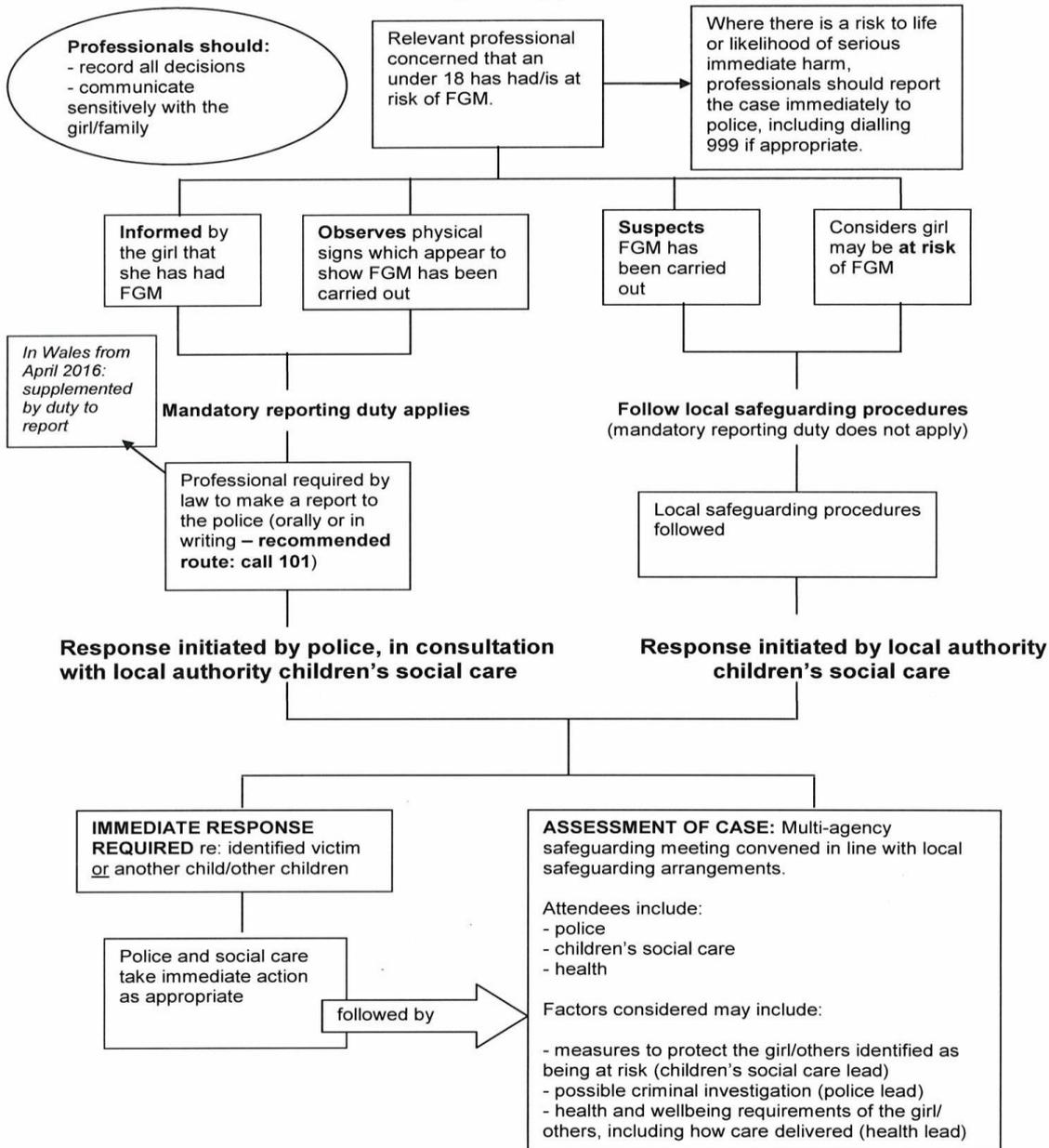
- the girl or woman affected can be supported to deal with the consequences of FGM.
- enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

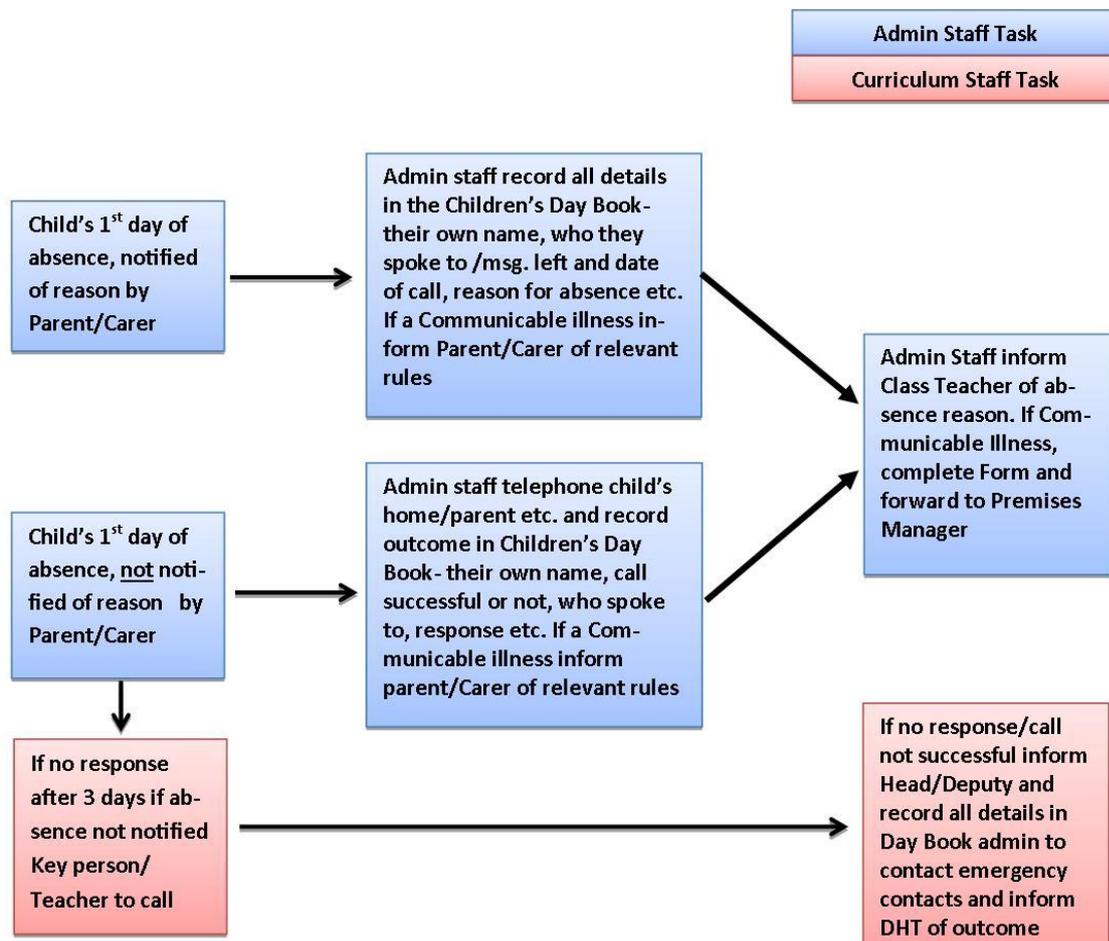
- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Annex A – FGM mandatory reporting process map

This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.



Children's Absence Tracking Sheet



Where no contact is made after third day – an unannounced home-visit will take place and a letter delivered.

If no response after one further day DSL to seek advice from BFFD/MASH

THE PREVENT DUTY

PROTECTING PUPILS FROM RADICALISATION AND EXTREMISM IN THE CONTEXT OF OUR PARTNERSHIP.

Our children are very young so we have to consider the child within the family and be aware of the many factors which could influence radicalisation and extremism.

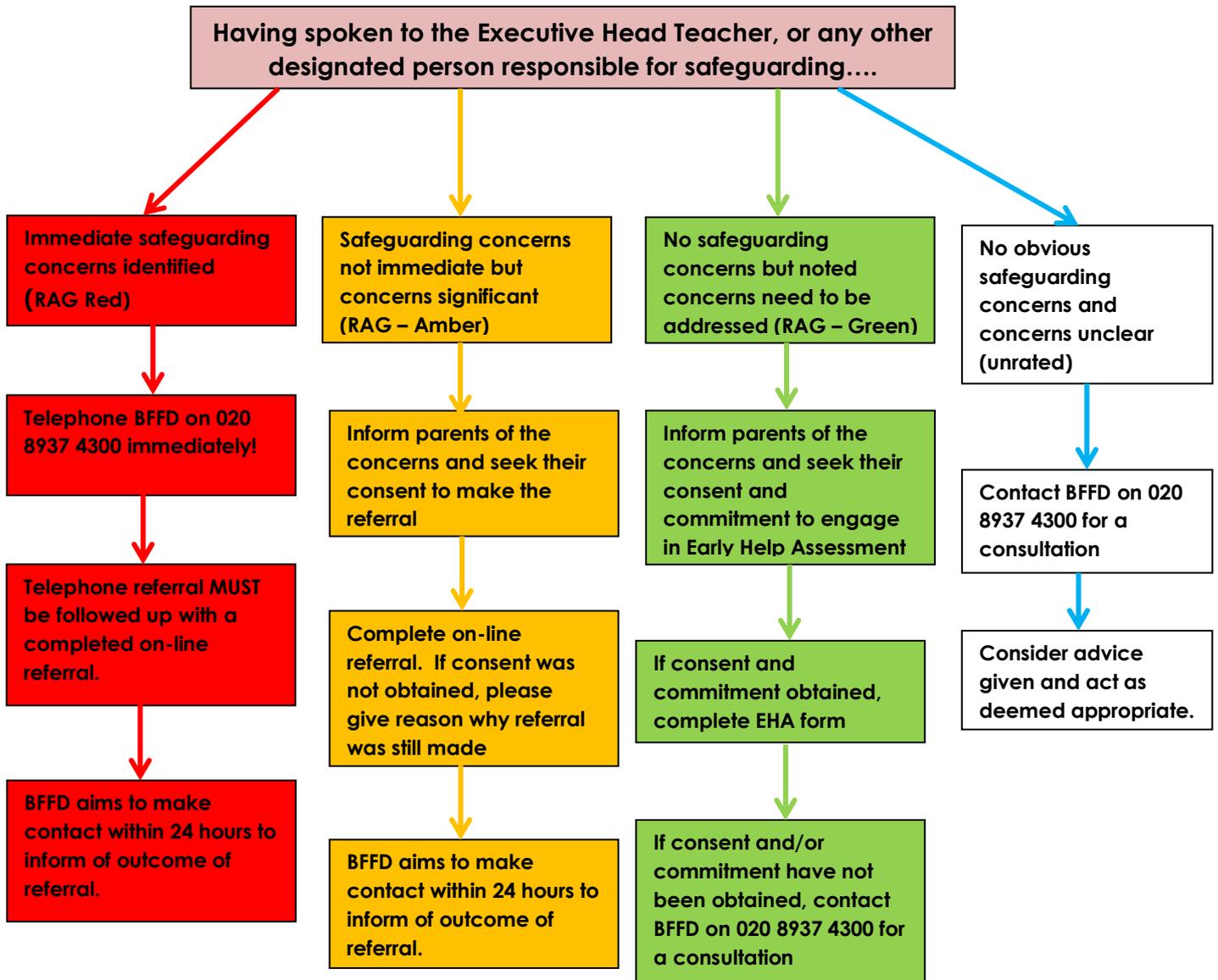
The five strands that support the prevention of violent extremism are:

1. Understanding how an extremist narrative which can lead to harm can be challenged by staff within the Partnership; and model to children and families how diverse views can be heard, analysed and challenged in a way which values freedom of speech and freedom from harm.
2. Understanding how to prevent harm to children and families by individuals, groups or others who promote violent extremism, and manage risks within the Partnership.
3. Understanding how to support individuals who are vulnerable, through strategies to support, challenge and protect.
4. Increasing the resilience of children and promoting an ethos and values that promote respect for others.
5. Using teaching styles and curriculum opportunities which allow grievances to be aired and explored, demonstrating the role of conflict resolution and active citizenship e.g. through Personal, Social and Emotional Development and Understanding the World.

Protecting children from radicalisation and extremist narratives is a safeguarding issue. Exposure of children to extremist ideology can hinder their social development and educational attainment alongside posing a very real risk that they could support or partake in an act of violence. Radicalisation of young people can be compared to grooming for sexual exploitation.

“Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm.” Home Office – The Prevent Duty, June 2015. The overall role of schools in safeguarding children is set out in the Government's statutory guidance ‘Keeping Children Safe in Education’ published in September 2016.

**Safeguarding flowchart for schools
Referrals to Brent Family Front Door (incorporating MASH)**



For an allegation against a professional the designated person will contact the LADO (Local Authority Designated Officer) and fill in the online referral form

http://www.brentlscb.org.uk/article.php?id=468&menu=4&sub_menu=32

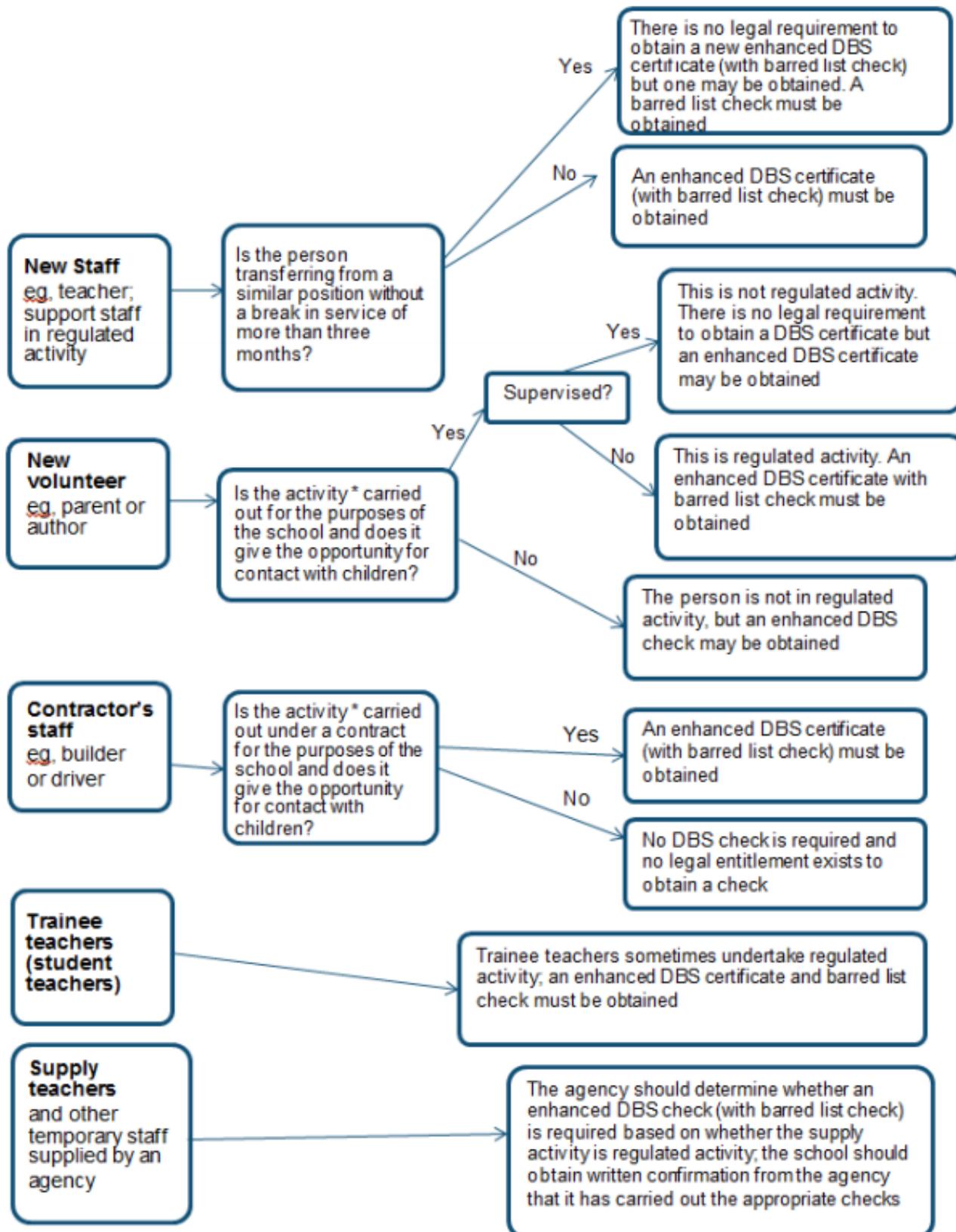
ALL REFERRALS SHOULD BE SENT TO THE BRENT FAMILY FRONT DOOR:

Telephone: 020 8937 4300 - Option 1

Email family.frontdoor@brent.gov.uk

Appendix 8

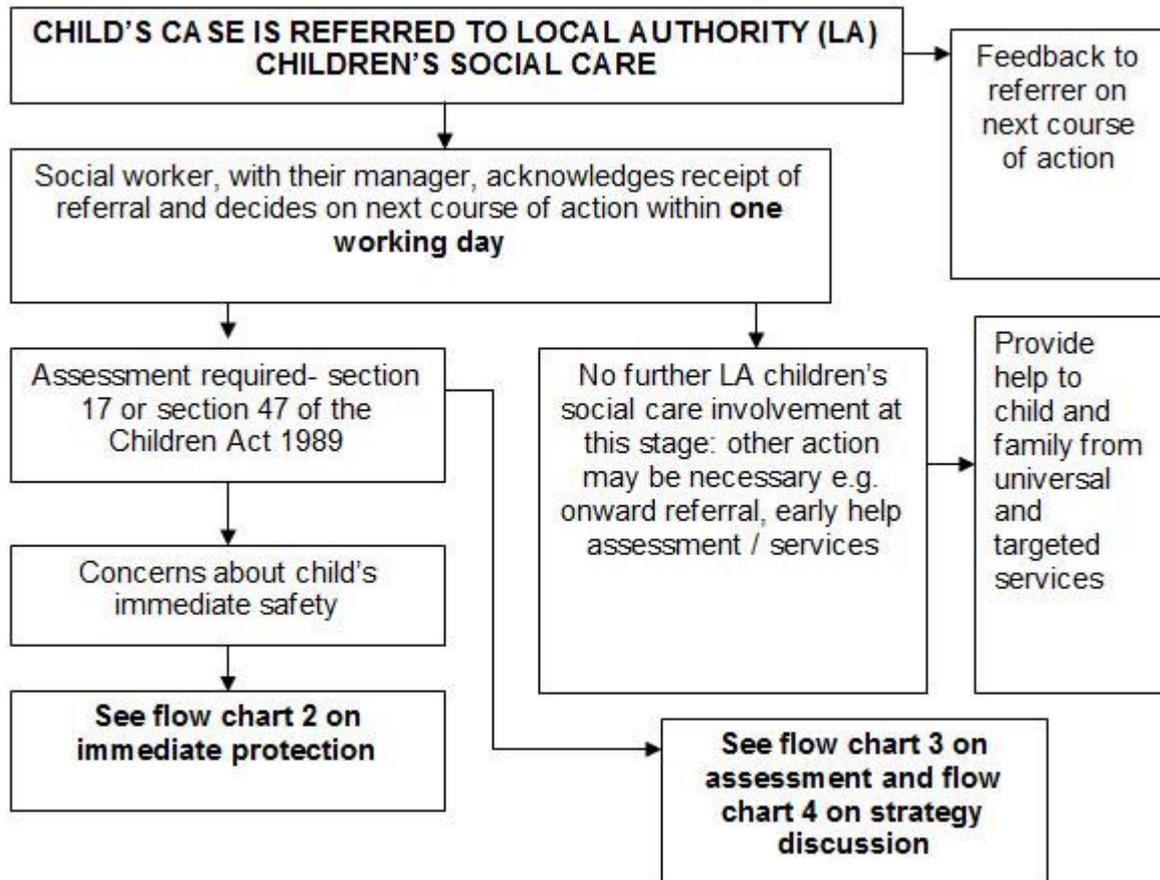
Flowchart of Disclosure and Barring Service criminal record checks and barred list checks



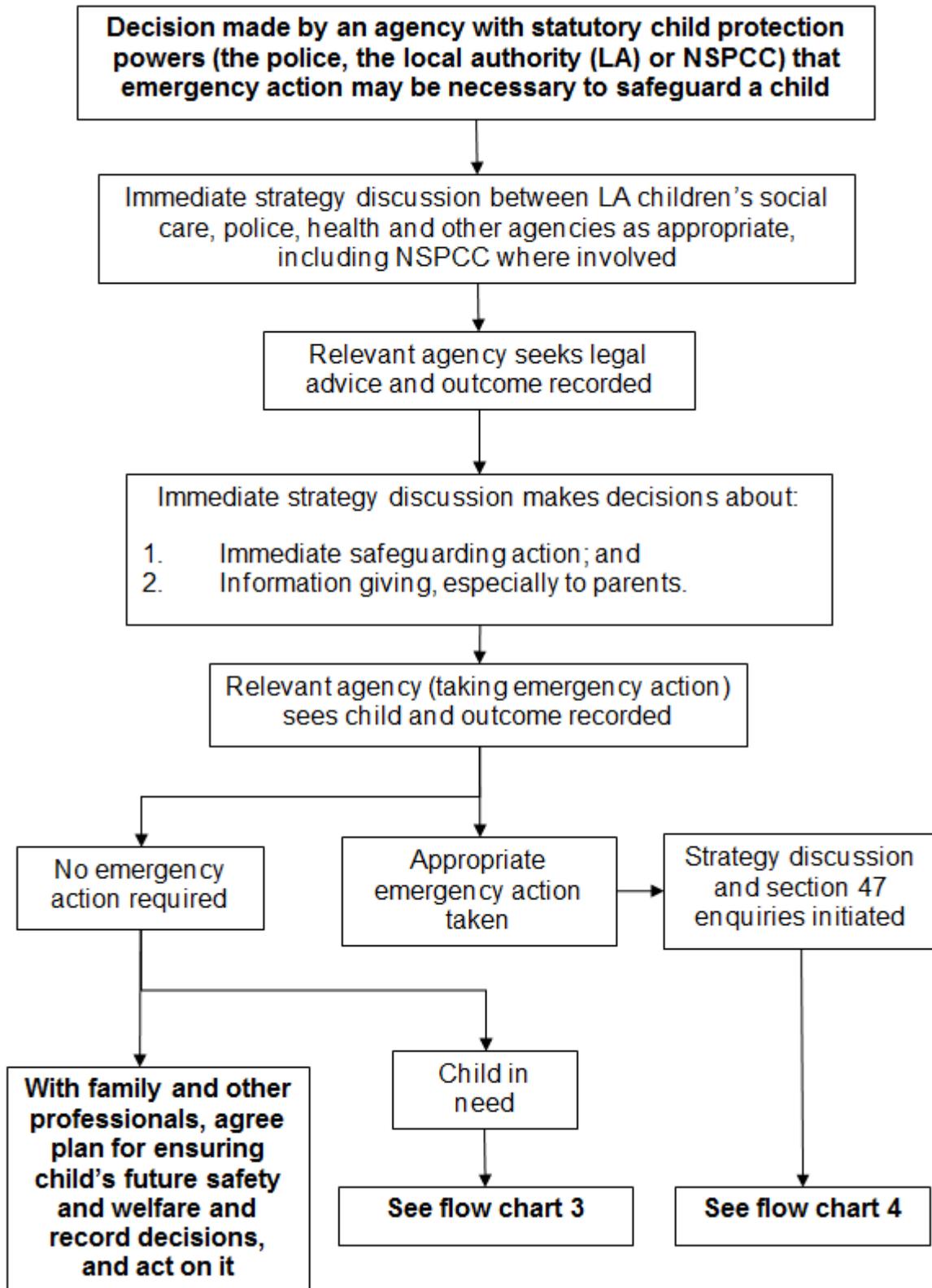
* Activities listed under the guidance's definition of regulated activity and which are carried out 'frequently'

Appendix 9a

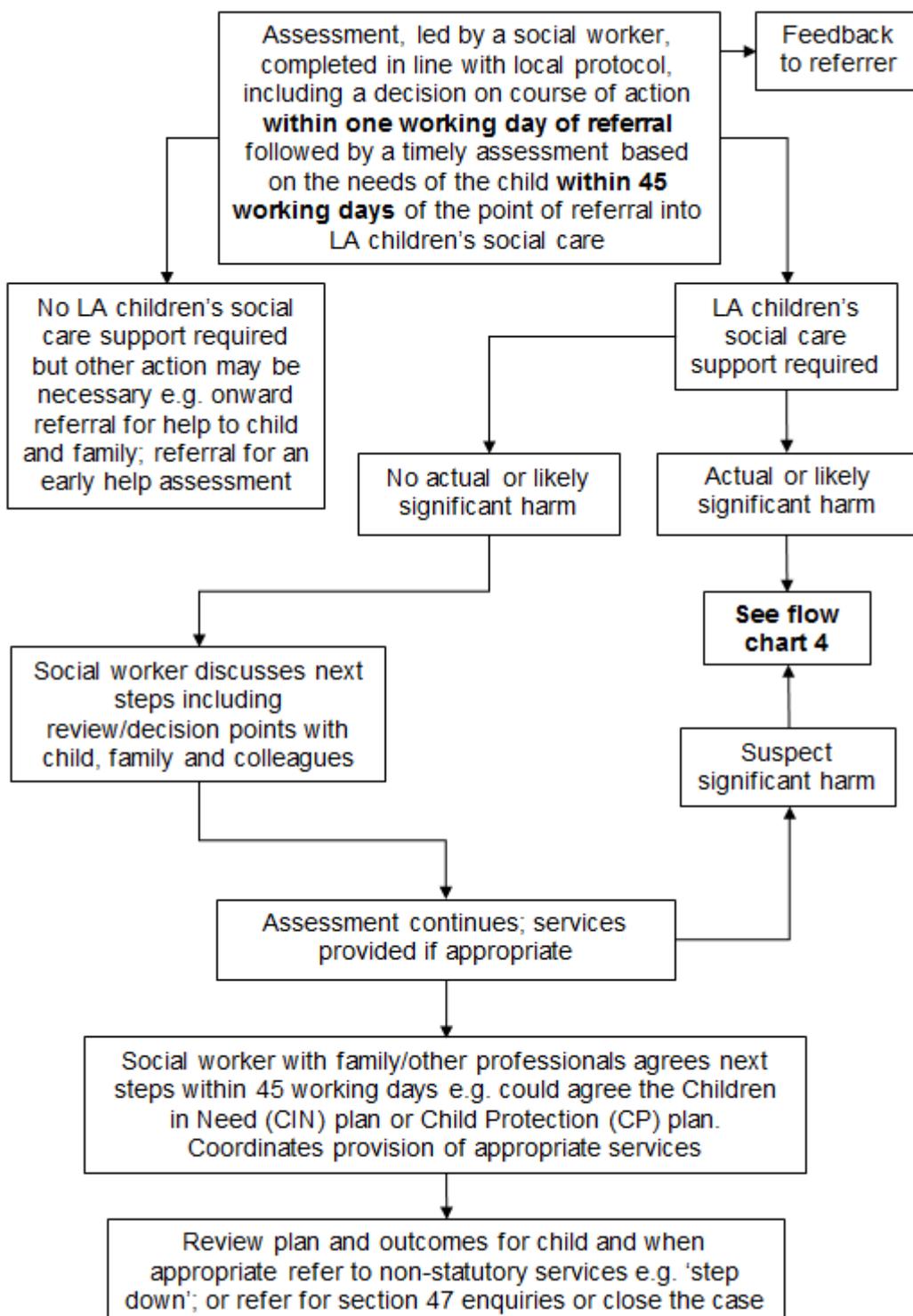
Flow chart 1: Action taken when a child is referred to local authority children's social care services



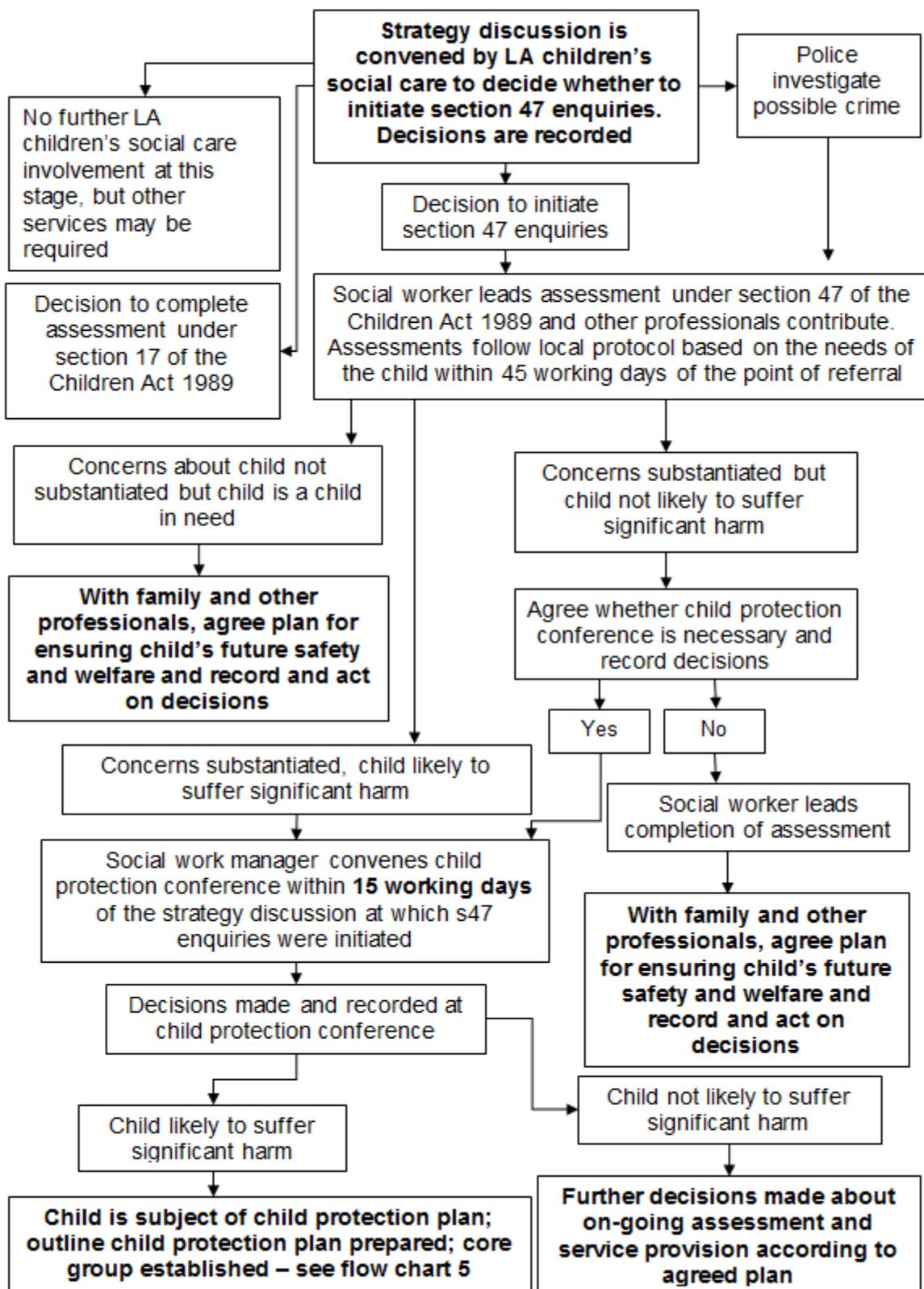
Flow chart 2: Immediate protection



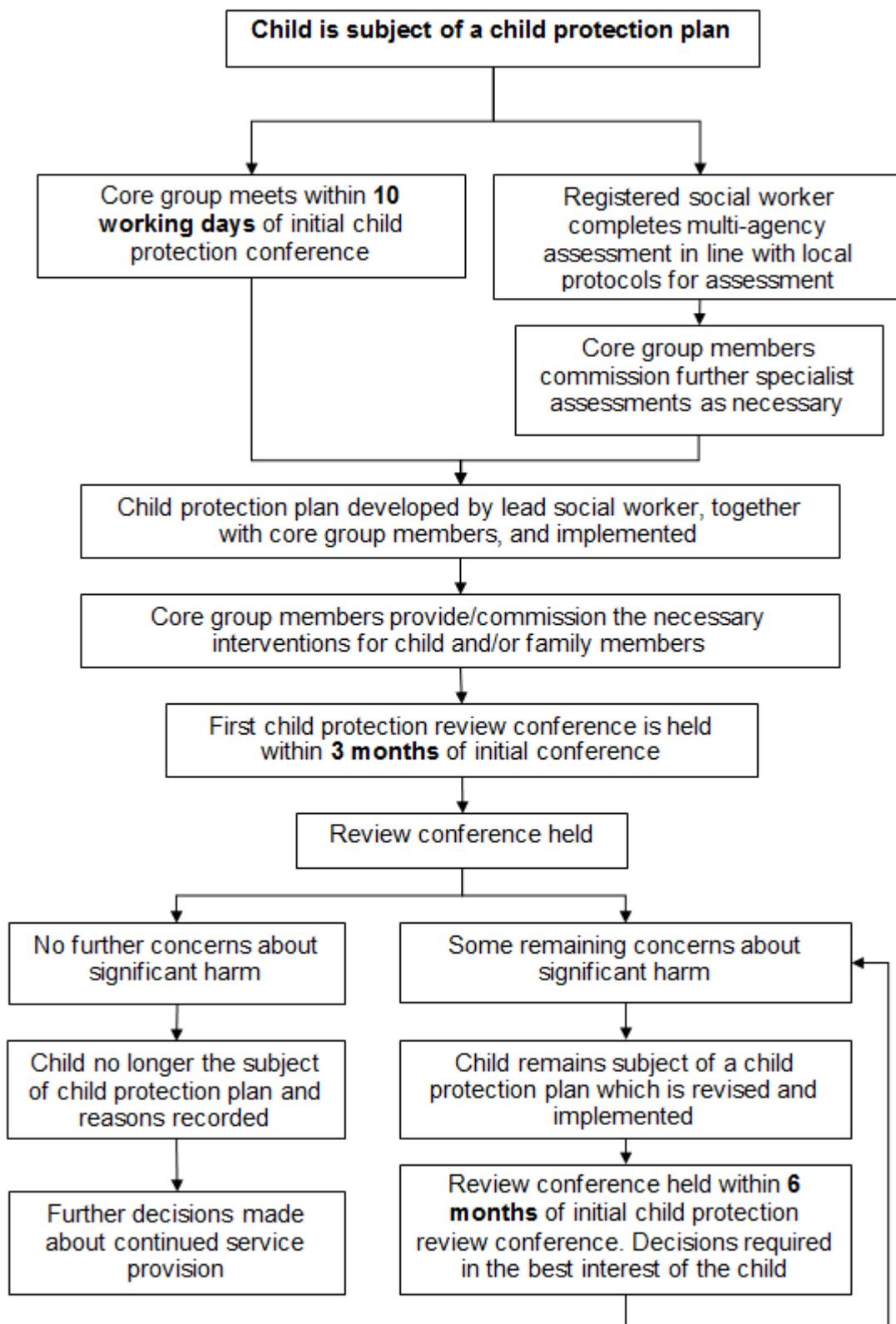
Flow chart 3: Action taken for an assessment of a child under the Children Act 1989



Flow chart 4: Action following a strategy discussion



Flow chart 5: What happens after the child protection conference



Uncollected or Abandoned Children Procedure

If parents/carers are unable to collect their child on time, they must telephone the nursery to let us know what the situation is and when their child is likely to be collected.

In the unlikely event of a child not being collected from the nursery at the expected time and no contact being made with the parents, the following procedures will apply:

1. Two members of staff will stay with the child at all times to reassure and comfort the child, as other children have been collected already.
2. If no contact has been made by the parents/carers after fifteen minutes the nursery will telephone all available contact numbers in an attempt to contact them.
3. If the parents/carers are not contactable the nursery will telephone the emergency contact person who will be asked to collect the child.
4. Every effort will be made to contact the parents/carers or emergency contact person.
5. If no contact has been made with either the parents/carers or the emergency contact person within two hours of the time at which the child was due to be collected, a member of the leadership team will contact Social Care for advice.

Brent Family Front Door: 0208 937 4300

Nursery and 2yr old full time children at Curzon and Fawood finish at 3.30 PM ~ Referral to Social Care by 5.30 PM

Nursery and 2yr old morning session at Curzon and Fawood finishes at 11.30 AM ~ Referral to Social Care by 1.30 PM

Nursery and 2yr old afternoon session at Curzon and Fawood finishes at 3.30 PM ~ Referral to Social Care by 5.30 PM

Rainbows morning session finishes at 12 noon ~ Referral to Social Care by 2pm

Rainbows afternoon session finishes at 12 noon ~ Referral to Social Care by 2pm

Rainbows full time children finish at 4pm ~ Referral to Social Care by 6pm

Appendix 11

Body Map Guidance for Schools ~ Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. initially to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead, Social Care direct or child's social worker if already an open case to social care.

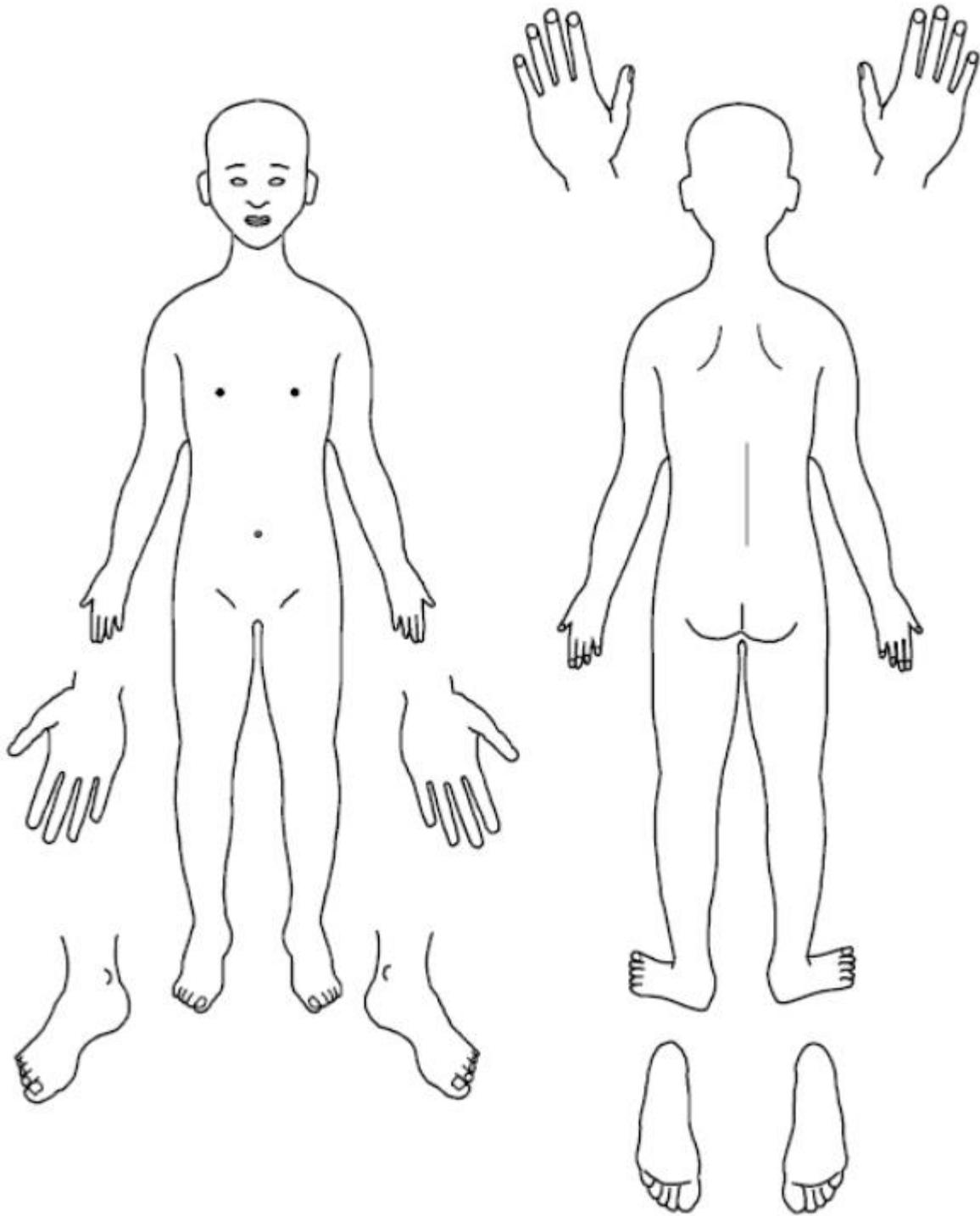
When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record.

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



Child's full name: _____

Date of Birth: _____

Name of practitioner: _____

Role: _____

Date and time of observation: _____