



Safeguarding and Child Protection Policy

INTRODUCTION

A range of documents, circulars and guidance for good practice governs Child Protection work at St. Gregory's Catholic Science College. Key documents, which inform this policy, are:

- The Prevent duty 2015
- Working Together to Safeguard Children 2018 (updated December 2020)
- Keeping Children Safe in Education 2020
(Part one of this document is given annually to all members of staff and forms part of their annual training)
- Child sexual exploitation 2017
- Inspecting safeguarding in early years, education and skills settings 2021.
- London Child Protection Procedures 2021
- Recommendations from the Munro Report 2011.
- Multi-agency guidance on female genital mutilation 2016.
- Sexual violence and sexual harassment between children in schools and colleges (2021).
- Information sharing advice for safeguarding practitioners 2018
- Mental Health and behaviour in schools 2018
- Teaching online safety in schools 2019

The designated safeguarding lead is the Assistant Headteacher, Mr A Hogan, and in his absence Miss McCarthy (Assistant Headteacher). Should Mr Hogan and Miss McCarthy be absent the matter should then be referred to Mr Byrne (Assistant Headteacher) or another member of the Senior Leadership Team. The nominated Governor for safeguarding is Mrs Brown.

The Safeguarding and Child Protection Policy is reviewed (at least) annually and should be read in conjunction with other St Gregory's policies that also ensure the safety of children. All school policies are available on request from the school. Key relevant policies include:

- Anti-bullying
- Attendance
- British Values Statement
- Drugs
- Educational Visits
- Equality
- E-safety
- GDPR policies
- Good Behaviour
- Health and Safety
- Medical Conditions
- Physical Intervention
- Remote Education
- Risk Assessment
- RSHE
- Safer Recruitment (including DBS)
- School Rules
- Search and Confiscation
- SEND
- Staff Code of Conduct

- Staff Handbook
- Whistleblowing
- Staff Procedures

AIMS AND OBJECTIVES

St. Gregory's Catholic Science College strives to educate all its pupils within an environment where the Catholic traditions of learning, truth, justice, respect and community are promoted. Consequently, the overall aim of this policy is to safeguard and promote the welfare of the children in our care (in situations where child abuse is suspected, our paramount responsibility is to the child).

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.

This will be achieved by:

- Continuing to develop awareness in all staff of the need for Child Protection (**particular care should be taken with children with SEND**) and their responsibilities in identifying abuse.
- Ensuring that all staff are aware of referral procedures within the school (Child Protection is everyone's responsibility and any member of staff can if necessary make a referral to social care via the local authority website).
- Ensuring that all staff are aware that both mental and physical health are relevant to the safeguarding and welfare of children.
- Monitor children who have been identified as 'at risk' (this includes those at risk of sexual exploitation).
- Ensuring that outside agencies are involved where appropriate.
- Ensuring that key concepts of Safeguarding (including child on child abuse and online safety) are integrated within the curriculum especially via Relationships, Sex and Health Education and PSHE.
- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.

EARLY HELP ASSESSMENT

The EHA provides a common approach, common language and a holistic assessment of the family's needs, which is meaningful to the family because they have been supported to tell their story so that they can work in partnership with professionals to help achieve their goals. The EHA can be used:

- To assess, plan and review a package of support to meet the family's agreed needs and goals.

And/or:

- As a referral for targeted services across Brent's Children and Young People directorate.
- And/or:
- To nominate families as part of Brent's Working with Families (WwF) programme.

In order to intervene at the earliest point, target help and support in a way that makes a difference to the lives of families, a good quality assessment and action plan are required. The EHA is part

of Brent's strategy to provide help to families at the earliest point of identification and to reduce the need for more costly specialist or statutory service interventions at a later stage.

The summary on the next page outlines possible indicators which help assess a pupil's needs within the EHA framework.

If a pupil is in immediate danger of neglect, abuse, self-harm, etc. then an EHA assessment is not the priority and the usual referral to the duty CP office in the relevant borough is the procedure to be followed. Social Care may conclude that the level 3 threshold has not been reached and an EHA assessment may be appropriate.

If a child's level of need does not place them in immediate danger then an **EHA** assessment should be carried out, after seeking parental consent.

Parent/carers should be included in the assessment process and evidence sourced from all stakeholders, including the child.

Pre- EHA assessments that highlight a child's needs under the ECM agenda should be completed by Mr Hogan (for CP issues), Miss Togher (for SEND issues) or HoY / Mr McNulty (for Pastoral issues & e-safety issues) and a pdf file of the assessment held on file.

Continuum of Needs

The Continuum of Needs table, printed below, sets out the 4 levels of need, showing features of the children and young people at each level, and possible indicators of need. This is not a definitive list but addresses core areas. This should be read in conjunction with ‘Brent Thresholds Guide’ and the Possible Areas of need chart.

	Level 1 Children with no additional needs	Level 2 Low risk to vulnerable	Level 3 Complex	Level 4 Acute
Who:	<p>All children use universal services.</p> <p>Child’s developmental needs are met by universal services.</p> <p>Children expected to do well with minimum intervention from any additional service</p>	<p>Children with low level additional needs that are likely to be short-term but are not being met.</p> <p>Child’s needs are not clear, not known or not being met.</p> <p>Child / family need additional help to prevent problems becoming more difficult to resolve. Consent required for assessment and intervention</p>	<p>Child has complex needs likely to require longer term interventions from targeted, statutory and/or specialist services.</p> <p>Child has high level of unmet needs that may require a targeted integrated response including specialist or statutory services.</p> <p>Child may meet threshold for Early Help Assessment, Child & Family Assessment or intervention.</p> <p>Consent required for professional to make referral unless referral made by anonymous member of public.</p>	<p>Child who has suffered, or at risk of suffering, significant harm requiring intensive statutory / specialist support i.e. Children’s Social Care or Youth Offending Service.</p> <p>May include meeting threshold for child protection / local authority care.</p> <p>Children’s Social Care take lead in safeguarding & coordinating services. No consent required if this would place child at risk of further harm.</p>
This includes	<p>The child has no additional needs and whose developmental needs are met by universal services.</p> <p>The child achieving expected outcomes.</p> <p>No Early Help Assessment required</p>	<p>Parents / carers are under stress that possibly impacts on their parenting capacity.</p> <p>Child’s health & development may be adversely affected without multi-agency intervention to prevent child’s needs</p>	<p>Child unlikely to enjoy reasonable standard of development / health and is at risk of longer term poor outcomes without provision of coordinated targeted services.</p> <p>Early Help Assessment or Child & Family Assessment may be</p>	<p>Child will have suffered, or is at risk of suffering, significant harm.</p> <p>There are serious concerns about child’s health & development, or child assessed to be suffering neglect / abuse.</p> <p>Child may also need to be looked after by the</p>

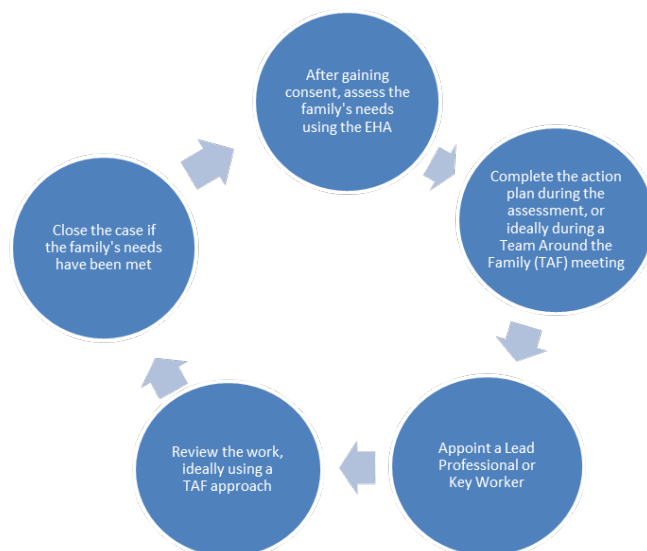
		<p>becoming more complex / acute.</p> <p>Early Help Assessment required. Lead practitioner allocated & Team Around Family (TAF) initiated.</p>	<p>required.</p> <p>Lead practitioner allocated.</p> <p>Possible need to ‘step up’ to, or has ‘stepped down,’ from Children’s Social Care.</p> <p>Without support family are likely to become in need of acute services.</p> <p>Allocated social worker will be the lead professional</p>	<p>local authority either on a voluntary basis or through a Court Order.</p>
	<p>Level 1</p> <p>Children with no additional needs</p>	<p>Level 2</p> <p>Low risk to vulnerable</p>	<p>Level 3</p> <p>Complex</p>	<p>Level 4</p> <p>Acute</p>
<p>Possible Indicator s:</p> <p>Children and young people</p>	<p>Good physical health with age appropriate developmental milestones including speech and language</p> <p>Good quality early attachments, confident in social situations</p> <p>Supportive family relationships</p> <p>Achieving key stages</p>	<p>Occasional truanting or non-attendance</p> <p>Slow in reaching developmental milestones</p> <p>Families affected by low income or unemployment Minor health problems which can be maintained in a mainstream school</p> <p>Parents/carers have relationship difficulties which may affect the child</p>	<p>Short term exclusions or at risk of permanent absence (85% or less)</p> <p>Physical and emotional development raising significant concerns</p> <p>Chronic/recurring health problems</p> <p>Evidence of escalation of substance use</p> <p>Evidence of changing attitudes and more disregard to risk</p> <p>Lack of age appropriate behaviour and independent living skills, likely to impair development</p> <p>Previous history of domestic violence</p> <p>Child appears to have undifferentiated attachments</p>	<p>Chronic non attendance or persistent absence</p> <p>No parental support for education</p> <p>High level disability which cannot be maintained in a mainstream setting</p> <p>Serious physical and emotional health problems</p> <p>Challenging behaviour resulting in serious risk to the child and others</p> <p>Teenage parent under 16</p> <p>Under 13 engaged in sexual activity</p> <p>Distorted self-image</p> <p>Young people experiencing current harm through their use of substance</p> <p>Severe lack of age appropriate behaviour</p>

				<p>and independent living skills likely to result in significant harm e.g. bullying, isolation</p> <p>High levels of domestic violence that put the child at risk</p> <p>Parents are unable to care for the child without support</p> <p>Risk of child sexual exploitation</p> <p>Female Genital Mutilation</p>
Agencies may include	<ul style="list-style-type: none"> ▪ Education ▪ Children’s Centres, Child Minders Nurseries ▪ Early Years ▪ GP ▪ Health Visitors ▪ School Nurses ▪ Midwives ▪ Housing ▪ Voluntary & Community Sector ▪ Faith Groups 	<ul style="list-style-type: none"> ▪ All agencies identified in Level 1 ▪ Education Psychology/ Welfare ▪ Inclusion Support Team ▪ Youth crime prevention services ▪ Targeted drug and alcohol services ▪ Health Education ▪ Family Support Services ▪ Special Education Needs Assessment Service (SENAS) 	<p>Agencies identified at Levels 1 & 2</p> <ul style="list-style-type: none"> ▪ Youth Offending Team ▪ CAMHS ▪ Child Psychology ▪ Education Welfare ▪ Family Solutions 	<p>Agencies identified at levels 1, 2 & 3</p> <ul style="list-style-type: none"> ▪ Children’s Social Care
Assessment Process	<p>Child should access universal services in normal way using each services’ referral process.</p> <p>No assessment required.</p>	<p>Where multiple agencies are involved an Early Help Assessment may be required.</p> <p>Depending on the severity of need, a decision will be made about whether the Early Help Services</p>	<p>Referrals made via Brent Family Front Door.</p> <p>An Early Help Assessment or Child & Family Assessment may be required, lead practitioner allocated and evidence of interventions or</p>	<p>The child will require a coordinated multi-agency response from both statutory and non-statutory services.</p> <p>The lead professional will be the statutory social worker who will be responsible for co-ordinating the core group</p>

SAFEGUARDING AND CHILD PROTECTION POLICY

		<p>or from Children's Social Care services are involved.</p>	<p>support already provided can assist decision making.</p> <p>Assessment may be used as evidence to gain specialist or targeted support by requesting agencies.</p>	<p>(child protection) or a child in need plan.</p>
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The EHA process



The Early Help Assessment should be used when:

- a professional is worried about how well a child or young person is progressing. For example, there may be concerns about their health, development, welfare, behaviour, progress in learning, or another aspect of their wellbeing
- a child, a young person, or their parent/carer raises a concern with a professional
- a child or young person's needs are unclear, or are broader than the professional's service can address.

SCHOOL PROCEDURES

1. Any member of staff with an issue or concern relating to Child Protection (it should be made clear to students that **CONFIDENTIALITY CANNOT BE GUARANTEED IN RESPECT OF CHILD PROTECTION ISSUES**) should immediately discuss it with the Assistant Headteacher. Allegations of child abuse must always be given the highest priority and referred immediately to the Assistant Headteacher.
2. The Assistant Headteacher will then decide on an appropriate course of action (based on guidelines from Brent's multi agency safeguarding partners).
3. Information for parents/carers is published on the school's website informing them that staff are required to follow the procedures laid down by Brent's local safeguarding partners, which is made up of the local authority, a clinical commissioning group and the chief officer of police within the local authority. (See **Appendix One**).
4. **Allegations against school staff (including supply teachers and volunteers) – see Appendix three.** Staff must protect themselves especially when meeting on a one to one basis with students, or when supervising students who are getting changed and staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued (please refer to **Appendix Three** of this policy and the School's Physical Intervention Policy). Colleagues who hear an allegation of abuse against another member of staff, or if they have concerns about the behaviour of another member of staff, should report the matter immediately to the **HEADTEACHER** so that Local procedures can be followed. **Under no circumstances** should the member of staff concerned be told of the allegation until the Headteacher has liaised with the Local Authority. If the allegation is against the Headteacher it should be taken directly to the Assistant Headteacher (Mr Hogan) and through her to the Chair of Governors (Mr Frederick) who will liaise with the Local Authority and Diocese. The school will strongly support 'whistleblowers' and ensure that their anonymity, with regards to allegations or child protection issues, is preserved. The School has a legal duty to refer to the Disclosure and Barring Service anyone who has harmed or poses a risk of harm to a child, if that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. This includes supply teachers and volunteers. The school will also consider whether or not to refer the case to the Secretary of State via the Teaching Regulation Agency. If a 'low level' concern about the behaviour of a member of staff, supply teacher or volunteer does not meet the threshold for referral to the LADO (please refer to **Appendix 3** of this policy) or disciplinary action, the concern will still be addressed by the school.

Examples of 'low level' concerns about the behaviour of staff, supply teachers or volunteers could include:

- Being over friendly with children
- Having favourites
- Taking photographs of children on their mobile phone
- Engaging with a child on a one to one basis in a secluded area or behind a closed door

- Using inappropriate sexualized, intimidating or offensive language.

Any ‘low level’ concerns should be reported immediately to the headteacher

Please also refer to Part Four of the Keeping Safe in Education document

5. **Allegations of abuse made against other pupils in the school or in another school or college** (child on child abuse) should be taken seriously, investigated and dealt with in line with this and other school policies and procedures. If a pupil or somebody else e.g. the pupil’s friend makes an allegation of abuse against another pupil, inside or outside of school, this should be reported immediately to Mr Hogan, (who will, as a matter of course immediately make a risk and needs assessment). Moreover, victims should be kept safe and never made to feel like they are creating a problem for the school. Allegations of abuse could include: sexual violence, sexual assault, sexual harassment, harmful sexual behaviours (either on line or off line, both physically or verbally), child sexual exploitation, causing someone to engage in sexual activity without consent, bullying, abuse in intimate personal relationships, physical abuse, up skirting, consensual and non consensual sharing of nudes or semi-nudes images and / or videos and cyber-bullying. If it is felt to be appropriate, the allegation will be referred to social care and/or the police.
6. **Recruiting and selecting staff** (including volunteers engaged in regulated actively – please also see the schools Safer Recruitment policy). Recruitment procedures should include the following checks on all members of staff / volunteers (including those running after school activities):
 - References should be taken and scrutinised prior to interview.
 - Identity checks to establish that applicants are who they claim to be.
 - Academic and professional qualifications should be checked to ensure that they are genuine.
 - Professional and character references should be followed up.
 - Satisfy conditions as to mental and physical fitness.
 - Previous employment history should be examined and any gaps accounted for.
 - Enhanced DBS checks should be obtained via the Disclosure and Barring Service (this will also include barred list checks). If the person has lived or worked outside of the UK further checks will be required.
 - A prohibition from teaching check.
 - Verify the person’s right to work in the UK.
 - Verification of successful completion of induction or probationary period.
 - Verify that a person taking up a management position is not subject to a section 128 direction.
 - Contractors or employees of contractors must have proof of ID, the appropriate level of DBS check. If contractors have the opportunity for contact with children, they must have an enhanced DBS Disclosure.
 - Visitors to the school in a professional capacity must have proof of ID and the appropriate level of DBS check.
 - Companies / Individuals letting the school’s premises for their own activities, e.g. gymnastics club, must subscribe to the school’s lettings policy.
 - The school is committed to keeping an up to date Single Central Record.

NB. There will always be at least one member of every interviewing panel who has completed Safer Recruitment training in the last 5 years.

All governors are also required to have an enhanced criminal records certificate from the DBS and verification that they are not subject to a 128 direction.

7. **Multi-Agency Work:**

- We follow locally agreed inter-agency procedures that were put in place by Brent for Multi-Agency working from 21st September 2019.
 - We will work closely with safeguarding partners (the lead representatives are: Chief Executive, LBB Accountable Officer, LBB and the Chief Superintendent, North West Basic Command Unit BCU. The lead representatives are able to delegate their functions to:
 - a) Director of Children and Young People LBB, b) Director of Quality, Brent CCG and c) Superintendent (Safeguarding Lead), North West BCU.
 - We work in partnership with other agencies in the best interests of our children (including the LA Children's social care, LA health service, the police and the LA Prevent Team). The school will, where necessary, liaise with the school nurse and doctor, and make referrals to children's social care.
 - We will co-operate with any child protection enquiries conducted by children's social care: the school will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.
 - We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting.
 - Where a pupil/student is subject to an inter-agency child protection plan or a multi-agency risk assessment conference meeting, the school will contribute to the preparation, implementation and review of the plan as appropriate.
8. The Deputy Headteacher (Mr McNulty) is responsible for e-safety, keeping children safe online and all pastoral matters.
9. Unless the specific permission of the Headteacher has been sought, staff mobile phones must be turned off in lessons.
10. The filming or photographing of children should only take place for use in media, displays, school brochures or in electronic forms. Staff must ensure permission has been granted by parents. Please see the school office for the most up to date list.
11. Staff should not communicate with pupils outside of school hours using social media or any other electric form. Consequently, staff must not give their contact details (this includes personal email address, home address or telephone number) to pupils.

12. All staff Child Protection training includes specific training on Female Genital Mutilation and other Honour Based Violence. Staff know that this is child abuse and any concerns should be reported to Mr Hogan immediately. Possible signs that FGM may be going to happen include:

- An older female relative coming to visit
- Another family member being subjected to FGM in the UK or abroad
- Unexplained, prolonged or intended prolonged absence from school
- Talking about a prolonged trip to the family's country of origin
- A wish to confide in a professional or asking for help but not being explicit why
- A girl confiding that she is to have a 'special procedure' or is attending a special ceremony to become a woman
- A young person discussing FGM with other students
- A family history of FGM
- A change in dress or behaviour

Please note if a teacher in the course of their work discovers that an act of FGM has or appears to have been carried out on a girl under the age of 18, the teacher must report this to the police (by calling 101).

13. All staff Child Protection training includes specific training on Honour Based Violence including Forced marriage. If you suspect a student is being forced into marriage, please report this to Mr Hogan immediately.

14. All staff Child Protection training includes specific training on the Prevent Duty (please also see Appendix Five)

15. All staff Child Protection training includes specific training on child criminal exploitation including "county lines" and gangs.

16. All staff Child Protection training includes specific training on Domestic Violence. There is also an area of our school website that provides information about Domestic Abuse Support.

17. All staff Child Protection training includes specific training on peer on peer abuse.

18. All staff Child Protection training includes specific training on sexual violence and harassment between children in schools.

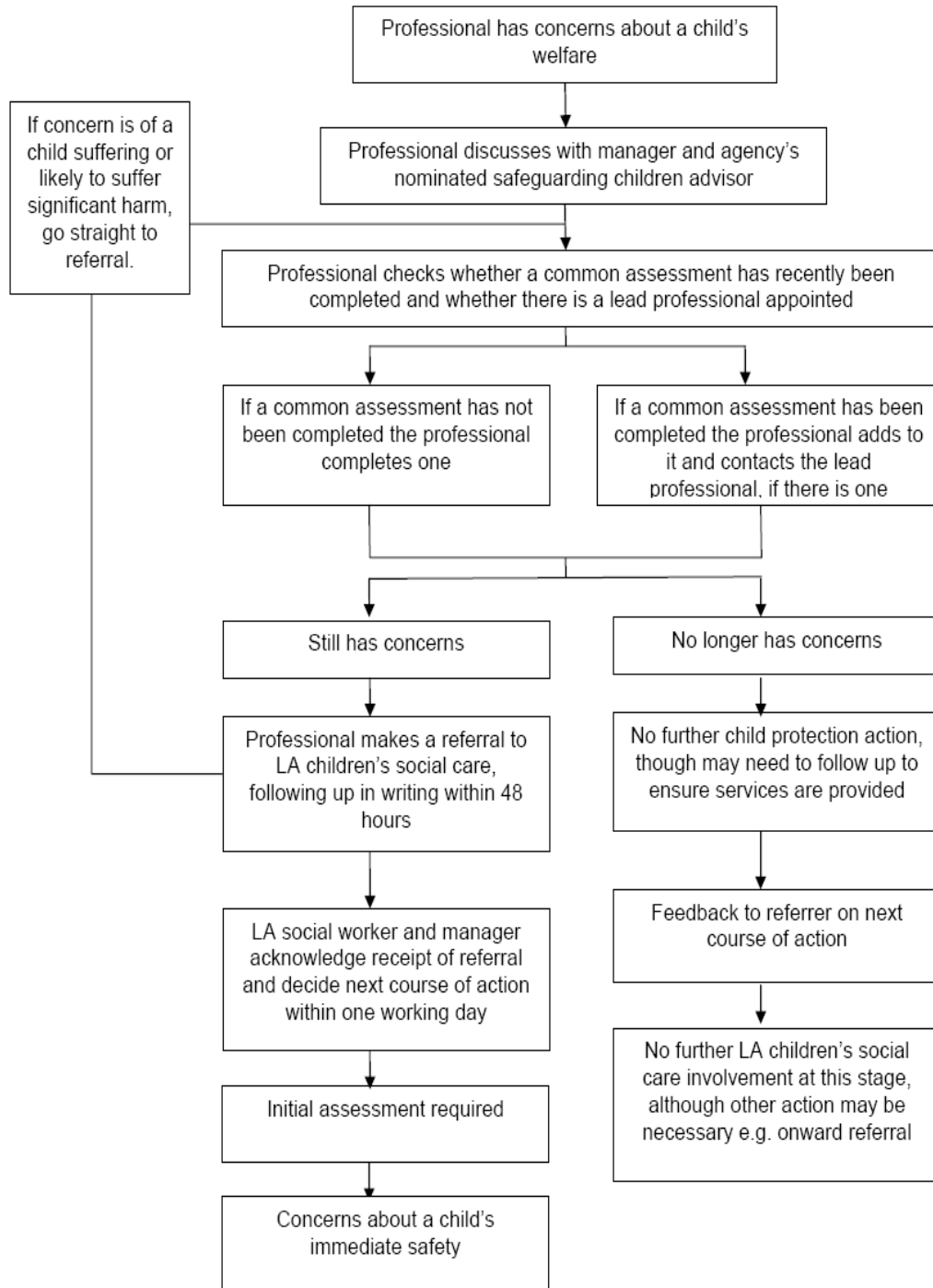
19. All staff Child Protection training includes a specific focus on children's mental health. If members of staff have a mental health concern about a child, they should contact Mr Hogan immediately.

DEALING WITH DISCLOSURES OF ABUSE

Please see Appendix 2 and Appendix 5 (for types of child abuse).

The Quick Referral Flowchart below outlines the LA’s procedure to be followed with regards to CP referrals;

Quick referral flowchart



MONITORING AND RECORD KEEPING

It is essential that accurate written records are kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files, which are separate from the child's school records. The preferred practice is for parents to be informed of and agree to any referral being made (except when informing the parent(s) may increase the risk of or actual harm to a child). Records should also show how concerns were followed up and resolved (i.e actions taken and decisions reached).

Staff must keep the Assistant Headteacher informed of:

- poor attendance & punctuality (**please refer to the school attendance policy and Appendix 5**)
- concerns about anti-social or criminal behaviour (particularly potential gang involvement)
- concerns about appearance and dress
- changed or unusual behaviour
- concerns about health and emotional well being
- deterioration in educational progress
- discussions with parents about concerns relating to their child
- concerns about home conditions or situations
- concerns about child on child abuse (including serious bullying)

When there is suspicion of significant harm to a child and a referral is made as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

NB Any referral to Social Care by telephone must be confirmed by completing the on-line form found on the local authorities' website and a copy kept on the confidential school file. A note must be made of the Duty Social Workers name and the date / time of the phone conversation. **If parents have not been informed about (or if they have agreed to) the referral being made this must be reported to Social Care.**
Social Care should acknowledge a referral within one working day.

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently, written records and reports should be:

- factual (no opinions)
- non-judgemental (no assumptions)
- clear (with a comprehensive summary of the concern)

- accurate
- relevant

All written information regarding CP referrals (both active and obsolete) is kept by the Assistant Headteacher, Mr Hogan. All CP records are recorded via CPOMs and all child protection plans are uploaded to each individual child's CP file.

THE ROLE OF THE DESIGNATED SAFEGUARDING LEAD (DSL)

- To ensure that all staff and governors know the Assistant Headteacher is responsible (and in his absence the Headteacher or designated deputy safeguarding leads) for Safeguarding and Child Protection issues.
- To refer promptly (i.e that day) all cases of suspected child abuse to the child's home social care department. If a parent arrives to collect the child before the social worker has arrived, then it must be remembered that we have no right to prevent the removal of the child. However, if there are clear signs of physical risk or threat, the Police should be called.
- Refer cases to the Channel programme where there is a radicalisation concern.
- To maintain and update as necessary the Child Protection Monitoring List.
- To organise at least annual (including 3 yearly in depth) training on Child Protection within the School for all staff and governors (the Child Protection Policy must be part of the induction programme for new staff);
- To ensure that all staff know about, understand the multi-agency safeguarding arrangements in Brent & the School Child Protection Policy.
- To support staff who make referrals to social care or Channel.
- To ensure the Local Authority referral procedures are followed.
- Link with the local multi agency safeguarding board.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole school policy on Safeguarding and Child Protection.
- To attend case conferences or nominate an appropriate member of staff to attend on his/her behalf.
- Maintain accurate written records of case conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a "need to know basis".
- Notify social care if there is an unexplained absence of a pupil who is subject to a child protection plan. N.B. Poor attendance by any pupil can trigger a referral to social care.
- To pass on child protection files and inform the Lead Professional when a child who is subject to a Child Protection Plan leaves the school. The Local Authority must also be informed.
- To raise staff awareness and confidence on Safeguarding and child protection policies and procedures and to ensure new staff are aware of these policies and procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible (and at least annually). The Designated Safeguarding Lead nominated Safeguarding governor and deputy safeguarding leads should also attend full Safeguarding and Child Protection refresher training at least every 2 years.
- To undertake Prevent awareness training.

- Liaise with social care, the Child and Adolescent Mental Health service, education welfare service, educational psychology service, SENAS and any other relevant agency with regard to child protection issues.
- To liaise with key staff on matters of Safety and Safeguarding (including online and digital safety) and when deciding whether to make a safeguarding referral.
- To ensure all staff, but especially the DSL (and deputies) are aware of and are able to consider the assessment of risk outside the home. Children may be vulnerable to extra-familial threats.
- To liaise with the Headteacher regarding Child Protection issues and investigations.
- To report to the Police (by calling 101), if informed by a girl aged under 18 that an act of FGM has been carried out or if an act of FGM appears to have been carried out.
- Refer cases to the police where a crime may have been committed.
- To review at least annually and update (as necessary) this policy.
- To co-ordinate the provision of CP records to a child's new school if they leave and/or to post-16 destinations until the age of 18. Obsolete records should be held in the school archive until the date of the child's 25th birthday.
- 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 may have been committed to the Police as required.

Please note the designated safeguarding lead is also the designated teacher for looked-after children and previously looked after children.

The designated lead for promoting children's mental health is Ms Togher.

APPENDIX ONE

Information for parents/carers published via the school website:

- Should a member of staff suspect that a pupil has been, or is at risk of being, abused they will adhere to the guidance set out by the **Brent** local multi agency safeguarding partners.

N.B. This does not mean that a parent/carer is being accused of wrongdoing. If you would like a copy of the School's Safeguarding and Child Protection policy, please contact the school."

APPENDIX TWO**What to do if you are worried about abuse or if you are told of abuse**

Staff or volunteers in charge of children or young people should know what to do if they suspect that someone is being abused, or if someone tells them that abuse is happening. The following key points give a guide on what to do and not to do;

1. **Always stop and listen** straight away to someone who wants to tell you about incidents or suspicions of abuse.
 - Do not interrupt the child when he/she is explaining what happened
 - Do not interview the child or ask leading questions that might give your own ideas of what happened (e.g. do not ask “Did they do x to you?”)
 - Do not make suggestions to the child about what might have happened
 - Do not offer alternative explanations for the child’s worries
 - Do not put your own interpretation on what the child has said
 - Do not make assumptions about what the child has said

2. If you can, **write a thorough summary (including date and time)** of what the child tells you immediately after the report has been made to you. Although it may be appropriate to make brief notes as the report is being made to you. As far as possible use the words that the child has spoken.

3. **Never make a promise** that you will keep what is said confidential or secret.
 - If you are told about abuse, you have a **duty** to tell the right people to get something done about it
 - Explain to the child that, if you are going to be told something very important that needs to be sorted out, you will **have** to tell the people who can sort it out. Tell the child you will only tell the people who absolutely have to know.

4. **Immediately tell** Mr Hogan the safeguarding lead (unless they are themselves accused or suspected of abusing). In the absence of the designated person, tell Mrs Moran or the Headteacher. The verbal information must be quickly supplemented by a written statement and recorded on CPOMS.
 - Do not tell or discuss with anyone else what you have been told.

5. **Do not attempt to carry out an investigation** of suspected or alleged abuse by interviewing people, etc.
 - It is your duty to refer concerns on and not to investigate. Social Care and the Police are the people trained to do this. If you interfere, you could cause more damage and spoil possible criminal proceedings.

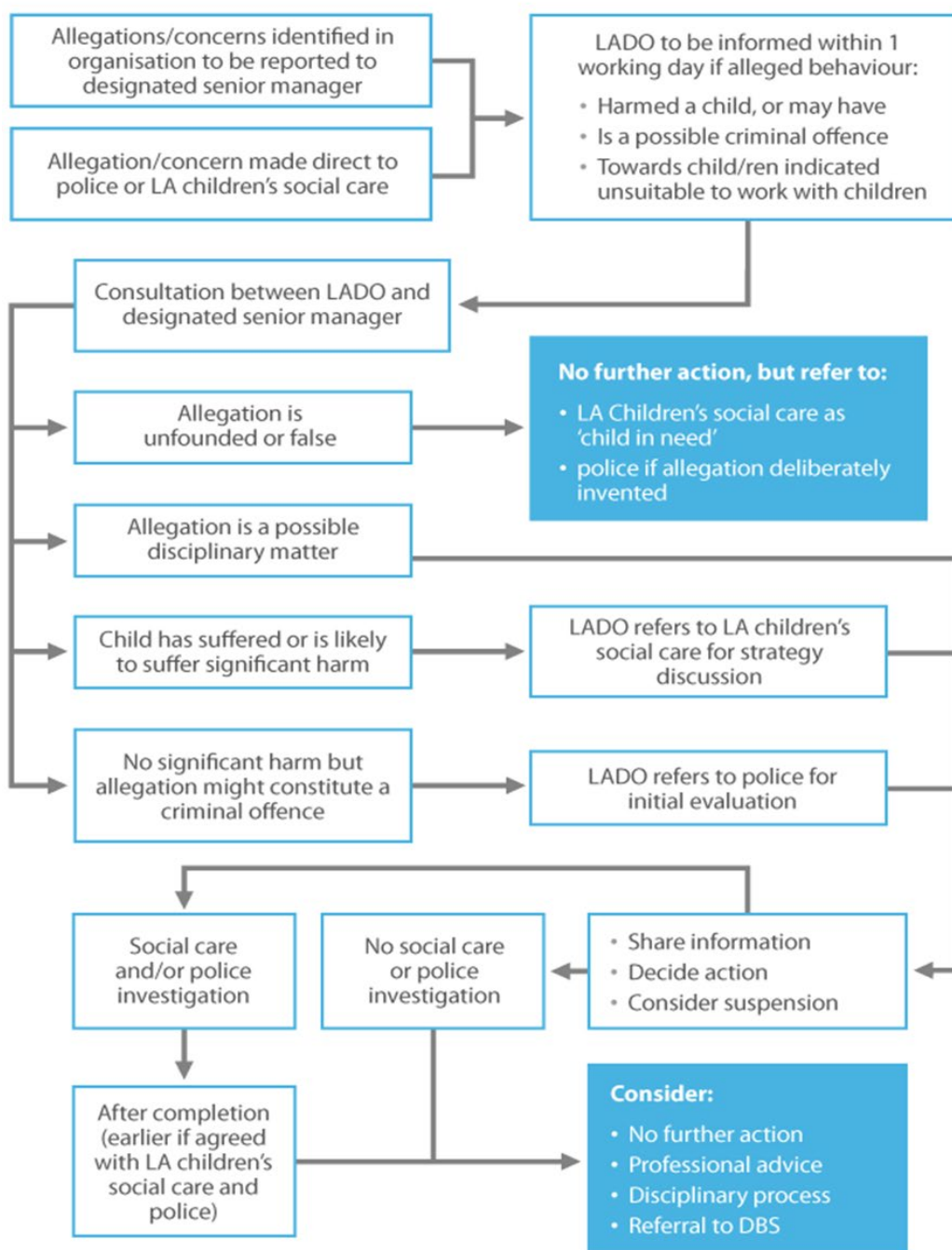
6. **Never think abuse is impossible in our school**, or that an accusation against someone you know well and trust is bound to be wrong.

APPENDIX THREE

ALLEGATIONS AGAINST SCHOOL STAFF – One to One situations

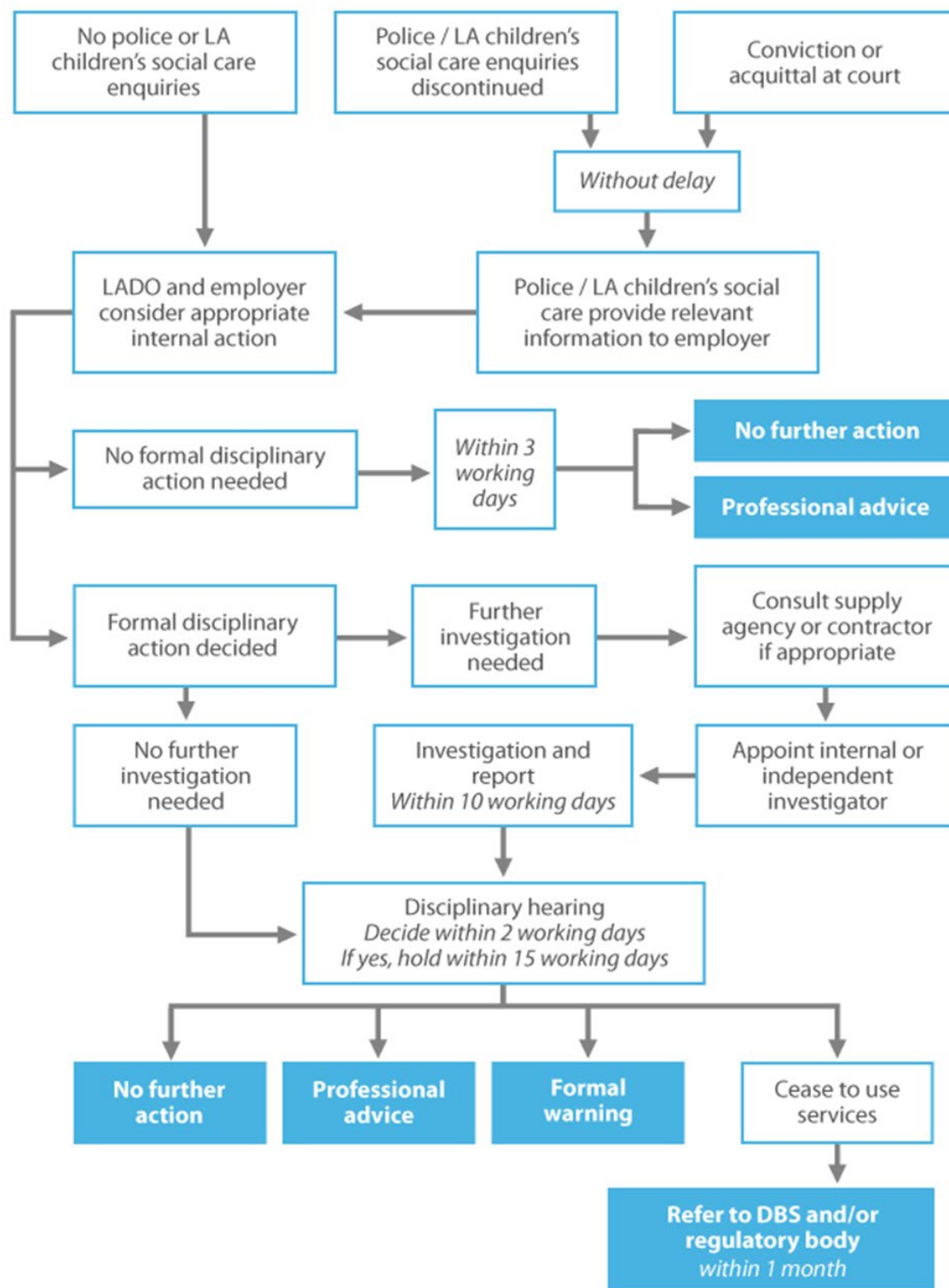
- Avoid meeting pupils in remote, secluded areas of the school.
- Ensure there is visual access and / or an open door.
- Inform other staff of the meeting beforehand, assessing the need to have others present or nearby.
- Avoid the use of ‘engaged’ or equivalent signs.
- Always report any situation to a senior colleague if a child becomes distressed or angry.
- Avoid transporting children alone.

**Allegations / Concerns Against Staff
Child Protection Process**



*The LADO will also be informed within 1 working day if the alleged behaviour of a member of staff towards a child or children indicates that they may pose a risk of harm to children.

Allegations / Concerns Against Staff Disciplinary / Suitability Process



APPENDIX FOUR**London Borough of Brent (the majority of our pupils)**

Name	Designation	Telephone number
Brent MASH team	All Child protection referrals	02089374300
Brent Family Front Door		020 8863 5250 (out of hours) or email brentlscb.org.uk

The LADO at Brent is Mona Cook. Any AAP/LADO enquiries should be directed to Mona Cook. If she is not available, contact the child protection team and ask to speak with a child protection advisor, see below for all contact details:

Mona Cook	0208 937 2057
Child Protection team	0208 937 3783
Child Exploitation and online protection Centre (CEOP)	08700 003344
Forced Marriage Unit	0207 008 1500
DfE Prevent Helpline	0207 340 7264
FGM Helpline	0800 028 3550
National FGM Centre	0208 498 7137
National Domestic Abuse Helpline	0808 200 0247
NSPCC Helpline for professionals	0808 800 5000 / 0800 028 0285
NSPCC Report Abuse in Education helpline	0800 136663
UK Safer Internet Centre helpline for professionals	0344 381 4772

APPENDIX FIVE

TYPES OF CHILD ABUSE

(Please also refer to the NSPCC website at: www.nspcc.org.uk)

Taken from “Responding to concerns of Abuse and Neglect” section of the London Child Protection Procedures.

1. **Physical abuse** – may involve hitting, kicking, biting, hair pulling, 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 fabricates the symptoms of, or deliberately induces, illness in a child
2. **Emotional abuse** – is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child’s emotional development, and may involve;
 - a) Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
 - b) Imposing age or developmentally inappropriate expectations 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;
 - c) Seeing or hearing the ill-treatment of another;
 - d) Serious bullying, causing children frequently to feel frightened or in danger.
 - e) Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3. **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 or non-penetrative acts. Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in a preparation for abuse (including via the internet). Sexual abuse is not necessarily perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

4. **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.

Dealing with Self-Harm and Eating Disorders

Self-harm and suicide threats and gestures by a child put the child at risk of significant harm, and should always be taken seriously. They may also be indicative of psychological or emotional disturbance triggered by physical, sexual and / or emotional abuse or chronic neglect which may also constitute significant harm

Self-harm is on the increase amongst school children. If a staff member suspects or is told of an incident of self-harm, there are a number of things to be aware of:

- Self-harm is not necessarily suicidal behaviour. It tends to be secretive and associated with guilt or embarrassment
- It may be a way for the child to release tension
- Self-harm may also go further than intended, so it is vital to tackle it as soon as it is uncovered
- Self-harm often occurs as a group, where pupils have made a 'pact'
- Scars/marks are usually well hidden, however the child may display other unusual behaviour
- If concerns are expressed, the young person will often deny that they have a problem

Any staff member who becomes aware of, or suspects a student is experiencing significant psychological distress, should report the information via the procedures mentioned previously in this document. It is becoming more common that a social care CP referral will be deemed as not meeting the social care threshold for intervention and parents are encouraged to take children to their GP for a medical assessment of mental health.

In the case of an acutely distressed student, the immediate safety of the child is paramount and staff should arrange for an adult to be with the child at all times while help is sought.

Domestic Abuse (including controlling or coercive behaviour)

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home. Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact, the abuse has on others such as the non-abusive parent.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse and can affect any child (including 16 & 17 year olds) who has been coerced into engaging in sexual

activities. CES includes exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities, it can occur over time or be a one-off occurrence.

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

Serious Violence:

All staff should be aware of indicators, which may signal that children (especially males) are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with individuals associated with criminal networks or gangs.

Child criminal exploitation: county lines

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

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

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and / or for the financial advantage or increased status of the perpetrator or facilitator and / or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. Indicators of CSE and CCE include children having unexplained gifts, money or new possessions, a change in peer groups, changes in emotional wellbeing and misuse of drugs and alcohol.

Any concerns of CSE or Child criminal exploitation must be passed on to Mr Hogan immediately.

Child on Child sexual violence and sexual harassment:

Sexual violence (such as rape, assault by penetration & sexual assault) and sexual harassment can occur between two children of **any age and sex** (although it is important to recognise the gendered nature of child on child abuse, i.e it is more likely that girls will be victims and boys perpetrators). It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate (and individualised) support and that every effort is made to ensure that their education is not disrupted. It is also important that other children (including perpetrators) and staff are supported and protected as appropriate. Child on child abuse must never be tolerated or passed off as ‘banter’ or part of ‘growing up’.

Moreover, the school recognises the fact that even if there are no recorded cases of child on child abuse, this abuse may be taking place and simply not reported.

Please note: Where there is a safeguarding concern, the child’s wishes and feelings will be taken into account when determining what action to take and what services to provide.

Please also refer to Part five of the Keeping Children Safe in Education document.

Sexual Harassment:

Any unwanted conduct of a sexual nature, which can occur online or offline.

Sexual harassment is likely to violate a child’s dignity and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - non-consensual sharing of sexual images and videos;
 - sexualised online bullying;
 - unwanted sexual comments and messages, including on social media; and
 - sexual exploitation, coercion and threats.
- All concerns about sexual violence and sexual harassment must be passed to Mr Hogan.

Radicalisation and Extremism

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups whilst **Extremism** is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values.

At St Gregory's Catholic Science College, we build pupils' resilience to radicalisation by promoting fundamental British values and enabling our pupils to challenge extremist views.

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 (but 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
- Online 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

All concerns about Radicalisation and Extremism must be passed to Mr Hogan.

Children Missing from Education

A child going missing from education is a potential indicator of abuse or neglect including FGM and CSE. It is essential therefore that all staff follow the school's procedure for reporting unauthorised absence as set out in the attendance policy.

