

Dated September 2019

Islamia Girls School/Brondesbury College “The School”

Safeguarding Policy

**CONTENTS**

<b>CLAUSE</b>		<b>PAGE</b>
	<b>PART ONE: SAFEGUARDING POLICY</b>	
	INTRODUCTION.....	3
1	SCHOOLS MISSION STATEMENT .....	4
2	OVERALL AIMS.....	6
3	WHAT SCHOOL STAFF NEED TO KNOW .....	6
4	WHAT SCHOOL STAFF SHOULD LOOK OUT FOR .....	6
5	EXPECTATIONS .....	6
6	THE DESIGNATED SAFEGUARDING LEAD AND CONTEXTUAL SAFEGUARDING .....	7
7	THE TRUSTEES.....	8
8	A SAFER SCHOOL CULTURE .....	8
9	OUR ROLE IN THE PREVENTION OF ABUSE .....	9
	SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO	
10	EXTREMISM.....	10
11	SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO EXPLOITATION, HONOUR BASED VIOLENCE, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, OR	
	TRAFFICKING .....	11
12	WHAT WE DO WHEN WE ARE CONCERNED.....	12
	<b>PART TWO: KEY PROCEDURES</b>	
13	INVOLVING PARENTS / CARERS .....	14
14	MULTI-AGENCY WORK .....	14
15	EARLY HELP.....	14
16	OUR ROLE IN SUPPORTING CHILDREN.....	14
17	RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF .....	15
18	CHILDREN WITH ADDITIONAL NEED .....	15
19	WITHDRAWAL FROM THE SCHOOL .....	15
20	CHILDREN MISSING EDUCATION (CME).....	18
21	CHILD CRIMINAL EXPLOITATION/COUNTY LINES.....	18
22	PEER ON PEER ABUSE.....	18
23	CHILD ON CHILD SEXUAL VIOLENCE.....	18
24	GUARDIANSHIP .....	16

22	THE HEAD'S PERSONAL ASSISTANT AND OTHER APPROPRIATE STAFF WILL ENSURE, FOR ANY CHILD OF COMPULSORY SCHOOL AGE, THAT HE/SHE .....	16
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**APPENDIX**

1	DEFINITIONS AND INDICATORS OF ABUSE.....	15
2	DEALING WITH A DISCLOSURE OF ABUSE.....	29
3	ALLEGATIONS ABOUT A MEMBER OF STAFF, TRUSTEE OR VOLUNTEER.....	34
4	INDICATORS OF VULNERABILITY TO RADICALISATION.....	35
5	PREVENTING VIOLENT EXTREMISM – ROLES AND RESPONSIBILITIES OF THE SPOC.....	38
6	RECORDING FORM FOR SAFEGUARDING CONCERNS.....	39
7	BODY MAP.....	41
8	SAFEGUARDING INDUCTION SHEET FOR NEW OR SUPPLY STAFF AND REGULAR VISITORS OR VOLUNTEERS AT SCHOOL.....	42
9	CONFIRMATION OF RECEIPT OF SAFEGUARDING TRAINING.....	43

## INTRODUCTION

### This policy is in two parts

- Part 1 contains policy statements
- Part 2 contains procedures for responding to concerns about a child, and advice for Head Teacher, Designated Safeguarding Lead and teachers:

This policy will be reviewed regularly (annually), and may be revised and updated as and when the need arises.

The range of people who will refer to the policy are teaching staff, support & lunch staff, parent helpers, volunteers, supply staff etc. as well as young people in the setting.

- All external visitors including Trustees, supply teachers, volunteers, contractors and speakers will be made aware of the information contained within our safeguarding policy and their responsibility to comply via the School

### See Visitors' Policy

### Links with other Policies

This safeguarding policy has obvious links with the wider safeguarding agenda: when reviewing our policy, links will be made with other relevant guidelines and procedures such as the *Anti-Bullying Policy*, guidance on safer recruitment, prevention and allegations of abuse made against teachers and other staff, and *E-Safety Policy*

Ratified by ISL (September 2019)

Chair of Trustees..... Signature      Date.....

To be reviewed (annually) ..... HT signature      Date .....

## **PART ONE: SAFEGUARDING POLICY**

### **1. SCHOOL'S MISSION STATEMENT**

*“To strive to provide the best education in a secure Islamic environment through the knowledge and application of the Quran and Sunnah”*

- 1.1 Safeguarding and promoting the welfare of children is defined as:
  - 1.1.1 Protecting children from maltreatment
  - 1.1.2 Preventing impairment of children's health or development
  - 1.1.3 Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
  - 1.1.4 Taking action to enable all children to have the best life chances
- 1.2 Safeguarding also relates to broader aspects of care and education, including:
  - 1.2.1 Children's and learners' health and safety and well being
  - 1.2.2 The use of reasonable force
  - 1.2.3 Meeting the needs of children and learners with medical conditions
  - 1.2.4 Providing first aid
  - 1.2.5 Educational visits
  - 1.2.6 Intimate care and emotional well being
  - 1.2.7 Online safety and associated issues
  - 1.2.8 Appropriate arrangements to ensure children's and learners' security, taking into account the local context
- 1.3 Islamia Schools Ltd is committed to safeguarding and promoting the welfare of all its students. We believe that:
  - 1.3.1 All children/young people have the right to be protected from harm
  - 1.3.2 Children/young people need to be safe and to feel safe in School
  - 1.3.3 Children/young people need support that matches their individual needs, including those who may have experienced abuse;
  - 1.3.4 All children/young people have the right to speak freely and voice their values and beliefs
  - 1.3.5 All children/young people must be encouraged to respect each other's values and support each other
  - 1.3.6 All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child/young person will achieve better educationally
  - 1.3.7 Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extremist behaviour, discriminatory views and risk taking behaviour
  - 1.3.8 All staff and visitors have an important role to play in safeguarding children and protecting them from abuse

1.4 Islamia Schools Limited will fulfil its local and national responsibilities as laid out in the following documents and any other legislation that comes into force following the printing of this policy:

- Working Together to Safeguard Children (DfE 2018)
- Keeping Children Safe in Education: Statutory guidance for Schools and colleges (DfE Sep 2019)
- Multi-Agency Safeguarding Children Arrangements in Brent (June 2019)
- London Child Protection Procedures ([www.londoncp.co.uk](http://www.londoncp.co.uk))
- Prevent Duty (DfE 2015)
- The Equality Act (2010)
- The Children Act 1989
- The Education Act 2002
- Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)
- DfE FGM guidelines: (DfE 2014)

## 2. OVERALL AIMS

2.1 This policy will contribute to safeguarding our students and promoting their welfare by:

- 2.1.1 Clarifying standards of behaviour for staff and students
- 2.1.2 Contributing to the establishment of a safe, resilient and robust ethos in the Schools, built on mutual respect, and shared values
- 2.1.3 Introducing appropriate work within the curriculum
- 2.1.4 Encouraging students and parents to participate
- 2.1.5 Alerting staff to the signs and indicators that all might not be well
- 2.1.6 Developing staff awareness of the causes of abuse
- 2.1.7 Developing staff awareness of the risks and vulnerabilities their students face
- 2.1.8 Addressing concerns at the earliest possible stage
- 2.1.9 Reducing the potential risks students face of being exposed to violence, extremism, exploitation, or victimization

2.2 This policy will contribute to supporting our students by:

- 2.2.1 Identifying and protecting the most vulnerable
- 2.2.2 Identifying individual needs where possible
- 2.2.3 Designing plans to meet those needs

2.3 This policy will contribute to the protection of our students by:

- 2.1.1 Including appropriate work within the curriculum
- 2.1.2 Implementing child protection policies and procedures
- 2.1.3 Working in partnership with students, parents and agencies

### 3. WHAT SCHOOL STAFF NEED TO KNOW

- 3.1 All staff members should be aware of systems within our Schools that support safeguarding and these will be explained to them as part of staff induction. These include: The School's safeguarding policy; the School staff behavior policy (code of conduct); and the Designated Safeguarding Lead.
- 3.2 All staff members will also receive appropriate child protection training which is regularly updated.

### 4. WHAT SCHOOL STAFF SHOULD LOOK OUT FOR

- 4.1. All staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of students who may be in need of help or protection.
- 4.2 Staff members working with students are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a pupil, staff members should always act in the interests of the pupil.
- 4.3 All staff must ensure that they have completed the required Level 1 training and read through and understood Part 1 and Annexe A of the most recent "Keeping Children Safe in Education" and all other required School Policies and related training.
- 4.4 There are various expert sources of advice on the signs of abuse and neglect. Brent Safeguarding Partnership (<https://brentsafeguardingpartnerships.uk/children/>) should be able to advise on useful material, including training options. One good source of advice is provided on the National Society for the Prevention of Cruelty to Children website (NSPCC, [www.nspcc.org.uk](http://www.nspcc.org.uk)). Types of abuse and neglect, and examples of specific safeguarding issues, are described in Appendix 1 of this document.
- 4.5 Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the Designated Safeguarding Lead (DSL).
- 4.6 A pupil going missing from the School is a potential indicator of abuse or neglect. The staff members should follow their procedures for dealing with students who go missing; particularly on repeat occasions (children missing in education CME). They should act to identify any risk of abuse and neglect, including sexual abuse or exploitation. More information can be found in this policy about children who run away or go missing from home or care.

### 5. EXPECTATIONS

- 5.1 All staff and visitors will:
  - 5.1.1 Be familiar with this safeguarding policy
  - 5.1.2 Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
  - 5.1.3 Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;

- 5.1.4 Be alert to signs and indicators of possible abuse (See Appendix 1 for current definitions and indicators)
- 5.1.5 Report concerns to the **Designated Safeguarding Lead (Mr Amzad Ali HT or in his absence Mr Shahied Yousaf PO for Brondesbury College; Ms Hasana Islam Principal or in her absence Mrs Nina Monnan for Islamia Girls School).**

- 5.1.6 Deal with a disclosure of abuse from a pupil in line with the guidance in Appendix 2
- 5.2 All staff will receive basic level one training at least once every year. DSL will undertake level three training once every 2 years.
- 5.3 New staff will receive training as part of their induction period. Appendix 8

## 6. THE DESIGNATED SAFEGUARDING LEAD

- 6.1 Our Designated Safeguarding Lead (DSL) (***Mr Amzad Ali HT or in his absence Mr Shahied Yousaf PO for Brondesbury College; Ms Hasana Islam Pricipal or in her absence Mrs Nina Monnan for Islamia Girls School***)  
He/She has lead responsibility and management oversight and accountability for child protection and, with the Head Teacher, will be responsible for coordinating all child protection activity.
- 6.2 When the School has concerns about a pupil, the Designated Safeguarding Leads will decide what steps should be taken.
- 6.3 Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual pupil and/or family.
- 6.4 Child protection records if there are any will be stored securely in a central place separate from academic records.
- 6.5 Access to these records by staff other than by the Designated Safeguarding Lead will be restricted to the HT and Deputy DSL.
- 6.6 Parents will be aware of information held on their child and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home School agreements and will give due regard to which adults have parental responsibility.
- 6.7 The School will not disclose to a parent any information held on a pupil if this would put the pupil at risk of significant harm.
- 6.8 If a pupil moves from our School, child protection records will be forwarded on to the Designated Safeguarding Lead at the new School, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two Schools may be necessary, especially on transfer from secondary to further education Schools/colleges. We will record where and to whom the records have been passed and the date.
- 6.9 If sending by post pupil records will be sent by "Special/Recorded Delivery". For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the pupil's name, date of birth, where and to whom the records have been sent and the date sent and/or received.
- 6.10 If a pupil is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.
- 6.11 Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the pupil's wishes and feelings



on their child protection information being passed on in order that the FE establishment can provide appropriate support.

- 6.12 When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.
- 6.13 In exceptional circumstances when a face to face handover is unfeasible, the Head Teacher will ensure that the new post holder is fully conversant with all procedures and case files.
- Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. All staff, but especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

## 7. THE TRUSTEES

- 7.1 Islamia Schools Limited is responsible for ensuring the implementation of the safeguarding policy.
- 7.2 The Trustees will ensure that:
- 7.2.1 The School has a safeguarding policy in accordance with the procedures of the Brent Safeguarding Multi-agency Partnership
  - 7.2.2 The School operates, "safer recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers
  - 7.2.3 At least one senior member of the School's leadership team acts as a Designated Safeguarding Lead
  - 7.2.4 The Designated Safeguarding Leads attend appropriate refresher training every two years
  - 7.2.5 All other staff who work with children undertake training at yearly intervals
  - 7.2.6 Temporary staff and volunteers are made aware of the School's arrangements for child protection and their responsibilities
  - 7.2.7 The School remedies any deficiencies or weaknesses brought to its attention without delay
  - 7.2.8 The School has procedures for dealing with allegations of abuse against staff/volunteers
- 7.3 Islamia School Limited reviews its policies/procedures annually.
- 7.4 The Nominated Trustee for child protection at the School is the Chair of Trustees of ISL. The Nominated Trustee is responsible for liaising with the Head Teacher over all matters regarding child protection issues. The role is strategic rather than operational; they will not be directly involved in concerns about individual students.

- 7.5 The Chair of the Trustees is responsible for liaising with the Local Authority and other partner agencies in the event of allegations of abuse being made against the Head Teacher.

## **8. A SAFER SCHOOL CULTURE**

### **Safer Recruitment and Selection**

- 8.1 The School pays full regard to 'Keeping Children Safe in Education' (DfE 2019). Safer recruitment practice includes scrutinizing applicants, verifying identity and

academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and appropriate checks through the Disclosure and Barring Service (DBS).

- 8.2 All staff will be checked on the DfE website for barred teachers and on the prohibition from teaching list.
- 8.3 The School will also check when appointing senior teachers to ensure that they have no association with anyone who is barred from working with children.
- 8.4 Staff will be asked to complete a self-declaration form for barred by association.
- 8.5 All recruitment materials will include reference to the School's commitment to safeguarding and promoting the wellbeing of students.
- 8.6 Mr Amzad Ali (HT at Brondesbury College) and Mrs Hasana Islam (HT at Islamia Girls School), have undertaken NCSL Safer Recruitment on line training. They will be involved in all staff / volunteer recruitment processes specific to their School and sit on the recruitment panel.

*See Safeguarding and Safer Recruitment Policy for more details*

#### **Staff support**

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

### **9. OUR ROLE IN THE PREVENTION OF ABUSE**

- 9.1 We will provide opportunities for students to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

#### **The curriculum**

- 9.2 Relevant issues will be addressed through the IPSHE (Brondesbury College) or tutorial period (Islamia Girls School) curriculum, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship education, e-safety and bullying. Assembly sessions will also cover different aspects.
- 9.3 Relevant issues will be addressed through other areas of the curriculum, for example, English, History, Art, Computer Science/ICT, Science, RS, Islamic Studies.

#### **Other areas of work**

- 9.4 All our policies which address issues of power and potential harm, for example anti-bullying, equal opportunities, behaviour, will be linked to ensure a whole School approach.
- 9.5 Our safeguarding policy cannot be separated from the general ethos of the School, which should ensure that students are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

## 10. SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO EXTREMISM

- 10.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. This has been further updated in June 2015 by the 'Prevent Duty'. The Prevent Duty is the duty in the Counter Terrorism and Security Act 2015 on specified authorities, including Schools, in the exercise of their functions to have due regard to the need to prevent people from being drawn into terrorism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalization and terrorism.
- 10.2 The School values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our Islamic and society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion. Islamia Schools Limited fully supports open debate in controlled environments that will support in building resilience against extremist views.
- 10.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.
- 10.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix 4.
- 10.5 The School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements. Appendix 5 (See also the SMSC policy which covers the Government's National Prevent Strategy as well as the E-safety policy)
- 10.6 There are 5 ways in which our School is doing its duty to prevent people from being drawn into terrorism. These are:
1. Working in partnership with Brent Safeguarding Partnerships and the Brent Prevent Officer.
  2. Building resilience to extremism and terrorism by ensuring students have the correct Islamic teachings. Please see: *SMSC policy, Widening*

*Horizons policy, Equal opportunities policy, Assembly timetable, IPSHE curriculum and RS curriculum.*

3. Staff will receive appropriate training to identify students at risk of radicalisation and extremism and be able to support the School's ethos
4. Assessing potential risks of extremism and terrorism with respect to our local and School community
5. Provide e-safety workshops to parents, students and staff as well as have a robust e-safety policy and practice within the School

## **Response**

- 10.7 Our School, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: these are the Designated Safeguarding Leads as stated above. The responsibilities of the SPOC are described in [Appendix 5](#).
- 10.8 When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC who is also the Designated Safeguarding Lead.
- 10.9 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health.
- 10.10 Where risk factors are present but there is no evidence of a particular risk then our DSL advises us on preventative work that can be done within School to engage the pupil into activities and social groups. The DSL may well be the person who talks to and has conversations with the pupil's family, sharing the School's concern about the young person's vulnerability and how the family and School can work together to reduce the risk.
- 10.11 In this situation, depending on how worried we are and what we agree with the parent and the pupil (as far as possible)
  - 10.11.1 The DSL can decide to discuss with the Brent Prevent Officer (Kibibi Octave) or Brent Family Front Door of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised
  - 10.11.2 The School will review the situation after taking appropriate action to address the concerns
- 10.12 If the concerns about the pupil are significant and meet the additional needs/complex need criteria, they will be referred to the Brent Family Front Door as per the procedure for Brent Safeguarding Partnerships. This includes concerns about a pupil who is affected by the behaviour of a parent or another adult in their household.

## **11. SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, OR TRAFFICKING**

- 11.1 Our safeguarding policy provides, through the School's values, ethos and behaviour policies, the basic platform to ensure children and young people are

given the support to respect themselves and others, stand up for themselves and protect each other.

- 11.2 Our School keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
  - 11.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, include such issues in an age-appropriate way in their curriculum
  - 11.3 Our School works with and engages our families and communities to talk about such issues
  - 11.4 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
  - 11.5 Our Designated Safeguarding Lead knows where to seek and get advice as necessary.
  - 11.6 Our School brings in experts and uses specialist material to support the work we do.
- So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. All staff need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

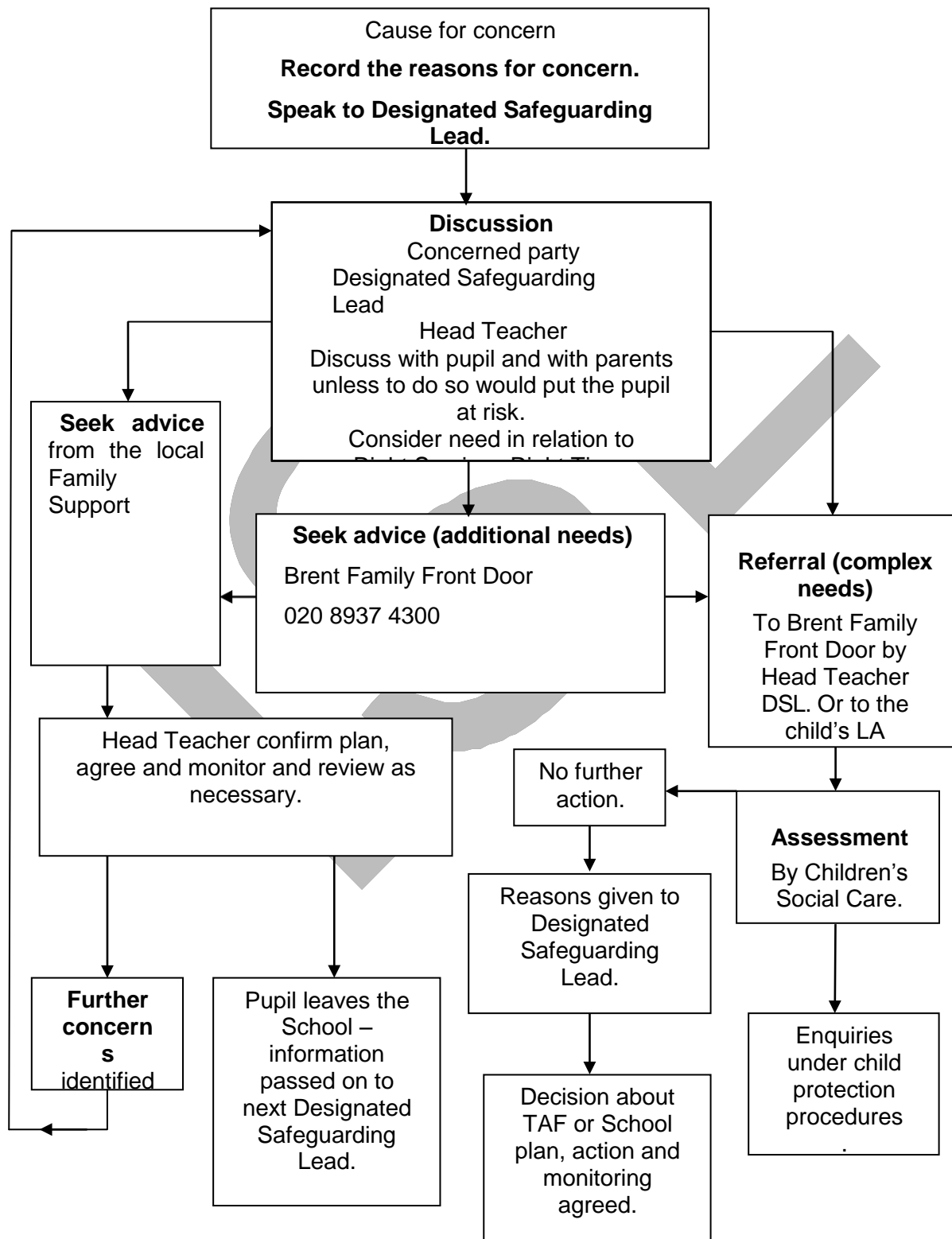
## 12. WHAT WE DO WHEN WE ARE CONCERNED

- 12.1 Staff will report their concerns to the DSL
- 12.2 The DSL will contact the Local Safeguarding Partnership.
- 12.3 DSL will make a formal referral to the child's Local Authority Child protection services.
- 12.4 Any confirmed cases of FGM or verbally disclosed cases of FGM must also be reported to the police by the DSL.
- 12.5 DSL will follow up progress of the case.

**If you believe a child is in immediate danger you should phone the police. Call 999.**

**PART TWO – THE KEY PROCEDURES**

**RESPONDING TO CONCERNS ABOUT A CHILD**



### 13. INVOLVING PARENTS / CARERS

- 13.1 In general, we will discuss any child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However, there may be occasions when the School will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the pupil.
- 13.2 Parents / carers will be informed about our safeguarding policy through: School website

### 14. EARLY HELP

14.1 Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Any welfare concerns should be reported to the DSL immediately without delay. Written records should be kept and given to DSL.

Staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at 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;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

#### 14.2 EARLY HELP ASSESSMENT (EHA)

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 and have worked in partnership with professionals to help them achieve their goals. The EHA can be used:

- as a referral to access targeted services from Early Help, which includes the Family Solutions Team
- to assess, plan and review a package of support to meet each family's needs and goals
- to nominate families as part of Brent's Working with Families programme.

The EHA is a tool to assess and coordinate multi-agency support for children and young people with additional needs, and enables us to:



- listen to children, young people and their families to identify their strengths and needs at an early stage
- assess their needs in a holistic way and help the family to set goals
- work in partnership with the family and partner agencies to deliver coordinated services
- review and monitor the family's progress towards achieving their goals.

**The process is entirely voluntary and informed consent is required from the parent/carer.** The EHA aims to bring together all of the information about children, young people and their families on the same form, so that families do not have to repeat the same story to different professionals. Parental consent allows relevant information to be shared between agencies, but families can choose which information they want shared and with which agency.

## **15. MULTI-AGENCY WORK**

- 15.1 We work in partnership with other agencies in the best interests of all students. The School will, where necessary, make referrals to children's social care.
- 15.2 Referrals should be made by the Designated Safeguarding Lead to the Brent Family Front Door where the pupil already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.
- 15.3 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.
- 15.4 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.
- 15.5 Where a pupil is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the School will contribute to the preparation, implementation and review of the plan as appropriate.

## **16. OUR ROLE IN SUPPORTING CHILDREN**

- 16.1 We will offer appropriate support to individual students who have experienced abuse or who have abused others.
- 16.2 An individual support plan will be devised, implemented and reviewed regularly for these students. This plan will detail areas of support, who will be involved, and the pupil's wishes and feelings. A written outline of the individual support plan will be kept in the pupil's child protection record.
- 16.3 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the School community through a multi-agency risk assessment. We will ensure that the needs of

children and young people who abuse others will be considered separately from the needs of their victims.

- 16.4 We will ensure the School works in partnership with parents / carers and other agencies as appropriate

## 17. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF

See Appendix 3 and also the School policy on:

### Allegations of abuse made against teachers and other staff

- 17.1 This procedure should be used in any case in which it is alleged that a member of staff, Trustees, visiting professional or volunteer has:
- 17.1.1 Behaved in a way that has harmed a child or may have harmed a child
  - 17.1.2 Possibly committed a criminal offence against or related to a child
  - 17.1.3 Behaved in a way that indicates s/he is unsuitable to work with children
- 17.2 Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in School to abuse children.
- 17.3 All staff working within our School must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Head Teacher, who then reports this to **LADO via Family Front Door 020 8937 4299** unless the concern relates to Head Teacher. If the concern relates to the Head Teacher, it must be reported immediately to the Chair of Trustees and she will decide on any action required.

## 18. CHILDREN WITH ADDITIONAL NEED

- 18.1 The School recognises that while all children have a right to be safe, some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence abusing parents, etc.
- 18.2 When the School is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil who is the subject of a child protection plan or where there is an existing child protection file, we will call a risk-assessment meeting prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment must be completed prior to convening a meeting of the Trustees

## 19. WITHDRAWAL FROM THE SCHOOL

- 19.1 In the case of a pupil who is leaving this School and for whom there has been a child protection concern:
- 19.1.1 Child protection records will be passed on by the DSL to the DSL at the

receiving School

- 19.1.2 If the pupil is on the Child Protection Register, the DSL will contact his/her Social Worker
- 19.2 In the case of any child of compulsory School age for whom parents have given notice, the School will:
  - 19.2.1 find out the name and address of the receiving School, check that the child has started at the new School and send on his School records
  - 19.2.2 inform the local authority of the destination School, or a parent's intention to home-educate their child or if there is no known destination School
  - 19.2.3 inform the local authority if a child is due to start at this School and does not turn up
  - 19.2.4 check, if parents have said that they are moving abroad, with the School to which they are moving
  - 19.2.5 keep a summary log of children who have left the School
- 19.3 In the case of a pupil who has to leave due to non-payment of fees, the School will inform the child's local authority.
- 19.4 If the School does not receive information about the child's new educational plans, the School will report the issue to the Local Authorities CME department.

## 20. CME (Children Missing education)

- All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.
- CME is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.
- Schools and colleges should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as **travelling to conflict zones, FGM and forced marriage**.
- **Local Authority of must be informed of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority. The LA must be informed within 5 days for any student joining the school 'in-year'.**

## 21. Child Criminal Exploitation/County Lines

Drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market

and seaside towns. Key to identifying potential involvement in **county lines** are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs.

**DSL must be made aware of any student who has periods of absences or is absent for more than 2 days in a row. All absences must be followed up on a daily basis by the school Secretary who will make contact with parents.**

## 22. PEER ON PEER ABUSE

**All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:**

- bullying (including cyberbullying);
- • physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- • sexual violence, such as rape, assault by penetration and sexual assault;
- • sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;.
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- • sexting (also known as youth produced sexual imagery); and
- • initiation/hazing type violence and rituals.

Procedures for Dealing with Peer on Peer Abuse:

- Please refer to the behaviour Policy and Anti-Bullying Policy
- All Peer on Peer abuse should be referred to the Pupils Officer/Deputy DSL. If required, based on the nature of the allegation, the Deputy DSL will refer the matter to DSL.

## 23. CHILD ON CHILD SEXUAL VIOLENCE

- It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.
- Staff should be aware of the importance of:
  - making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
  - not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
  - challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

**Procedure for dealing with Child On Child Sexual Violence:**

- Same procedure as making a referral to DSL regarding child abuse
- It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

## **24. GUARDIANSHIP**

- 24.1 For pupil from overseas and for students whose parents are temporarily living overseas or at a different location from the child, the School will require from parents details of the arrangements they have made for their child's care:
- Name and contact details of a responsible carer.
  - Clear authority about the names of persons to whom the School may release the pupil.

## **25. THE HEAD'S PERSONAL ASSISTANT AND OTHER APPROPRIATE STAFF WILL ENSURE, FOR ANY CHILD OF COMPULSORY SCHOOL AGE, THAT HE/SHE**

- 25.1 Let's the Head Teacher know on the same day if a parent gives notice
- 25.2 Let's the Head Teacher know immediately the date of leaving the School roll and the destinations School, if known
- 25.3 Informs the pupil's local authority of the destination School or a parent's intention to home educate their daughter/son
- 25.4 Informs the local authority if a pupil is due to start School here and he/she does not attend.
- 25.5 Informs the pupil's local authority if a child has to leave for non-payment of fees and check, if parents have said that they are moving abroad, with the School to which they are moving

**All staff must sign a confirmation of receipt form to declare they have been made aware of this policy and that they fully understand their safeguarding duties.**

## **APPENDIX 1**

### **DEFINITIONS AND INDICATORS OF ABUSE**

#### **Physical Abuse**

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

#### **Indicators in the pupil**

##### **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 out 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 pupil**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-School children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm

- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behavior

#### **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 pupil**

#### **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 behavior

#### **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 pupil**

##### **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.

**Disabled Children**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example, calipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

**Further information on Child Sexual Exploitation and Female Genital Mutilation****Sexual Exploitation**

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability

Signs to look out for include:

- Going missing for periods of time or regularly returning home late
- Frequently staying out late or overnight with no explanation as to where they have been.
- Going places that you know they cannot afford.
- Skipping School or being disruptive in class
- Suddenly acquiring expensive gifts such as mobile phones, jewellery – even drugs – and not being able to explain how they came by them.
- Having mood swings and changes in temperament
- Noticeable changes in behaviour – becoming secretive, defensive or aggressive when asked about their personal life.
- Wearing inappropriate clothing that is too adult or revealing for their age.

- Displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting')
- Getting into trouble with the police.
- Bruises, marks on the body, sexually-transmitted diseases, pregnancy, drug and alcohol abuse or self-harm.
- Repeated phone calls, letters, emails from adults outside family social circle.

The WISE Project is a service for 13-25 year olds who are experiencing sexual exploitation or are at risk of experiencing it. The project is also a point of call for advice and guidance for those working with young people who have suffered from sexual exploitation.

### **Female Genital Mutilation (FGM)**

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM. Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- 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.

### **Things you may notice**

If you're worried that a child is being abused, watch out for any unusual behaviour. withdrawn suddenly behaves differently anxious clingy depressed aggressive problems sleeping eating disorders wets the bed soils clothes takes risks misses School changes in eating habits obsessive behaviour nightmares drugs alcohol self-harm thoughts about suicide

### **What to look out for before FGM happens**

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK.
- She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss School.

### **The effects of FGM**

FGM can be extremely painful and dangerous. It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some cases.
- Long-term effects

Girls and women who have had FGM may have problems that continue through adulthood, including:

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses
- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems

See Appendix 4 for indicators or RADICALISATION.

### **Whistle blowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

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

### **Physical Intervention**

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

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



## APPENDIX 2

### DEALING WITH A DISCLOSURE OF ABUSE

#### ***Action quick reference guide for staff, Trustees and volunteers***

All cases of suspected child abuse (physical, sexual, emotional or neglect) should be given the highest priority. The following sequence of actions should be adhered to.

**ACT** immediately if a pupil arrives in School needing urgent medical treatment. Take the pupil to the School office first aid person, who will consult the appropriate medical professionals to arrange treatment.

**LISTEN** to what the pupil has to say  
Keep calm.  
Be accessible and receptive.  
Do not interrupt. Do not prompt. Do not over-question. Do not investigate.  
Be aware of your non-verbal messages.  
If you need to ask a question to clarify your understanding, pose the question in an open manner, in order to avoid leading the pupil in any way.  
Do not give undertakings of confidentiality to the pupil.  
Let the pupil know that you will have to tell someone to get help for the pupil.  
Do not promise that you will sort everything out.  
Reassure the pupil that he/she is right to have told you.

**REPORT** orally immediately to the Designated Safeguarding Lead (DSL)

**Do not tell any other staff, even if the parent or the pupil asks you to.**

**RECORD** in detail the discussion as soon as is practicable, but within 24 hours.  
Use the child's own words. Your record should be handwritten, signed and dated.  
Look at Stage 3 of this policy for detail on what to include.  
Remember that your notes of the discussion may be needed in subsequent court proceedings. You are accountable for its accuracy.  
Give this record, in a sealed envelope, to the DSL.

#### ***Action: further detail for staff, Trustees and volunteers***

##### *Stage one: Interview with a pupil – a member of staff / volunteer / Trustee*

A pupil may tell you that he/she has been abused OR you may have good reason to suspect that abuse is taking place or they are suffering neglect.

**Your role is to listen, not to investigate. This is very important.**

Where a pupil feels able to disclose abuse, it is generally a sign of a strong and trusting

relationship. Such a disclosure may, however, come as a great shock to the person concerned. Care must be taken to avoid showing this and to offer reassurance to the student. Be aware of the importance of adopting a **supportive role**. Acknowledge how hard it was for the child to tell you.

Do not prompt or ask questions which could later be interpreted as putting pressure on a student. Use only open questions such as “Is there anything else you want to tell me?” The conversation should be held in a **private area** where there are not likely to be any interruptions. (It is highly recommended that a DSL should be present, but this is not always possible.)

At the same time, explain the need to involve other adults. **It is essential that you do not promise to keep the information to yourself. If a pupil is in danger, you must report the risk.**

**In the case of disclosure of physical abuse**, you should not ask a student to remove or adjust clothing to be able to observe marks, bruising or injury.

**Where sexual abuse is suspected or alleged**, it is essential not to try to investigate the situation. It is also important to remember that it is the most difficult subject for children to discuss and in addition they may be afraid of the implications of ‘telling’ or may be under threat of reprisals.

Let the pupil know about confidential help-lines.

Child line	0800 11 11	<a href="http://www.childline.org.uk">www.childline.org.uk</a>
NSPCC	0808 800 5000	
	0808 056 0566 (miniboom / deaf / hard of hearing)	

**Stage two: Discussion with the Designated Safeguarding Lead**

The member of staff, Trustee/volunteer should next always discuss the matter **immediately** with the appropriate DSL. If appropriate, the pupil should be taken to the DSL

**Stage three: Written record of the disclosure provided to Senior Designated Person**

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

- Make brief notes as soon as possible after the conversation. Use the School record of concern sheet wherever possible.
- 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 pupil
- Draw a diagram to indicate the position of any injuries

## **Body Map Appendix 7**

- Record statements and observations rather than interpretations or assumptions

All records need to be given to the DSL. **No** copies should be retained by the member of staff or volunteer. Record form must be used ([Appendix 6](#))

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

### **Staff /Trustee/volunteer must:**

- Provide a handwritten, accurate, factual record of the conversation as soon as possible and certainly within 24 hours and this must be given to the Senior Designated Person.
- The pupil's actual words must be used, not your interpretation of those words or your assumptions.
- Include the names of any people present at the disclosure; date, time, context, location and sequence of the conversation; a brief outline of what the pupil said has happened, when and to whom and by whom; the non-verbal behavior and demeanor of the pupil; a brief description of any visible or alleged physical injuries (please record these on a body map); the pupil's preferred follow-up action.
- Any comments made by a parent/guardian should be noted accurately as soon as possible.
- Sign and date this record.

**After a referral has been made to the DSL, the staff member / Trustee/ Volunteer takes no further action.**

### **Stage four: Follow-up by the Designated Safeguarding Lead**

The DSL will follow Brent Safeguarding Children Board procedures in the appropriate manual.

Initially, both of the DSLs at the School will confer about approaching Parents, the local Children's Services, Medical Services and the Police as appropriate. It is good practice to discuss concerns with the parents and where possible to seek agreement, but this will not be done if it would place the pupil at increased risk.

If there is an injury and it is so serious that immediate medical treatment is required, the DSL will arrange for the pupil to be taken to hospital, usually accompanied by a first Aider. The parent(s) will be informed that this action has been taken.

If a pupil's attendance falls below 85% and parents have not provided a letter from a GP or other medical expert that the absence is due to valid medical reasons, the DSL will inform the girl's Local Education Authority.

The DSL will make decisions on sharing information with other agencies and with parents based on professional Judgment, experience and training. The Head Teacher will normally be consulted before any external agencies are involved.

The DSL is responsible for contacting external agencies on behalf of any pupil of the School. In the HT's absence, the deputy DSL will contact external agencies after liaison with the HT.

Immediate contact with external agencies will often be made by the DSL by telephone, but this must be followed up by completing a Common Assessment Form within 24 hours of a disclosure or suspicion of abuse.

Brent safeguarding Partnerships contact: Brent Family Front Door

Monday-Friday 9am-5pm **Brent Family Front Door - 020 8937 4300**

For Social Care emergencies outside office hours, at weekends and on public holidays please call:

**Out of Hours Duty Team: 020 8863 5250**

**No other member of staff should contact external agencies.**

**Any calls received by another member of staff from external agencies should be transferred to the appropriate Designated Person.**

If a pupil is referred to the Children's Services team by the Senior Designated Person:

- The written referral should be acknowledged **within one working day.**
- If the DSL hears nothing within three days, the DSL should contact Children's Services again.

An initial assessment should take place **within seven working days** that is seeing and speaking to the child (and family members, as appropriate.)

If it seems necessary to the pupil's welfare, the Senior Designated Person will pass on selected information to the Head of Year and the Form Tutor. This information will be on a strictly "need to know" basis.

It is essential that students who are known to be at risk, or about whom there has been concern in the past, are observed closely in School and that the DSL is alerted immediately to concerns. The DSL will liaise with the appropriate Children's Services office.

The DSL will notify Children's Services if there is an unexplained absence of more than two days of a student who we know is on the Child Protection Register. It is the

responsibility of the Form Tutor to alert the appropriate Designated staff of such an absence.

The DSL will store records written by all involved adults and will produce hand-written records of the observations, conversations, contact with external agencies and action taken at Stage Four.

Individual pupil records in Office are marked by a coloured dot if confidential information is stored elsewhere, by the DSL

Stage five: Action by external agencies

**Child Protection case conference and Core Group meetings**

The School will provide cover to enable the appropriate member of staff to attend a Child Protection case conference. Where possible, the School will also permit the DSL to accompany this member of staff. It will be the responsibility of the member of staff or DSL to bring back from the meeting information about how the School may be required to monitor the situation and support the student.

If the student is placed on the local Child Protection Register, a Core Group will be agreed. The School will provide cover to enable the appropriate person to attend monthly Core Group meetings.

## APPENDIX 3

### ALLEGATIONS ABOUT A MEMBER OF STAFF, TRUSTEE OR VOLUNTEER

The vulnerability of the School's staff to allegations must be recognised. Hasty or ill-judged decisions can have a substantial and detrimental effect upon an adult's career and can also be very distressing for any children concerned.

Staff facing allegations of abuse need to have confidence that this School will act in a careful, measured way when allegations are brought to their attention.

#### Role of the Head Teacher

The Head Teacher (DSL) should take the lead, in consultation with deputy Designated Teacher, and consider the plausibility of the allegation.

Initial enquiries will include:

- Was the child/staff in School on that day?
- Were they in contact on the day?
- Were there any witnesses?
- What were the precise times, date, locations?
- The risk of harm to the pupil concerned.
- The risk of harm to other students.
- The need for medical assistance.
- The possibilities of tampering with evidence.
- The interests of the person concerned and the School.

#### Who to contact and consult.

The Head Teacher will contact the Brent LADO via Brent Family Front Door 020 8937 4300. [family.frontdoor@brent.gov.uk](mailto:family.frontdoor@brent.gov.uk)

If allegations are made about the Head Teacher, the matter should be referred to the Chair of Trustees – Ms Hasana Islam.

Ms Hasana Islam can contact Brent LADO Brent LADO via Brent Family Front Door 020 8937 4300. [family.frontdoor@brent.gov.uk](mailto:family.frontdoor@brent.gov.uk)

□

The School will follow the Brent procedures for managing allegations against staff

Please refer to the "Managing allegations leaflet" available at <https://brentsafeguardingpartnerships.uk/children/>

## APPENDIX 4 INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the 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.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Students may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that School staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration; local community tensions; and events affecting the pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
  - Special Educational Need –students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations; and
  - Significant changes to appearance and / or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

Identify individuals at risk of being drawn into terrorism:

Vulnerable individuals related to the School may display certain characteristics. Staff must ensure that they are diligent and any signs of vulnerability should be reported to the safeguarding lead. The safeguarding lead will assess whether the individual needs to be referred to Channel.

**The Safeguarding leads at Brondesbury College are:  
Mr Shahied Yousaf and Mr Amzad Ali**

**The Safeguarding leads at Islamia Girls School are:  
Ms Hasana Islam and Mrs Nina Monnan**

The three criteria are for assessment are:

- Engagement with a group, cause or ideology;
- Intent to cause harm; and
- Capability to cause harm.

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- spending increasing time in the company of other suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;



- loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
- attempts to recruit others to the group/cause/ ideology; or
- communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to cause harm, use violence or other illegal means include:

- clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- using insulting or derogatory names or labels for another group;
- speaking about the imminence of harm from the other group and the importance of action now;
- expressing attitudes that justify offending on behalf of the group, cause or ideology;
- condoning or supporting violence or harm towards others; or
- plotting or conspiring with others.

Example indicators that an individual is capable of causing harm or contributing directly or indirectly to an act of terrorism include:

- having a history of violence;
- being criminally versatile and using criminal networks to support extremist goals;
- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability. Outward expression of faith, in the absence of any other indicator of vulnerability, is not a reason to make a referral to Channel.

## APPENDIX 5 PREVENTING VIOLENT EXTREMISM - ROLES AND RESPONSIBILITIES OF THE SINGLE POINT OF CONTACT (SPOC)

The SPOC for the School is *(Mr Amzad Ali HT or in his absence Mr Shahied Yousaf PO for Brondesbury College; Ms Hasana Islam Principal or in her absence Ms Nina Monnan for Islamia Girls School)* who is responsible for:

- Ensuring that staff of the School are aware that you are the SPOC in relation to protecting students from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of School in relation to protecting students from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the School's RS curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the School about the safeguarding processes relating to protecting students from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the School for case discussions relating to students who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information for referrals of vulnerable students and sending to **Brent Prevent Officer (Ms Kibibi Octave 0208 937 4225 [kibibi.octave@brent.gov.uk](mailto:kibibi.octave@brent.gov.uk))**
- Referrals should be made via Brent Family Front Door – 020 8937 4300**
- Attending meetings as necessary and carrying out any actions as required by the Brent Channel Panel.
- Reporting progress on actions to the **Brent Prevent Officer (Ms Kibibi Octave);**
- and
- Sharing any relevant additional information in a timely manner.

### **Brent Safeguarding Partnerships:**

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals known as the Brent Channel Panel;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability

## APPENDIX 6 RECORDING FORM FOR SAFEGUARDING CONCERNS

Staff, volunteers and regular visitors are required to complete this form and pass it to the School Designated Safeguarding Lead (*Mr Amzad Ali HT or in his absence Mr Shahied Yousaf PO for Brondesbury College; Ms Sdaqat Jabeen HT or in her absence Mrs Kalthoum Khalladi DHT for Islamia Girls School*) if they have a safeguarding concern about pupil in our School.

Case number:

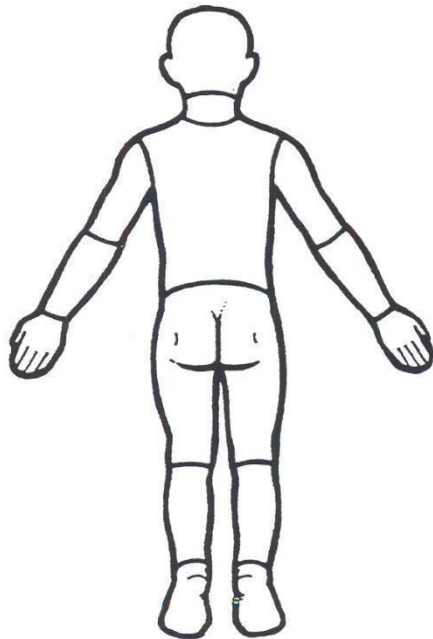
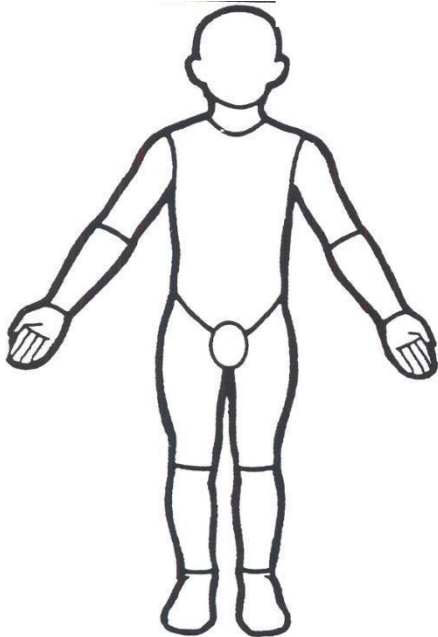
To be written by the DSL

Full name of pupil	Date of Birth	Tutor/ Form group	Your name and position in School
<b>Nature of concern/disclosure</b>			
Please include where you were when the pupil made a disclosure, what you saw, who else was there, what did the child say or do and what you said.			
Was there an injury? Yes / No		Did you see it? Yes / No	
Describe the injury:			
Have you filled in a body plan to show where the injury is and its approximate size? Yes / No			
Was anyone else with you? Yes/No			
Who?			
Has this happened before? Yes/No			
Did you report the previous incident? Yes/No			
To whom you reported it?			
Who are you passing this information to? Name:		Date:	
Position:		Time:	
Your signature:			
Date:			

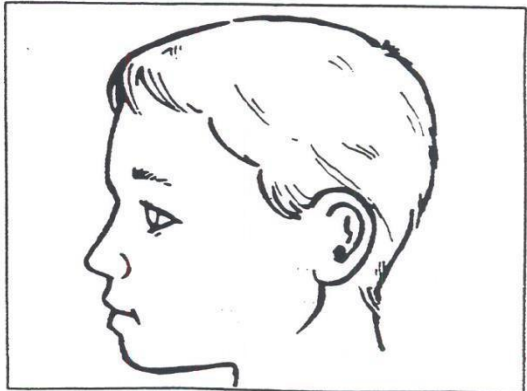
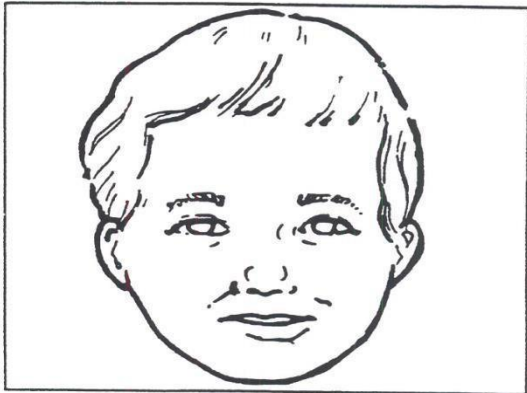
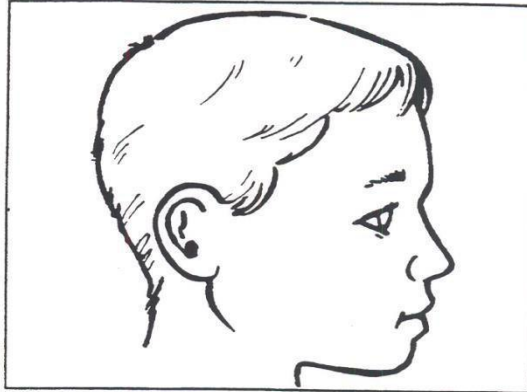
Action taken by DSL			
Referred to (If applicable)			
Parents informed? Yes / No (If No, state reason)			
Feedback given to			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral team	Tutor	Pupil	Person who recorded disclosure
Full name:		Date:	
DSL signature:			

**APPENDIX 7  
BODY MAP**

**Older Child**



CHILD



## **APPENDIX 8 SAFEGUARDING INDUCTION SHEET FOR NEW OR SUPPLY STAFF AND REGULAR VISITORS OR VOLUNTEERS AT SCHOOL**

We all have a statutory duty to safeguard and promote the welfare of children, and at our School we take this responsibility seriously.

If you have any concerns about a pupil or young person in our School, you must share this information immediately with our Designated Safeguarding Lead or one of the alternate post holders.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – we would rather you told us as we would rather know about something that appears small than miss a worrying situation.

**If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the designated professionals detailed below and provide them with a written record of your concern. A copy of the form to complete is attached to this and others can be obtained from RECEPTION or our Designated safeguarding Leads. Please ensure you complete all sections as described.**

**If you are unable to locate them ask a member of the School office staff to find them and to ask them to speak with you immediately about a confidential and urgent matter.**

Any allegation concerning a member of staff, a pupil's foster carer or a volunteer should be reported immediately to the Head Teacher. If an allegation is made about the Head Teacher, you should pass this information to the Chair of the Trustees, **Ms Hasana Islam**

Alternatively, you can contact the Local Authority Designated Officer LADO.  
**The LADO function is currently undertaken by the Child Protection team and this team should be contacted as the first point of call for any LADO.**

If you wish to have a discussion prior to making a referral please contact in order,

Family Front Door: 020 8937 4300

**APPENDIX 9  
CONFIRMATION OF RECEIPT OF SAFEGUARDING TRAINING**

<b>Staff name</b>	
<b>Date of joining School</b>	
<b>Position</b>	
<b>Date of induction</b>	
<b>Name and post holder of staff member responsible for induction</b> [please circle]	Ms Hasana (Principal) Mr Amzad Ali (Head teacher Brondesbury College)
<b>DECLARATION</b>	
<p>I confirm that I have received and read the Islamia Schools Ltd Safeguarding, Visitors, Prevent, Safer Recruitment and Allegation made against staff policies.</p> <p>I have been made aware of my duty to safeguard and promote children's welfare. The procedure for reporting concerns about a pupil has been explained to me.</p>	
<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	

***Please sign and return this form to the Head teacher***