



Child Protection Policy September 2020

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1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances. This includes the identification of children who would benefit from early help.

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

This Child Protection Policy forms part of a number of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy and ICT Acceptable Use Policy.

Purpose of a Child Protection Policy To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Barnet Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures The school follows the procedures established by the Barnet Safeguarding Children Board and the London Safeguarding Children Board

School Staff & Volunteers All school and Children's Centre staff have a responsibility to provide a safe environment in which children can learn. For the purposes of this policy school staff includes Children's Centre staff.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff will receive appropriate safeguarding children training which is updated at least two yearly with annual overview and briefings as needed, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. The Designated Person will deliver the annual update. Staff are also advised that the NSPCC website is a useful source of information www.nspcc.org.uk

Staff are expected to read:

- Full Safeguarding Handbook including the Child Protection Policy, Safeguarding Overview, Staff Code of Conduct, Keeping Children Safe in Education (2020) Part 1

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by a member of staff trained in Child Protection.

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Include opportunities in the curriculum for children to develop the skills they need to recognise when they are at risk and stay safe from abuse and how to get help when they need it.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members 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 members should always act in the interests of the child.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Person and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- London Safeguarding Children's Board Inter-agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (DFE 2020)
- Working Together to Safeguard Children (DFE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Prevent Duty Guidance 2015 updated April 2019

Working Together to Safeguard Children (DfE 2018) requires all schools to follow the procedures for protecting children from abuse which are established by the London Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Furthermore Keeping Children Safe in Education (DfE 2020) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the London Safeguarding Children Board
- 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 pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Person referred to in 'Keeping Children Safe in Education (DFE, 2020) as Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies
- Staff with the designated safeguarding lead should undergo child protection training every two years. In addition to this their knowledge and skills should be updated at least annually (e.g. via meetings, reading safeguarding updates etc)

Keeping Children Safe in Education (DfE 2020) also states:

'Governing bodies and proprietors should ensure there are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare. 48. This should include:

- an effective child protection policy; and
- a staff behaviour policy (sometimes called the code of conduct) which should amongst other things include - acceptable use of technologies, staff/pupil relationships and communications including the use of social media.

This is not intended to be an exhaustive list. These policies, along with Part one of this guidance (Keeping Children Safe in Education) and information regarding the role of the designated safeguarding lead, should be provided to all staff on induction. Governing bodies and proprietors should take a proportional risk-based approach to the level of information that is provided to temporary staff and volunteers. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the Local Safeguarding Children Board (LSCB), be updated annually (as a minimum), and be available publicly either via the school or college website or by other means

3. THE DESIGNATED PERSON (referred to in 'Keeping Children Safe in Education (DFE, 2020) as Designated Safeguarding Lead')

The Governing body ensures that the schools designate an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Senior Persons for Child Protections in Barnet Early Years Alliance are :

School	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead(s)	Nominated Safeguarding Governor	Other safeguarding officers
Brookhill	Katie Colletti	Caron Rudge	Gerald Mehrstens (chair)	Georgia Dobson Sandra Langham
Hampden Way	Kelly Brooker	Caron Rudge	Gerald Mehrstens (chair)	Janine Medway Smith Naomi Hinshelwood
St, Margaret's	Corinne Hurd	Caron Rudge	Gerald Mehrstens (chair)	Shelley Shepherd Sandra Langham

The designated safeguarding lead takes lead responsibility for safeguarding and child protection. A deputy designated safeguarding lead is appointed to act in the absence /unavailability of the DSL.

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

- Refer all cases of suspected abuse to the local authority children's social care and: Police (cases where a crime may have been committed).
- Liaise with the deputy designated safeguarding lead 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
- The DSL will also receive safeguarding concerns about pupils who may be vulnerable to the risk of radicalisation or are showing signs of radicalisation. They will make referrals to appropriate agencies with concerns to do with radicalisation and liaise with partners including the Local Authority and the police and Channel programme
- Support staff making referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring service as required and
- Refer cases where a crime has been committed to the police as required

Work with others

- Liaise with the headteacher and deputy leads (if they are not the senior designated person) to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- As required, liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Act as a source of support, advice and expertise for staff.

Undertake training

- The designated safeguarding lead and deputies will undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.
- The designated safeguarding lead will undertake Prevent awareness training.
- In addition to the formal training set out above, their knowledge and skills will be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
 - 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 school's child protection policy and procedures, especially new and part time staff;
 - Are alert to the specific needs of children in need, those with special educational needs and young carers;
 - Keep detailed, accurate, secure written records of concerns and referrals; 80 Section 17(10) Children Act 1989: those unlikely to achieve a reasonable standard of health and development without local authority services, those whose health and development is likely to be significantly impaired without the provision of such services, or disabled children. -
 - Understand and support the school with regards to the requirements of the Prevent duty and provide advice and support to staff on protecting children from the risk of radicalisation;
 - Obtain access to resources and attend any relevant or refresher training courses; and
 - Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

Raise Awareness

- Ensure the school's child protection policies are known, understood and used appropriately;
- Ensure the school '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 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 as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

Availability

- During term time the designated safeguarding lead (or a deputy) will 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 it may be that in exceptional circumstances availability is via phone.
- There is always a child protection trained member of staff available during the extended school provision

4. THE GOVERNING BODY

Governing bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated governor for child protection is; Gerald Mehrtens (chair of BEYA GB)

In particular the Governing Body must ensure:

- their contribution to inter-agency working, which includes providing a coordinated offer of
- early help when additional needs of children are identified
- an effective child protection policy is in place, together with a staff behaviour policy
- appointing a designated safeguarding lead who should undergo child protection training every two years
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- that children are taught about how to keep themselves safe.
- the school meet their statutory duties with regard to preventing radicalisation.
- at least one person who conducts an interview has completed safer recruitment training.

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

All staff will receive Child Protection training annually and updates as appropriate throughout the year.

If any member of staff is concerned about a child he or she must inform the Designated Lead Person or Deputy Designated Person. The Designated Lead Person or Deputy are most likely to have the complete safeguarding picture and will be the most appropriate person to advise on the response to the concern. Staff must not assume that a colleague or other professional will take action. Early sharing of information is vital for effective identification, assessment and allocation of appropriate services.

Raising a concern should be in person, not a note left on a desk. The member of staff must record information in writing regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations using the school pro-forma which is shown to staff at the beginning of each school year and is readily available to staff.

The Designated Lead Person will decide whether the concerns should be referred to Children's Services, if necessary taking advice from the Multi-Agency Safeguarding Hub. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm. Where necessary a phone call will be made to the Duty Team for further advice. Other options may include managing support for the child with in school or making an early help assessment. If early help is appropriate, it is usually the DSL who will lead on liaising with agencies and setting up an inter-agency assessment.

Staff should be aware that any child may benefit from early help but should be alert to the potential needs for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of being drawn into 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 misusing drugs or alcohol themselves
- Is a risk of modern slavery, trafficking or exploitation

- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse; and/or • has returned home to their family from care.

Following a concern raised by a member of staff, particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept. The context within which any incidents occur will also be considered (contextual safeguarding) and any wider environmental factors present in the child's life that are a threat to their safety and/or welfare will be passed on if a referral is made

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Lead Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Lead Person at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Lead Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated lead person for child protection. However if:

- concerns are not taken seriously an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

Then Staff should speak to a DSL in their school or contact Barnet Children's services **(020 8359 2000)**.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral.** If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

If the allegations raised by the staff member are against other children the school should follow Part B Practice Guidelines section 16 of the London Safeguarding Children Board Procedures Manual - Children Harming Others

Staff need to understand the issues of radicalisation, recognise the signs of vulnerability and know how to refer their concerns. Staff should refer any concerns to a designated person in the same way as any other safeguarding concerns are raised.

Peer on Peer abuse

Staff should also be aware that children are capable of abusing their peers . Staff are expected to be vigilant in supervising children and alert to any signs of abuse, never passing it off as 'banter' or 'part of growing up'. Although there is a gendered nature to peer on peer abuse (more girls are likely to be victims and boys perpetrators) all abuse will be taken seriously. The school uses PSE curriculum development and key/story times to minimise the risk of peer on peer abuse. Staff also regularly discuss safety with the children and make use of parent materials such as those from the NSPCC. The children all have a keyperson and develop good relationships with this special person so that they can raise concerns. Support will also provide support to any perpetrators, victims or other children affected by peer on peer abuse. Allegations of Peer on Peer abuse will be dealt with in line with any safeguarding concern, Peer or Peer abuse may include:

- bullying (including cyberbullying)
- physical abuse
 - sexual violence or sexual harassment
- initiation/hazing type violence and rituals
- upskirting
- sexting

Any incidents of **'sexting'** should be referred to a designated safeguarding officer. The DSL should record all incidents of sexting. This should include both the actions taken and the actions not taken, together with justifications. In applying judgement to the sexting incident consideration will be given to the following:

- Significant age difference between the sender/receiver involved
- If there is any external coercion involved or encouragement beyond the sender/receiver.
- If you recognise the child as more vulnerable than is usual.
- If the image is of a severe or extreme nature.
- If the situation is not isolated and the image has been more widely distributed.
- If this is not the first time children have been involved in a sexting act
- If other knowledge of either the sender or recipient may add cause for concern.

If these characteristics present cause for concern then escalate or refer the incident. If not, manage the situation accordingly, recording details of the incident, action and resolution. See CEOP website for further information or the UKCCIS Guidance 'Sexting in schools and colleges, responding to incidents and safeguarding young people' (2017).

Staff should also be aware that safeguarding incidents can be associated with factors outside the schools and/or can occur between the children outside the school. Staff should consider the context within which such incidents occur. This is contextual safeguarding meaning staff should consider whether wider environmental factors are present in a child's life that are a threat to their safety/welfare.

Private Fostering

Staff should also be alert to any situation that could be **Private Fostering**. Private fostering occurs when a child under 16 (or 18 if the child is disabled) is cared for and lives with an adult who is not a relative for 28 days or more. This could be a step parent (by marriage or civil partnership), grandparent, step grandparent, brother, sister, uncle or aunt. Private fostering is a private arrangement made by the parent(s), (or those with parental responsibility) for someone to care for their child because they are unable to do so (permanently or temporarily). This may be due to a number reasons such as parental ill health, a parent going abroad or in to prison, a child being bought to the UK to study English or the relationship between the child and parent has broken down. If you know a child is being privately fostered you should advise the parent/carer that they have a legal obligation to report the arrangement to Children Social Care at least six weeks before it happens or within 48 hours if the arrangement is current having been made in an emergency. All staff must tell the Designated Safeguarding Lead who will ensure this is followed up with Children Social Care.

SEND

Staff are also expected to be aware that children with SEND may face additional safeguarding challenges. Staff are expected to raise any concerns and not make assumptions that indicators of possible abuse may relate to a child's disability without further exploration. Staff need to be aware that children with SEND can be disproportionately impacted by things like bullying and there may be additional communication difficulties.

Serious Violence

Staff should be aware that children may be at risk from or involved in serious violent crimes. Indicators may be increased absence from school, a change in friendships or relationships with older people, a decline in performance, signs of self-harm or a change in well being or unexplained injuries. Unexplained gifts or new possessions may indicate involvement with criminal networks or gangs.

Code of Conduct

Staff are expected to adhere to the school's Code of Conduct. The school also has an Acceptable Use of ICT Agreement which all staff are asked to sign. This sets out the expectations for the safe use of ICT and particularly the use of mobile phones. N.B. No

member of staff is allowed to take photos using their mobile phone or should have their phone out when children are present.

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **Section 16 for further details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development

(full account needs to be taken of different patterns of development and different ethnic groups)

- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

6. DEALING WITH A DISCLOSURE

If a child 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 child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- 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 Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Lead Person.

8. CONFIDENTIALITY

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

- All staff in schools have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).
- If a child 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 child in a manner appropriate to the child'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 children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

BEYA will:

Ensure the child protection policy is available publicly either via the school website or on request from the school office.

Ensure parents are informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;
- Placing a member of staff from any agency at risk.

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

10. RECORD KEEPING

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

- Record as soon as possible after the conversation. Use the cause for concern sheet wherever possible which should be available in staff or PPA rooms and from the DSL
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

The Designated safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

11. PREVENT

Definitions

Extremism is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

British values are democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Approved Autumn 2020

Review Autumn 2021

Curriculum

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. We encourage our pupils to be inquisitive learners who are open to new experiences and are tolerant of others. Our values support the development of the whole child as a reflective learner within a safe respectful learning environment.

Internet Safety

The internet provides children and young people with access to a wide-range of content, some of which is harmful. Extremists use the internet, including social media, to share their messages. The filtering systems used at our schools block inappropriate content, including extremist content.

Where staff, pupils or visitors find unblocked extremist content they must report it immediately to a senior member of staff.

Staff Training

Staff are given training to help them understand the issues of radicalisation, so that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns. This information also forms part of the annual safeguarding training.

Safer Recruitment

We ensure that the staff we appoint to the school are suitable, our recruitment procedures are rigorous and we follow the guidance published in Keeping Children Safe in Education 2020. DBS checks are carried out in accordance to up to date guidance on persons having regular unsupervised access to children.

Signs of vulnerability

There are no known definitive indicators that a young person is vulnerable to radicalisation, but there are number of signs that together increase the risk. It can happen in many different ways and settings. Staff should be alert to changes in in children's behaviour which could indicate they are in need of help or protection. Staff should use their judgement in identifying children are risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Signs of vulnerability include:

- underachievement
- being in possession of extremist literature
- poverty
- social exclusion
- traumatic events
- global or national event
- religious conversion
- change in behaviour
- extremist influences
- conflict with family over lifestyle
- confused identify
- victim or witness to race or hate crimes
- rejection by peers, family, social groups or faith
- isolation from peers
- becoming withdrawn in class
- disengagement from work
- aggressive behaviour towards peers
- rebelling against school rules
- attendance – change in pattern

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- secretive behaviour
- on-line searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Also consider families at risk who are:

- Not buying into schools ethos
- Questioning policies
- Keeping apart from other parents

12. 'Honour based' violence and FGM

So called 'Honour based' violence (HBV) encompasses crimes that have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage and practices such as breast ironing. All forms of so called HBV are abuse and should be treated as such. Any concerns should be report to a designated safeguarding officer.

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. There is a statutory duty upon teachers to report to the police where they discover by disclosure or visual evidence that FGM appears to have been carried out on a girl under 18. Teachers must **personally** report this to the police where the act of FGM appears to have been carried out, as well as discussing with the safeguarding lead. If there is a suspected or at risk case, teachers can follow local safeguarding procedures.

Signs and Symptoms of FGM

Staff in school may notice:

- A family arranging a long break abroad during the summer holidays.
- Unexpected, repeated or prolonged absence from school.
- Academic work suffering.

A girl or woman who's had female genital mutilation may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations ask for help, but may not be explicit about the problem due to embarrassment or fear.

Forced Marriage

Forcing someone into a marriage is illegal in this England and Wales. A forced marriage is one entered into without full and free consent of one or both parties. They may be coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not

required for a marriage to be forced. Honour-based abuse can be a trigger for a forced marriage. In an arranged marriage, the families of both prospective spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement still remains with the couple.

13. Child Sexual Exploitation/ Criminal Exploitation

Child Sexual Exploitation is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be **groomed online**. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Signs and Symptoms of CSE

CSE can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships, intimidated and fearful of certain people or situations
- Hang out with groups of older people or anti-social groups or with other vulnerable peers
- Associate with other young people involved in sexual exploitation
- Get involved in gangs
- Have older boyfriends or girlfriends
- Spend time at places of concern, such as hotels or brothels
- Not know where they are because they have been moved around the country
- Be involved in petty crime such as shop lifting
- Have unexplained physical injuries
- Have a changed physical appearance e.g. lost weight

They may also show signs of sexual abuse or grooming.

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity e.g. drug gangs groom children to carry drugs from urban areas to more rural/seaside/market town areas. Children may have missing episodes. County line exploitation can involve force or enticement based methods of compliance. It is typified by some form of power imbalance in favour of those perpetrating the exploitation.

14. Children Missing Education (CME)

A Child Missing Education is any child of compulsory school age (5-16) who is not on a school roll, being educated otherwise (e.g. at home, privately, or in alternative provision) and who had been out of any education provision for a substantial period of time (practice nationally is four weeks or more). (Department for Education)

Children and young people with poor school attendance are often the most vulnerable and are more likely to become children missing from education.

Why children go missing from education

Children and young people can go missing from school or agreed education provision, for a wide variety of reasons. Their personal circumstances or those of their families may contribute to the withdrawal process. Children can go missing when there is no systematic process in place to identify them and ensure they reengage with appropriate provision. The most common reasons why children miss education include:

- Failing to register at school at age 5;

- Failing to make successful transition from infant to junior and primary to secondary;
- Fail to attend due to exclusion (formal/illegal withdrawal);
- Mid-year transfer of school
- Unable to find a school place after moving into local authority;
- Victims of bullying;
- Frequent moves of house including periods of homelessness or periods in a refuge;
- Transience/family mobility;
- Family breakdown;
- Frequent absence leading to low attendance (especially Yr10 and Yr11);
- Disaffection resulting in parents withdrawing the pupil or 'being asked to leave';
- Involvement in youth offending.

Certain vulnerable groups are more likely to be affected by the factors; these are;

- Children living in women's refuges;
- Children of troubled families i.e. suffering bereavement, trauma, domestic violence, homelessness etc;
- Young runaways;
- Children with special educational needs;
- Refugee and asylum seeking children;
- Travelling families;
- Looked after children;
- Teenage parenthood;
- Children with mental health issues;
- Young carers;
- Children who are permanently excluded from school;
- Young people being forced into marriage;
- Children involved in substance misuse.

At BEYA we monitor attendance closely and follow up any children who are absent from school. We ask parents for up to 3 emergency contacts for their children in the event their child is absent and we are unable to contact the main carer.

Children who are missing from school for 10 days or more or who fail to return to school within 5 days following a Leave of Absence will be referred to the LA unless a reason has been authorised by the SLT.

We are mindful that children in Nursery are in non - statutory education.

15. CHILDREN AND THE COURT SYSTEM OR WITH FAMILY MEMBERS IN PRISON

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.

Approximately 200,000 children have a parent sent to prison each year and as a school we are aware these children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. If the school has any children with a parent in prison, we will access the information provided by NICCO designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

16. INDICATORS OF HARM

PHYSICAL ABUSE

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

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 children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

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/behavioural 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

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 children, 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.

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.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

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

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

It may 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, though 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 and 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 in the parent
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.

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 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 children, 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 (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.

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

Emotional/behavioural presentation

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 parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

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.

PLEASE NOTE

At a young age children become interested in their bodies and the bodies of others, this is a normal and healthy part of development. This may include:

- kissing and hugging
- showing curiosity about private body parts
- talking about private body parts and using words like poo, willy and bum
- playing "house" or "doctors and nurses" type games with other children
- touching, rubbing or showing off their genitals or masturbating as a comforting habit.

To support children and parents in talking about being safe from sexual abuse we use the NSPCC Talk Pants resources

Talk pants

- Privates are private – your underwear covers up your private parts and no-body should ask to see them
- Your body belongs to you – no-one should ever ask you to do things that make you feel embarrassed or uncomfortable
- No means no and you have the right to say no even to a family member or someone you love.

16. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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 child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

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

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

There are clear guidelines as to when staff can use 'reasonable force' (no more force than is needed). The Department for Education makes clear that the adoption of a 'no contact' policy can leave staff unable to fully support and protect children. (see Behaviour Policy)

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.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Executive Headteacher or Deputy Headteacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted.

The Chair of Governors in this school is:

NAME: Gerald Mehrtens

0208 449 5466 (school office will contact)

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 will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer:

Children's Services – 020 8359 2000

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with the London Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:

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If a staff member feels unable to raise the issue with their employer or feels their genuine concerns are not being addressed, they can phone the NSPCC whistleblowing helpline on 0800 0280285 or email help@nspcc.org.uk

15. Key Contacts at BEYA

Role	Name	Contact details
Designated Safeguarding Leads	Katie Coletti Brookhill Kelly Brooker Hampden Way Corinne Hurd St. M	020 8449 5466
Deputy Designated Safeguarding Lead	Caron Rudge - Brookhill Caron Rudge - Hampden Way Caron Rudge - St. Margaret's Sandra Langham – BEYA CC Paulette Nash – BEYA CC	020 8449 5466
Nominated governor for safeguarding and child protection	Gerald Mehrtens	Via school office
Chair of governors	Gerald Mehrtens	Via school office
Local Authority Designated Officer (LADO)	Shrimatie Bissessar	0208 359 4066
MASH (Barnet)		0208 359 4066
MASH (Enfield)		0208 379 5555.

Appendix 1: KEEPING CHILDREN SAFE IN EDUCATION: Part 1 (DFE, 2020)

[Keeping Children Safe in Education 2020 – Part 1](#)

Appendix 2: KEEPING CHILDREN SAFE IN EDUCATION: (DFE, 2020)

[Keeping Children Safe in Education](#)

Appendix 3: Multi Agency Safeguarding Hub

The Multi-Agency Safeguarding Hub (MASH) was developed by the police, Local Authorities and other agencies to co-locate safeguarding agencies and their data into a secure, research and decision making unit. This was in response to the inability of agencies, on occasions to effectively share information which has been the comment of numerous Serious Case Reviews and public enquiries.

MASH in Barnet is the single point of entry for all referrals regarding concerns for a child or young person (unborn-18 years) or where it is felt they would benefit from additional support. Referrals will cover all thresholds of need from child protection to early help. Core agencies include the police

public protection desk, children's social care, health and education, with representatives attending from CAHMS, adult services, substance misuse, the early intervention services, probation, housing and others.

MASH is a screening, information and co-ordinating process only. It is not a case holding team. It is located at:

2 Bristol Avenue Tel: 020 8359 4066 Email: mash@barnet.gov.uk
Colindale
London NW9 4EW

How do I refer?

Before referring to the MASH you need to consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family.

In order to make a referral you will need to complete a [referral form](#). You will then receive an acknowledgement email from the MASH with a reference number.

Before making a referral you must tell the family and seek consent. Please also download the [information leaflet](#) explaining the MASH process which you can give to families.

You should not seek consent in cases where you consider to do so may increase the risk of harm to the child. In cases where you have concerns for a child's welfare which indicate that they are at a level that may require an assessment by children's social care, if having informed the parents you are making a referral consent has not been given, a referral can still be made. The MASH team will consider if/what information needs to be shared to ensure the child's needs are being met.

If you have concerns about a child's safety you can telephone the MASH team on 020 8359 4066 to discuss your concerns and give the initial details. You will be expected to follow this with an online referral the same day.

The consultation line for professionals who would like to discuss a case without making a referral will remain operational on 020 8359 4336. The Consultation Line is now open Monday to Friday between 11am and 12noon

Operating hours

The MASH operates Monday–Thursday 9am to 5.15pm and 9am to 5pm on Fridays. Outside of these hours care and welfare concerns about children and young people that require an immediate response should be reported to the Emergency Duty Team on 020 8359 2000. Where an emergency response is required, at any time, the police should be called.

What happens next?

All referrals to the MASH are recorded on forms known as Contacts. These will be screened; this will include checking to see if the child already has a social worker or a lead professional as a result of a [CAF](#).

If there is an allocated social worker, they are considered the best person to support the child, so the contact form is sent directly on to them.

If there is no allocated social worker, then the MASH senior social worker assesses the level of risk. The MASH Manager confirms the level of risk.

The MASH will use BRAG Ratings Blue, Red, Amber and Green. Red being the highest risk where there is a serious safeguarding concern requiring immediate action. A Green rating would be a low risk which may require a child in need assessment (sect17) or a Common Assessment Framework (CAF).

For further information regarding Thresholds and the BRAG ratings and to assist you in making a referral please see the 'Common Assessment Framework (CAF) and Social Care Threshold Guidance' available [here](#).

Following receipt of all referrals through the MASH the contact form outcome could vary from; a referral to the Children's Social Care Duty Assessment Team (DAT) for a social work assessment, referral to the Early Help and Prevention services such as [CAF](#).

Appendix 4: Body Map

Body Map

This body outline can be used to record marks and/or bruises and the date of occurrence or observation and should be kept in the Child Protection File of the child.



