BRUNEL EDUCATION

SAFEGUARDING AND CHILD PROTECTION POLICY & PROCEDURES

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Brunel Education (BE) (the proprietor) is a charitable company limited by guarantee with registration number 11991915, registered with the Charities Commission of England Wales (Charity Number 1214820) and with registered offices at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN. Brunel Academies Trust (BAT) is a company limited by guarantee with registration number 10074054 and registered offices also at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN; BAT is the parent company and Sole Member of Brunel Education, the subsidiary company.

Tier 1 policies are centrally held policies relating to Education, Governance, People Services, Finance, ICT and Operations and are the direct responsibility of BAT. Tier 1 policies are created by the BAT Central Services Team but adopted and reviewed by the BAT Board.

We are committed to a sustainable future and to improving the social, economic, and environmental well-being of the community. We are dedicated to environmental improvements that foster a sustainable future and lead to social and economical improvements in the communities we operate within.

Amendments to policy		
Date	**Section**	**Amendment**
August 2026	1, 2, 4, 5, 6, 9, 10, 11, 12, 16, 17, 18, 20, Appendix 1, 2, 3.	Expanded and updated in line with legislation and guidance.
	3,	Reduced – full details within Appendix 1
	7, 8, 13, 14, 15, 19, Appendix 4, 5.	New policy section – procedures now in Part 2 of this document.

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Important contacts

Role/organisation	Name	Contact details
Designated safeguarding lead (DSL)	Craig Hiscock	07484082415
Designated safeguarding lead (DSL)	Kim West	07766363156
Deputy DSL(s)	Ella Davis Leonie Claridge Sabrina Barrington Sarah Davidson Carolyn Esmonde-Whyte Georgia Green Gen Aylott	

This policy is available on the provision website and is reviewed annually as events, or legislation requires. Any deficiencies or weaknesses identified will be remedied without delay.

This policy cannot be separated from the general ethos of provision, which ensures that children are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

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PART 1: Safeguarding & Child Protection Policy

1. Aim

This policy applies to all staff, volunteers, trustees, visitors and contractors at Brunel Short Breaks hereinafter referred to as “the provision”, aims to ensure that:

- Appropriate, proportionate and timely action is taken to safeguard and promote learner’s welfare, ensuring concerns are identified, recorded and acted upon at the earliest opportunity
- All staff are aware of their statutory responsibilities with respect to safeguarding, including recognising emerging safeguarding risks both online and offline, identifying children in need of early help, at risk of harm or those that have been harmed
- Staff are properly trained in recognising and reporting safeguarding issues
- A culture of vigilance is created and maintained to ensure that we will also act in the best interests of children to protect them online and offline, including harm arising from emerging technologies, digital platforms and artificial intelligence.
- Systems for reporting abuse are well promoted, easily understood and easily accessible for children
- There is a whole-provision safeguarding culture in which children are listened to, feel safe, know how to report concerns, and where all adults understand that safeguarding is everyone's responsibility.
- There is a culture of professional curiosity, respectful challenge and effective information sharing to support early identification of need.

Staff take as our first priority the responsibility to safeguard and promote the welfare of our children,to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our provision to identify, assess, respond to and support those children who are suffering harm and to keep them safe and secure whilst in our care.

The responsibilities set out in this policy apply (as appropriate) to all members of the provision community including children, staff, governors, visitors/contractors, third-party providers, commissioned services and alternative provision partners, volunteers, supply staff, students on placement and trainees working within the provision. It is fully incorporated into the whole provision ethos and is underpinned throughout the teaching of the curriculum, within PSHE and within the safety of the physical environment provided for the children.

2. Legislation and guidance

This policy is based on the Department for Education’s (DfE’s) statutory guidance Keeping Children Safe in Education (2026) and Working Together to Safeguard Children (2026), the Maintained School’s governance guide and Academy trust governance guide. We comply with the guidance and the procedures set out by the local safeguarding partnership

This policy should be read alongside the most recent versions of relevant statutory guidance and local safeguarding procedures, together with any updates issued by the Department for Education or the local safeguarding partnership including:

- The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children.

- Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18.
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children.
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children.
- Statutory Guidance on the Prevent duty, which explains schools' duties under the Counterterrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism.
- Guidance for safer working practice for those working with children and young people in education settings (GSWP)
- Working Together to Safeguard Children 2026
- The Childcare (Disqualification) Regulations 2018 and Childcare Act 2006, which set out who is disqualified from working with children.
- This policy also complies with our funding agreement and articles of association.

We will also have regard to the most recent procedures and practice guidance published by the local safeguarding partnership. Where local safeguarding procedures provide additional guidance that complements national statutory requirements, provisions are expected to follow those local procedures.

3. Definitions

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Providing help and support to meet the needs of children as soon as problems emerge,
- Protecting children from maltreatment, whether that is within or outside the home, including online,
- Preventing impairment of children's mental and physical health or development,
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

Child protection is part of this definition and refers to activities undertaken to protect children. Children includes everyone under the age of 18.

4. Equality statement

Some children may benefit from support before statutory intervention, including from universal services and community-based Early Help, or the targeted early help level of Family Help. All staff should be particularly alert to the potential need for additional support for a child who:

- is disabled or has certain health conditions and has specific additional needs,
- has special educational needs (whether or not they have a statutory Education, Health and Care plan),
- has a mental health need,

- is a young carer,
- is pregnant and/or is a parent themselves,
- has exhibited early signs of abusive, violent and/or harmful behaviours,
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines,
- is frequently missing/goes missing from education, home or care,
- has been repeatedly removed from the classroom, experienced multiple suspensions, is on a part-time timetable, is at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit,
- is at risk of exploitation, modern slavery, trafficking, including criminal or sexual exploitation,
- is at risk of being radicalised into terrorism,
- has a parent or carer in custody, or is affected by parental offending,
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse,
- is misusing alcohol and other drugs themselves,
- is at risk of honour or faith-based abuse such as Female Genital Mutilation or Forced Marriage, and
- is a privately fostered child.

5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff (including those not directly employed by the provision), volunteers, contractors and governors in the provision. Our policy and procedures also apply to extended provision and off-site activities. All staff are expected to read a summary of this policy as part of their induction arrangements as well as Part 1 of Keeping Children Safe in Education.

5.1 All staff

All staff will read and understand their statutory responsibilities outlined in Part 1 of the Department for Education's statutory safeguarding guidance, Keeping Children Safe in Education, and review this guidance at least annually.

All staff will be aware of:

- Our systems which support safeguarding, including reading and understanding their professional responsibilities as outlined in the code of conduct, understanding the role of the designated safeguarding lead (DSL/DDSL), reading and understanding the provision behaviour policy.
- The early help process and their role in it, including being alert to emerging problems that may warrant Early Help intervention, particularly those identified in Part 1 of KCSIE. All staff should be reporting emerging problems that may warrant early help intervention to the DSL.
- Children's behaviours can be indicative of their emotional wellbeing and can be linked to mental health. They should be aware of behaviours that may communicate that poor wellbeing can be an indicator of factors such as abuse, neglect or exploitation.
- Children's experiences such of abuse, neglect, trauma and adverse childhood experiences can impact on children's mental health, behaviour & education.
- The process for making referrals to local authority children's services and for statutory assessments that may follow a referral, including the role they might be expected to play.

- What to do if they identify a safeguarding issue or a child tells them they are being abused, neglected or exploited, including specific issues such as Female Genital Mutilation (FGM), and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The provision's procedures for recording any cause for concerns and passing information on to DSLs in accordance with recording systems.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), child criminal exploitation (CCE) FGM, radicalisation, child-on-child abuse including sexual violence and sexual harassment and serious and violent crime.
- Safeguarding incidents/ behaviours can occur outside provision or be associated with outside factors. CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity.
- Risks associated with online harm, including harmful content, online abuse, exploitation, coercion and inappropriate contact.
- Children being absent from education or missing/absconding during the school day can also be a sign of a range of safeguarding concerns including sexual abuse, sexual exploitation, or child criminal exploitation.
- Children not feeling ready or knowing how to tell someone that they are being abused, exploited, neglected, and/or they may not recognise their experiences as harmful.

See Appendix 1 for details on different forms of abuse.

5.2 The designated safeguarding lead (DSL)

Our DSL's are **Craig Hiscock - Operations Manager and Kim West Deputy - Operations Manager**.

The DSL takes lead responsibility for safeguarding and child protection (including online safety and understanding the filtering and monitoring systems and processes in place) within the provision.

The DSL carries a significant level of responsibility and they are given time, funding, resources and support to carry out the role effectively.

The DSL will be available during service hours for staff to discuss any safeguarding concerns.

When the DSL is absent, the deputies will act as cover.

Where a trained DSL (or deputy) is not on site, in addition to the above, a senior leader will assume responsibility for co-ordinating safeguarding on site.

The DSL will be given the time, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters.
- Have a thorough understanding of local multi-agency thresholds guidance.
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- Contribute to the assessment of children by providing as much information as possible as part of the referral process to help social care assessments consider contexts outside the home and enable a contextual approach to harm.
- Liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- Have a good understanding of harmful sexual behaviour.
- Have a good understanding of the filtering and monitoring systems and processes used in the provision.
- Discuss the local response to sexual violence and sexual harassment with police and local authority children's social care colleagues as appropriate.

- Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support.
- Liaise with the three safeguarding partners and work with other agencies in line with Working Together to Safeguard Children (2026). When to call the Police (NSPCC 2020) should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.
- Ensure representation at appropriate inter-agency meetings such as Initial and Review Child Protection Conferences, and Planning and Core Group meetings, as well as other professionals' meetings.
- Contribute to the preparation, implementation, and review of plans as appropriate where children are subject to child protection or any multi-agency risk planning.
- Provide reports as required for meetings. Reports will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting.

5.3 The Service Manager

The Service Manager is responsible for the implementation of this policy, including:

- Ensuring that staff, (including temporary and supply staff), and volunteers are informed of this policy as part of their induction.
- Ensuring that the roles and responsibilities of the DSL/DDSL as referenced in Annex B of KCSiE (2026), are reflected in their job description and that the DSL has sufficient authority, time and resources to carry out this role effectively.
- Ensuring that the DSL has appropriate time, training, and resources, and that there is always adequate cover if the DSL is absent.
- Ensuring that safeguarding arrangements include effective systems for recording, reviewing and monitoring concerns, including those relating to online safety, attendance, exploitation and child-on-child abuse.
- Ensuring that all staff undertake appropriate safeguarding and child protection training.
- Ensuring that staff (including temporary staff) and volunteers are informed of systems that support safeguarding, including this policy, as part of their induction.
- Ensuring all staff understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect.
- Ensuring the safety and welfare of all children attending the setting, including where children are placed with external or alternative providers.
- Communicating this policy to parents/carers via the provision website.
- Acting as the ‘case manager’ in the event of an allegation of abuse made against another member of staff (including supply staff) or volunteer, where appropriate.
- Making decisions regarding all low-level concerns.
- Ensuring that all recommendations made by the Local Authority in relation to strengthening the provision’s safeguarding arrangements are actioned in a timely fashion.
- Ensuring the relevant staffing ratios are met, where applicable.
- Overseeing the safe use of technology, mobile phones, cameras and devices in the setting and ensuring policies are in place in line with the required legislation.

6. Information Sharing and Confidentiality

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of safeguarding.

Confidentiality is addressed throughout this policy with respect to record-keeping, dealing with reports of abuse), allegations of abuse against staff information sharing and working with parents.

This provision will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance Information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers DfE 2024 This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.

All staff should be aware that:

- Timely information sharing is essential to effective safeguarding.
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests.
- The Data (Use and Access) Act 2025 and the UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe.
- The DPA 2018 allows practitioners to share information without consent if there are concerns about the safeguarding of children and individuals at risk.
- Where queries relate specifically to data protection requirements, staff may also seek advice from the Data Protection Officer (DPO). Safeguarding concerns should always be prioritised and advice should not delay action where a child may be at risk of harm.

The DSL should consider that:

- The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care.
- Parents or carers should normally be informed about any concerns for their children (unless this would put the victim at greater risk).
- The government's information sharing advice for safeguarding practitioners 'Seven golden rules' for sharing information, will support staff who have to make decisions about sharing information.
- In order to promote positive educational outcomes for vulnerable children, including children with social workers, information that can help to support positive outcomes being achieved will be shared with colleagues in the provision that are not DSLs or DDSLs as appropriate.
- If staff are in any doubt about sharing information, they should always speak to the DSL (or deputy.

7. Working with Parents/Carers and Other Agencies to Protect Children

Parents/carers will be made aware of our procedures in respect to taking any reasonable action to safeguard the welfare of children. In cases where the provision has reason to be concerned that a child may be suffering significant harm, ill treatment, neglect or other forms of harm, staff will follow the procedures for responding to suspected cases of child abuse or neglect outlined in this policy document.

In keeping with KCSIE, we will endeavour wherever possible to obtain at least two contacts for every child in case of emergencies, and in case there are welfare concerns.

Where appropriate, all concerns about a child will be discussed with the child's parents or carers. The DSL will normally do this in the event of a suspected concern or disclosure.

Other staff will only talk to parents or carers about safeguarding concerns following consultation with the DSL.

If it is thought that notifying the parents or carers would increase the risk to the child, the local authority children's social care team will be contacted for advice.

Parents/carers are informed about our Safeguarding & Child Protection policy through the provision website, newsletters etc. Safeguarding information for all visitors to the site is prominent in the reception areas of the provision.

We will always co-operate with local authority children's services in accordance with the requirements of the Children Act 1989 and allow access to child and child protection records for them to conduct section 17 or section 47 assessments.

8. Vulnerable Groups

We recognise that while all children have a right to be safe, some children may be more vulnerable to abuse e.g., those with a disability, special educational needs, area young carer, mental health issues or those living with domestic violence or drug/alcohol abusing parents, parents' mental health issues, specific medical issues, learning disabilities, children who are in care or previously looked after, children having adverse childhood experiences etc.

Additional barriers can exist when recognising abuse, neglect and exploitation in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration,
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children,
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs,
- communication barriers and difficulties in managing or reporting these challenges risks that they do not understand that what is happening to them is abuse,
- the need for intimate care or that these children are isolated from others,
- that these children are more likely to be dependent on adults for care, and
- these children may have issues over cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges or the consequences of doing so.

All staff have a role in preventing impairment of children's mental health/emotional wellbeing, including promoting positive mental health and identifying where students are struggling with their mental health. Staff will understand that changes in behaviour, attendance, presentation or emotional wellbeing may be indicators of safeguarding concerns including abuse, neglect or exploitation.

Concerns regarding a learner's mental health/emotional wellbeing should be reported to a member of the provision safeguarding team so that children can be offered appropriate support. In addition, the provision can make referrals to a wide range of external services to secure additional appropriate support for children.

Staff should recognise that self-harm, eating disorders, suicidal thoughts, disclosures about ending their own life, or concerns that a child may be planning to take their own life require immediate consideration. Where staff believe a child may be at imminent risk of serious harm, emergency services should be contacted without delay and appropriate medical assistance sought.

9. Supporting Children Questioning their Gender

The provision is committed to supporting all children, including those who may be questioning their gender identity. We recognise that children who are questioning their gender may be potentially vulnerable in terms of mental health and psychosocial needs, for example due to family and peer relationships, or their broader social environment, including discriminatory bullying.

The provision will not initiate any action or discussion regarding a child's social transition. The provision will only respond to a request for social transition raised by the child themselves or by their parent/carer. Staff will maintain an attitude of professional curiosity and be available to listen to children who wish to discuss their thoughts and feelings. All children will be treated with dignity and respect.

If a request for social transition is made, the provision will;

- prioritise parental involvement,
- Take a very careful approach
- Document the decision-making process,
- Ensure consistency with facilities requirements.

Where the provision is considering a request for social transition, the DSL will seek advice from appropriate professionals. All decisions will be made in the best interests of the child while balancing the needs and rights of all children in the provision

The provision will take active steps to prevent bullying of children who are lesbian, gay, bisexual or questioning their gender.

9.1 Single-Sex Facilities and Participation in Sports

The provision recognises its legal obligations under the Equality Act 2010 and KCSIE 2026 regarding single-sex facilities and activities

The provision maintains separate facilities for boys and girls based on biological sex. This includes:

- Toilets
- Changing rooms
- Participation in PE classes or sports designated for a specific sex where safety or fairness considerations apply

No child may enter or use facilities designated for the opposite biological sex. There are no exceptions to this requirement, including for children who are socially transitioning.

This separation is not considered discriminatory under the Equality Act 2010 and is necessary to ensure the safety, privacy, dignity and wellbeing of all children.

Single-sex sports:

The provision will ensure that certain sports are played as single-sex sports from an appropriate age to ensure children's safety. There will be no exception in these sports, including for children who wish to socially transition.

Other sports may also be segregated according to biological sex on the grounds of fairness. This applies to participation in any sport, game, or activity of a competitive nature where the physical strength, stamina or physique of the average girl would put her at a disadvantage in competition with the average boy (or vice versa). This segregation is not considered discriminatory under the Equality Act 2010.

Where there are no safety concerns, the provision will consider any request a child makes regarding how they participate in sports in line with the best interests of the child, the impact on other children, and the aim of creating a safe and fair environment for all children to participate in PE.

10. Children with a social worker

Children with social worker will have additional needs and vulnerabilities and a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health

The DSL and all members of staff will work with and support social workers to help protect vulnerable children

Where a child has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the child's safety, welfare and educational outcomes. For example, it will inform decisions about:

- Responding to unauthorised absence or missing sessions where there are known safeguarding risks.
- The provision of pastoral support.
- Support to participate activities and enrichment experiences.

11. Looked-after and previously looked-after children (CLA, PCLA)

The provision will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements

The DSL has details of all children's who are looked after or previously looked after.

12. Responding to concerns

The provision follows the local safeguarding partnership agreed multi agency procedures in circumstances where children are at risk of harm or specific forms of abuse as outlined in Wiltshire Multi-agency Threshold Guidance/Swindon The Right Help at the Right Time Guidance

Appendix 3 illustrates the procedure to follow if there concerns about a child's welfare.

- ✓ Wherever possible, staff should speak to the DSL, DDSL or SLT member (in the absence of a D/DSL) if they have a concern to agree a course of action
- ✓ In the absence of a DSL or SLT member being available, staff must not delay in directly contacting children's social care or the police if they believe a child is at immediate risk of significant harm.
- ✓ Requests for help from local authority social care will (wherever possible) be made by the designated safeguarding staff, to **Contact Swindon 01793 464646**
- ✓ Where a child already has a child protection social worker, the DSL will immediately contact the social worker involved or in their absence, the team manager of the child protection social worker.

If a child is risk of significant harm, a referral to local authority children's social care should always be made. In an emergency situation, social care and/or the police should be called immediately. See also When to Call the Police guidance for schools.

Anyone can make a referral to children's social care. If a member of staff other than the DSL makes a referral, the DSL should be informed as soon as possible. If a child is not in immediate risk of harm, all staff should share concerns with the DSL as soon as possible and the DSL will decide a course of action.

12.1 Referrals to children's services (social care)

If it is appropriate to refer the case to local authority children's services or the police, the DSL will make the referral or support other staff members to do so.

If any staff makes a referral directly, they must tell the DSL as soon as possible.

The local authority will make a decision about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

The provision will use the local safeguarding partnerships' policies on resolution of professional disagreements relating to safeguarding and protection of children in all cases where escalation is required, to achieve the right outcome for children. For further information see:

Swindon Safeguarding Partnership Adult and Children Resolution Policy (Escalation Process)

See Appendix 4 for local authority contact details.

12.2 Managing disclosures

The provision aims to provide a safe and supportive environment where children have trusted adults they can share concerns with. If a child discloses a safeguarding issue all staff should always take what a child has communicated seriously. All disclosures must be recorded as soon as possible and shared with the DSL. Advice about dealing with disclosures is in Appendix 2.

12.3 Support for children

In cases where children have experienced abuse/abused others, the DSL will ensure that appropriate support is offered. Support plans will be reviewed regularly and, where appropriate, developed in partnership with parents/carers and relevant external agencies to ensure the child's needs and risks are appropriately managed.

13. Record-keeping

The responsibility to maintain, process, share, transfer and store child protection and safeguarding records in accordance with the Data (Use and Access) Act 2025 and the UK GDPR principles is the responsibility of the DSL and any safeguarding deputies.

Child protection information will be held securely, with access being restricted to the DSL. Safeguarding records are managed in line with the trust data retention schedule. All safeguarding concerns, discussions, decisions made and the rationale for those decisions, must be recorded in writing.

This should include instances where referrals were or were not made to another agency such as local authority children's social care, specialist health services or the Prevent programme, etc.

If staff are in any doubt about whether to record something, it should be discussed with the DSL.

13.1 Recording Concerns

Concerns and referrals are recorded on CPOMS. All records will include:

- A clear and comprehensive summary of the concern that includes, dates, times and full names of staff involved
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome

14. Children's and parents' access to child protection files

Under Data Protection legislation (General Data Protection Regulation & Data (Use and Access) Act 2025) a learner or their nominated representative have several legal rights in respect of information relating to them. These rights include the right to access and the right to rectification of inaccurate data. Therefore, all information will be accurately recorded, objective in nature and expressed in a professional manner.

Any child who has a child protection file has a right to request access to it. However, neither the child nor the parent has an automatic right to see all the information held in child protection records. Information can be withheld if disclosure:

- could cause serious harm or is likely to cause serious harm to the physical or mental health or condition of the child or another person; or
- could reveal that the child or another person has been a subject of or may be at risk of child abuse, and the disclosure is not in the best interests of the child; or
- is likely to prejudice an on-going criminal investigation; or
- information about the child also relates to another person who could be identified from it, or the information has been given by another person who could be identified as the source, unless the person has consented to the disclosure or the person providing the information is an employee of the establishment or the Local Authority.

If an application is made to see the record, advice must be sought from the Data Protection Officer

The provision's report to the child protection conference will (wherever possible) be shared with the child, if old enough, and parent at least two days before the conference.

15. A Safe Culture

The provision will ensure that all staff understand that safeguarding is everyone's responsibility and that all staff have a responsibility to maintain an attitude of "it could happen here" when considering safeguarding concerns. Staff should feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously and addressed appropriately.

The provision promotes an open and transparent safeguarding culture in which all concerns about adults working in or on behalf of the provision including low-level concerns, can be raised, recorded, shared and addressed appropriately. All staff should understand the difference between a concern that meets the harm threshold and a low-level concern and know how to report both.

16. Safer Recruitment, selection and pre-employment vetting

The provision pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures as outlined in part three of KCSiE. This includes any volunteers who

are frequently teaching, training, instructing, or supervising children requiring an enhanced DBS check with children's barred list information.

The provision will maintain a Single Central Record in accordance with Part 3 of KCSIE.

All recruitment materials will include reference to the provision's commitment to safeguarding and promoting the wellbeing of children.

See the Brunel Safer Recruitment Policy

17. Managing allegations and Low Level Concerns

Any concern about a member of staff, governor, visiting professional or volunteer has:

- behaved in a way that has harmed a child or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. (This includes any behaviour that may have happened outside of school that might make the individual unsuitable to work with children. This is known as transferable risk.)

All allegations must be reported to the Head of Provision without delay. If the concern relates to the Head of Provision this should be reported to Jackie Fieldwick, Brunel CEO.

All adults working in provision have a duty to disclose to the Manager where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children in the provision.

All staff must fully understand that any adult behaviours that deviate from the Guidance for Safer Working Practice and the Brunel Code of Conduct, including inappropriate conduct outside of work are a concern, even if they are low-level.

Low-level concerns are concerns that do not meet the allegations threshold. These include those that, no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt', that an adult working in or on behalf of the provision may have acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and which does not meet the harm threshold.

All low-level concerns must be reported to the Head of Provision. If the concern relates to the Head of Provision this should be reported to Jackie Fieldwick, Brunel CEO.

See Brunel Managing Allegations and Low Level Concerns Policy.

18. Online safety and the use of mobile technology

The provision recognises the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues. Online safety is based on addressing the following categories of risk:

- Content – being exposed to illegal, inappropriate or harmful content, such as pornography, fake news, racism, sexism, misogyny, misandry, self-harm, suicide, antisemitism, radicalisation and extremism

- Contact – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes. This includes harmful interactions involving generative AI applications that simulate human interaction, such as AI chatbots and companion-style systems
- Conduct – personal online behaviour that increases the likelihood of, or causes, harm, such as making, making, sending or receiving explicit images, including images generated using AI and online bullying
- Commerce – risks such as online gambling, inappropriate advertising, phishing and/or financial scams or exploitation

To address this we aim to:

- Have robust filtering and monitoring systems in place to ensure the online safety of children, staff, volunteers and governors
- Educate the whole provision community in its safe and responsible use of technology, including mobile and smart technology
- Set clear guidelines for the use of mobile phones
- Establish clear mechanisms to identify, intervene in and escalate any incidents or concerns, where appropriate
- Train staff, on safe internet use and online safeguarding issues including cyber-bullying, the risks of online radicalisation, and the expectations, roles and responsibilities around filtering and monitoring.
- Make sure staff are aware of any restrictions placed on them with regards to the use of their mobile phone and device cameras as outlines in the Employee Acceptable Use policy
- Carry out an annual review of our approach to online safety that includes the effectiveness of filtering and monitoring systems

See AI policy and Filtering & Monitoring policy

19. Training and support

All staff members will be made aware of systems within our provision that support safeguarding, and these will be explained to them as part of our staff induction. This includes:

- The provision safeguarding/child protection policy;
- Brunel Code of Conduct
- Brunel Whistleblowing procedures, as well as
- their responsibilities to read and understand KCSIE Part 1

We recognise the stressful and traumatic nature of child protection work. Support Is available for any member of staff from the DSL team.

The DSL and any Deputies will undertake appropriate safeguarding and child protection training to provide them with the knowledge and skills required to carry out the role. Training will be updated at least every two years and supplemented by regular safeguarding updates to keep knowledge and skills current. The DSL will also undertake Prevent awareness training and maintain an up-to-date understanding of the local risks of radicalisation and extremism in order to support staff in safeguarding children from these risks

The provision will ensure all staff including temporary and volunteers receive induction and updated training appropriate to their roles and responsibilities, especially staff new to the provision. All staff will access basic child protection training including online safety as part of induction arrangements.

All staff will refresh their safeguarding training annually and should access PREVENT training every two years.

The provision will ensure that appropriate safer recruitment training is undertaken by relevant staff and governors involved in recruitment processes. At least one person on any appointment panel will have completed safer recruitment training in line with KCSIE requirements

BRUNEL EDUCATION

PART 2: Procedures for Children at risk of specific forms of abuse

1. Concerns about Female Genital Mutilation (FGM)

KCSIE explains that FGM comprises “all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs”. It is also known as ‘female genital cutting’, ‘circumcision’ or ‘initiation’. FGM is illegal in the UK and a form of child abuse.

Possible indicators that a child has already been subjected to FGM

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help — though they might not be explicit about the problem because they're scared or embarrassed.

Signs that a child might be at risk of FGM include:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away — or plans to run away — from home.

All teachers have a mandatory duty to report concerns about FGM. See Mandatory reporting of FGM

This includes if a teacher:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth

The duty for teachers does not apply in cases where a child is at risk of FGM or FGM is suspected but is not known to have been carried out.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a child under 18 must speak to the DSL and follow safeguarding procedures. Cases should be referred to children’s social care using the provisions safeguarding procedures. In an emergency situation, social care and/or the police should be called immediately. Under no circumstances should staff examine children.

2. Concerns about radicalisation and terrorism

Children may be susceptible to radicalisation into terrorism. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is part of the provision’s safeguarding approach.

All schools and colleges are subject to a duty under section 26 of the Counter- Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard19 to the need to prevent people from becoming terrorists or supporting terrorism”. This duty is known as the Prevent duty.

If staff are concerned about a change in the behaviour of an individual or see something that concerns them (this could be a colleague too) consider the ‘NOTICE, CHECK SHARE’ process for making a referral where required. If a child is not suffering or likely to suffer from harm, or in immediate danger, concerns should be reported to the DSL who will decide a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children’s social care (see ‘Referral to children’s services’ above). The DSL should be informed as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include the police or Channel, the government’s programme for identifying and supporting individuals at risk of becoming involved with or supporting terrorism, or the local authority children’s social care team.

For non-emergency situations, the DfE has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a child or email to counter.extremism@education.gov.uk.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if:

- Someone is in immediate danger
- Someone may be planning to travel to join an extremist group
- Something is heard or seen that may be terrorist-related

3. Concerns about child on child abuse

All staff should recognise that children are capable of abusing their peers and that child on child abuse can manifest in many different ways. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

This can present as serious physical assault and harm, or the threat of harm with a weapon including bullying, cyber bullying, criminal and sexual exploitation, sexual harassment and violence, initiation/hazing, sharing of nudes and semi-nudes, upskirting (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 causing the victim humiliation, distress or alarm) and abuse within intimate partner relationships

Most cases of children hurting other children will be dealt with under the provision’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put children in the setting at risk
- Is violent
- Involves children being forced to use drugs or alcohol

- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

We recognise that abuse can often go unreported or be reported latterly. Children may not always recognise that what they are experiencing is abuse or feel able to disclose concerns immediately. We will encourage and support children to report child on child abuse to trusted adults in the provision

All concerns around child-on-child abuse will be taken seriously, reported, investigated, recorded and managed in line with safeguarding procedures outlined in this policy.

The provision recognises that sexual harassment and sexual violence exist on a continuum and may be part of a wider pattern of behaviour. All reports will be considered within the context of the child's circumstances and wider safeguarding information

If a child makes an allegation of abuse against another child:

- Staff must record the allegation and tell the DSL, but do not investigate it
- The DSL will decide if contact the local authority children's social care team is required and follow its advice, as well as the police if the allegation involves a potential criminal offence.
- If the incident is a criminal offence and there are delays in the criminal process, the DSL will work closely with the police (and other agencies as required) while protecting children and/or taking any disciplinary measures against the alleged perpetrator.

The DSL is responsible for providing support to all children involved in incidents of child on child sexual abuse, including those who have experienced harm and those who may have caused harm. Where incidents of child on child abuse involve children attending another school setting, we will liaise with the relevant DSL at the setting to ensure appropriate information is shared.

The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed. This will include considering transport as a potentially vulnerable place for a victim or alleged perpetrator(s).

The DSL will take the lead role in any disciplining of the alleged perpetrator(s). Disciplinary action can be taken while other investigations are going on, e.g. by the police but will always consider how taking action would prejudice an investigation and/or subsequent prosecution – we will liaise with the police and/or local authority children's social care to determine this.

3.1 Harmful Sexual Behaviour (HSB)

The provision recognises that harmful sexual behaviour exists on a continuum and may escalate from problematic and concerning sexual behaviours through to sexually harmful behaviour, sexual harassment and sexual violence. Early identification and intervention are essential to prevent escalation and to safeguard all children.

HSB should always be considered in a child protection context.

The continuum of sexual behaviours:

Sexual behaviours in children exist on a continuum from:

- Typical and developmentally expected behaviours – age-appropriate sexual curiosity and exploration

- Problematic and concerning sexual behaviours – behaviours that are outside of typical development but may not be abusive
- Harmful sexual behaviours – behaviours that are developmentally inappropriate, may be harmful to the child or others, and may be abusive
- Sexual harassment – unwanted conduct of a sexual nature
- Sexual violence – sexual offences under the Sexual Offences Act 2003

Understanding where a child's behaviour sits on this continuum is essential to providing an appropriate response and ensuring the right support is in place.

When HSB is reported or identified, the DSL will:

- Assess the behaviour: Consider where the behaviour sits on the continuum and whether it meets the threshold for child protection intervention
- Consider the needs of all children involved
- Take immediate actions to safeguard children ensuring appropriate risk management measures are in place
- Develop support and safety plans for all children involved

Records of HSB will be maintained in accordance with the provision's safeguarding record-keeping procedures and will be securely stored and appropriately shared when children move to new settings.

4. Concerns about sharing of nudes and semi-nudes ('sexting')

If any member of staff are made aware of an incident involving the making or sharing of nude or semi-nude images/videos, including images digitally altered or wholly generated by artificial intelligence (e.g., deepfakes) (also known as 'sexting') it must reported to the DSL immediately.

Staff should reassure children that they will receive support and help from the DSL.

Staff should not:

- View, copy, print, share, store or save the imagery, or ask a child to share or download it (if it is already viewed the imagery by accident, this must be reported to the DSL)
- Delete the imagery or ask the child to delete it
- Ask the child/ren who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- Share information about the incident with other members of staff, the child/ren it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved

Following a report of an incident, the DSL will hold an initial review meeting with appropriate staff – this may include the staff member who reported the incident and the safeguarding or leadership team that deals with safeguarding concerns. This meeting will consider the initial evidence and aim to determine:

- Whether there is an immediate risk to learner(s)
- If a referral needs to be made to the police and/or children's social care.
- If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed).
- What further information is required, to decide on the best response.

- Whether the image(s) has been shared widely, and via what services and/or platforms, (this may be unknown).
- Whether immediate action should be taken to delete or remove images, or videos, from devices or online services.

Any relevant facts about the children involved which would influence risk assessment. This should include consideration of age, SEND, vulnerability, power imbalance, coercion, exploitation, mental health and whether the incident forms part of a wider pattern of behaviour.

- If there is a need to contact another school, college, setting or individual.
- Whether to contact parents or carers of the children involved (in most cases parents/carers should be involved)

The DSL will make an immediate referral to police and/or children's social care if:

- The incident involves an adult.

There is reason to believe that a young person has been coerced, blackmailed, or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs, age)

- What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage or are violent.
- The imagery involves sexual acts and any child in the images or videos is under 13.
- The DSL has reason to believe a learner is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the head and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy.

5. Concerns about mental health

All staff have a role in preventing impairment of children's mental health/emotional wellbeing, including promoting positive mental health and identifying where students are struggling with their mental health. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

Concerns regarding a learner's mental health/emotional wellbeing should be reported to a member of the DSL team in keeping with the provision's safeguarding reporting arrangements so that children can be offered appropriate support, this may include local or national online services where appropriate. In addition, the provision can make referrals to external services to secure additional appropriate support.

Staff should recognise that self-harm, eating disorders, suicidal thoughts, disclosures about ending their own life, or concerns that a child may be planning to take their own life require immediate consideration. Where staff believe a child may be at imminent risk of serious harm, emergency services should be contacted without delay and appropriate medical assistance sought.

Refer to the Department for Education guidance on mental health and behaviour in schools for more information.

6. Concerns about attendance

A child who is absent as well as missing from education is a potential indicator of abuse or neglect. Where a child is reported to be missing education we will comply with our statutory duty to inform the local authority of any pupil who falls within the reporting notification requirements outlined in Children Missing Education – Statutory guidance for local authorities (DfE August 2024)

Children who are absent, persistently absent, absent from education, abscond or go missing during the school day are vulnerable and may be at increased risk of abuse, neglect, child sexual exploitation (CSE), child criminal exploitation (CCE), serious violence, radicalisation, mental health concerns and involvement in county lines activity.

Staff should be alert to the fact that repeated absence or patterns of absence may be an indicator of safeguarding need and should consider whether children face additional risks or barriers to seeking help, including due to age, developmental stage, SEND, health needs, communication needs or other vulnerabilities.

Children who are absent from education may not be visible to professionals and that repeated, persistent or unexplained absence may be an indicator of safeguarding need and may increase a child's vulnerability to harm. Any concerns regarding attendance that may indicate a safeguarding risk will be considered through a safeguarding lens and, where appropriate, discussed with the Designated Safeguarding Lead and relevant partner agencies.

Schools have a statutory duty to make reasonable enquiries to establish a pupil's whereabouts and to notify the local authority of any child who may be missing, via a CME referral process, at day 10 of unsuccessful enquiries.

The DfE statutory guidance on school attendance Working together to improve school attendance will be followed

See Attendance policy.

6.1 Remote Learning and Remote Welfare

If children are being asked to learn online at home, schools and colleges should follow advice from the DfE on safeguarding and remote education (DfE, 2021b). In addition to following the Guidance for Safer Working Practice (Safer Recruitment Consortium, 2022) . The school will ensure that online learning arrangements continue to reflect safeguarding expectations, including appropriate staff conduct, online safety, supervision and reporting arrangements.

Where children are remote learning and the DSL has identified a child to be vulnerable, on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person. The communication plans can include remote contact, phone contact, home visits. Other individualised contact methods should be considered and recorded. Details of this plan must be recorded, as should a record of contact made.

We recognise that school is a protective factor for children, and extended periods away from school can affect the mental health of children and their parents/carers. Staff will be aware of these issues and have due regard for them in setting expectations of children' work where they are at home.

7. Concerns about Child Exploitation

Where child exploitation (ie, criminal, sexual, trafficking, modern day slavery etc), or the risk of it, is suspected, frontline practitioners must notify the DSL in line with the safeguarding policy reporting systems. Staff should recognise that exploitation may occur through face-to-face or online contact and may involve individuals or groups outside the child's family.

Staff should be aware that exploitation may include financial exploitation, where children may be coerced or manipulated into holding, moving or transferring money using bank accounts or facilitating financial crime on behalf of others.

The DSL will utilise local safeguarding partnership screening tools to support assessment of risk and use this to support any referrals to statutory agencies.

If the child /young person already has an allocated social worker, the DSL must contact them (or their team manager) to discuss any concerns about child exploitation. Where children may currently be looked after or previously looked after the DSL should also notify the Designated Teacher for children looked after.

We will ensure the provision, works in partnership with parents / carers and other agencies as appropriate. This includes facilitating return to home interviews as requested. Where appropriate, the child's wishes and feelings will be considered when planning support and interventions.

8. Concerns about Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people who are or have been in a relationship. It can also happen between adults related to one another. It can seriously harm children and young people, and experiencing domestic abuse is child abuse.

It's important to remember that domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves.

If a child discloses domestic abuse it's important for all staff to follow the guidance set out in Appendix 2 to 'manage a disclosure'.

Operation Encompass is a police and education early information safeguarding partnership enabling educational settings to offer immediate support to children experiencing domestic abuse. Information is shared via electronic notification to the DSL after an incident of police attended domestic abuse where there are children related to either of the adult parties involved. The DSL will decide the appropriate support to be given to a child and family.

PART 3: Monitoring, Review & Approval

This policy will be reviewed **annually** by the Trust Safeguarding Lead. At every review, it will be approved by BAT Board of Trustees and BE Board of Trustees.

This policy is available on the provision website and is reviewed as events, or legislation requires. Any deficiencies or weaknesses identified will be remedied without delay.

This policy cannot be separated from the general ethos of provision, which ensures that children are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

Links with other policies

This policy links to the following policies and procedures:

- Behaviour
- Staff code of conduct
- Managing Allegations and Low Level Concerns
- Complaints
- Health and safety
- Attendance
- Equality
- PHSE
- First aid
- Mobile Phone

This policy is adopted by the BE Board of Trustees and will be reviewed every year or earlier if change to legislation.

Signed: CEO

Signed: Chairman of BE Board of Trustees

Date: 19th August 2026

This policy is adopted by Brunel Short Breaks (part of the Brunel Education) **and will be reviewed every year or earlier if change to legislation.**

Signed: Operations Manager

Signed: Trust Safeguarding Lead

Date: 21st September 2026

Appendix 1: Definitions and indicators of abuse

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 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)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Examples which may indicate neglect (it is not designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

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.

Examples which may indicate physical abuse (not to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance

- Violence or aggression towards others including bullying
- Isolation from peers

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, oral sex or penetration by object) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness, or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

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 verbal abuse such as persistent criticism, belittling or name calling. 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 in participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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.

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation

- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away / Going missing
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

N.B. Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

Responses from parents. Research and experience indicate that the following responses from parents may suggest a cause for concern across all four categories:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries.
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household.

Children with special educational needs and disabilities When working with children with special educational needs and disabilities, practitioners need to be aware that they may not understand what is happening to them is abuse, they may receive intimate care or they may be isolated from others. 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. The local safeguarding partnerships have a multi-agency protocol to support professionals in making informed judgements for bruising in non-independently mobile children
- 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 e.g., deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child’s means of communication
- Ill-fitting equipment e.g., callipers, sleep boards, inappropriate splinting
- Misappropriation of a child’s finances
- Invasive procedures

All staff should ensure they are aware of and respond to wider safeguarding issues outlined in Part One KCSIE 2026, this includes further information on:

- Child abduction and community safety incidents
- Children and the court system
- Children who are absent from education
- Children with family members in prison
- Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
- County lines
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic abuse
- Homelessness
- Honour or faith based abuse (including Female Genital Mutilation and Forced Marriage)
- Preventing radicalisation (including the Prevent duty and Channel)
- Child on child abuse
- Sexual violence and sexual harassment between children in schools and colleges (including upskirting)
- Mental Health
- Serious Violence

Appendix 2: Managing Disclosures

If a child tells an adult about abuse it is important to:

- Stay calm
- Not show shock, anger or embarrassment
- Reassure the child. Tell them you are pleased that s/he is speaking to you
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why
- Children very rarely lie about abuse
- They may have tried to tell others and not been heard or believed
- Tell the child that it is not her/his fault
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember
- Check that you have understood correctly what the child is trying to tell you
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected
- Do not tell the child that what s/he experienced is dirty, naughty, or bad
- Do not take photographs or make videos of any injuries reported by a child
- It is inappropriate to make any comments about the alleged offender
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations

NB It is not staff's role to investigate reports of abuse. Their role is to observe that something may be wrong, ask about it, listen, be available and respond appropriately.

Immediately afterwards all reports of abuse must be recorded and responded to in keeping with the provisions safeguarding policy and systems

Appendix 3: What to do if you have concerns about a child

If the child is at **immediate risk** call the Police on 999 To make an urgent referral to children's social care contact **01793 464646**

Sharing / recording concerns An individual with concerns about a child takes immediate action by following the school policy and informs a designated member of the safeguarding team. The **DSL** will consider the information, in the context of any other concerns / disclosures, and decide on next steps. Parents / carers should be involved at this stage, **unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from social care.**

No referral to children's social care Actions will be agreed to monitor the child and support the child / family where needed. An Early Help Assessment and monitoring systems should also be considered

If concerns continue / escalate, the decision will be reviewed to decide if a referral is necessary

DSL / DDSL make referral to social care (and call the police if necessary)

Referral to children's social care Urgent, possible child protection concerns should always be made by telephone **01793 464646. If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, the school must consult the social care before informing parent(s).**

Social Care Considerations: When social care receive a referral the decision, making process starts. Informed decisions are made in line with this threshold guidance, they will acknowledge receipt of referral within one working day

Assessment
Child in need of immediate protection: Appropriate emergency action taken by police, or social worker.
Section 47 assessment – child identified as at risk of significant harm, possible child protection plan
Section 17 assessment – child identified as in need and appropriate support identified.

No Assessment If the information supplied in the referral does not meet the threshold; **Children's social care will feedback to the referrer.** For any concerns that Early Help is not working and things are not getting better for the child, discuss this with the child, parents/carers and refer to children's social care

At all stages, the DSL should consider the circumstances and re-refer if necessary. The emphasis is on ensuring that the child's best interests come first and where appropriate improve.

If the DSL is unhappy about the outcome of the referral to Children's Services Social Care they must follow the local escalation procedures

BRUNEL EDUCATION

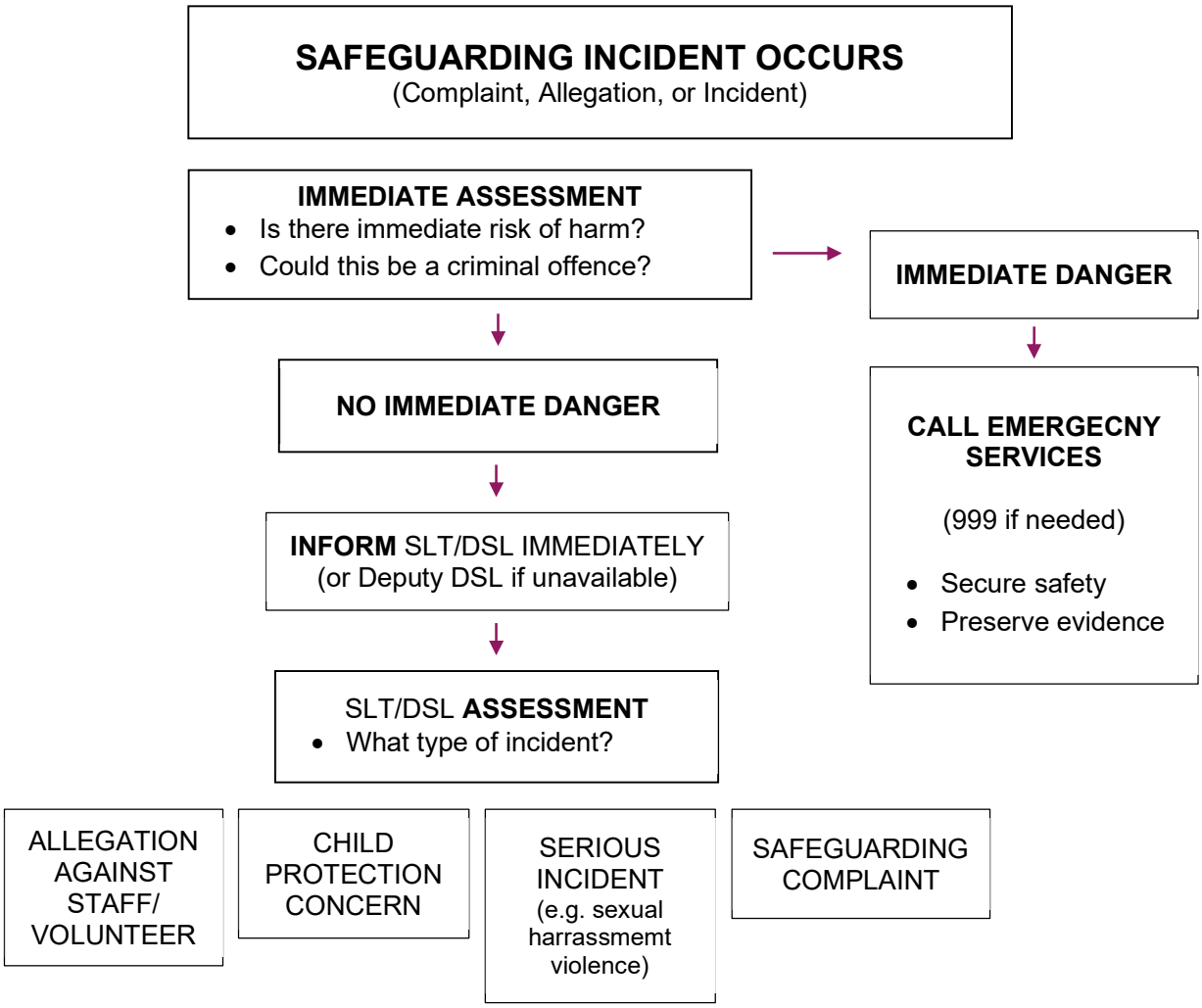
Appendix 4: Local contact numbers

For Provision use only

Brunel Short Breaks		
DSL	Craig Hiscock Kim West	
DDSL	Ella Davis Leonie Claridge Sabrina Barrington Sarah Davidson CarolynEsmonde-Whyte Georgia Green Gen Aylott	

SWINDON	
Children's Social Care	01793 464646 Emergency Duty Service (EDS) 01793 436699
Safeguarding Education/Early Years Team	Children and Families 01793 464646 Emergency Duty Service (EDS) 01793 436699
LADO	01793 463854 LADO@swindon.gov.uk
Education Welfare Service	01793 465778
PREVENT	SwindonPrevent@swindon.gov.uk
Adult Social Care	01793 445500

Appendix 5: Safeguarding Incident Flowcharts



PATH 1: ALLEGATION AGAINST STAFF/VOLUNTEER

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

- Within 1 working day
- Do NOT investigate yourself
- Do NOT inform the staff member yet (unless LADO advises otherwise)

↓

LADO WILL support decision making on:

- Whether police should be involved
- Whether to suspend staff member
- Next steps in investigation
- When to inform the staff member

↓

FOLLOW LADO GUIDANCE

- Maintain confidentiality
- Support the child
- Inform parents
- Record all actions taken
- Keep LADO updated in agreed timescales

PATH 2: CHILD PROTECTION CONCERN

ASSESS THRESHOLD

Is there "reasonable cause to suspect a child is suffering, or is likely to suffer, significant harm"?

YES

REFER TO:
- Children's Social Care
- Police (if criminal)

IMMEDIATELY

FOLLOW SAFEGUARDING PROCEDURES

- Inform parents (unless it would increase risk to child)
- Complete referral
- Record all information
- Await social care response

COOPERATE WITH INVESTIGATION

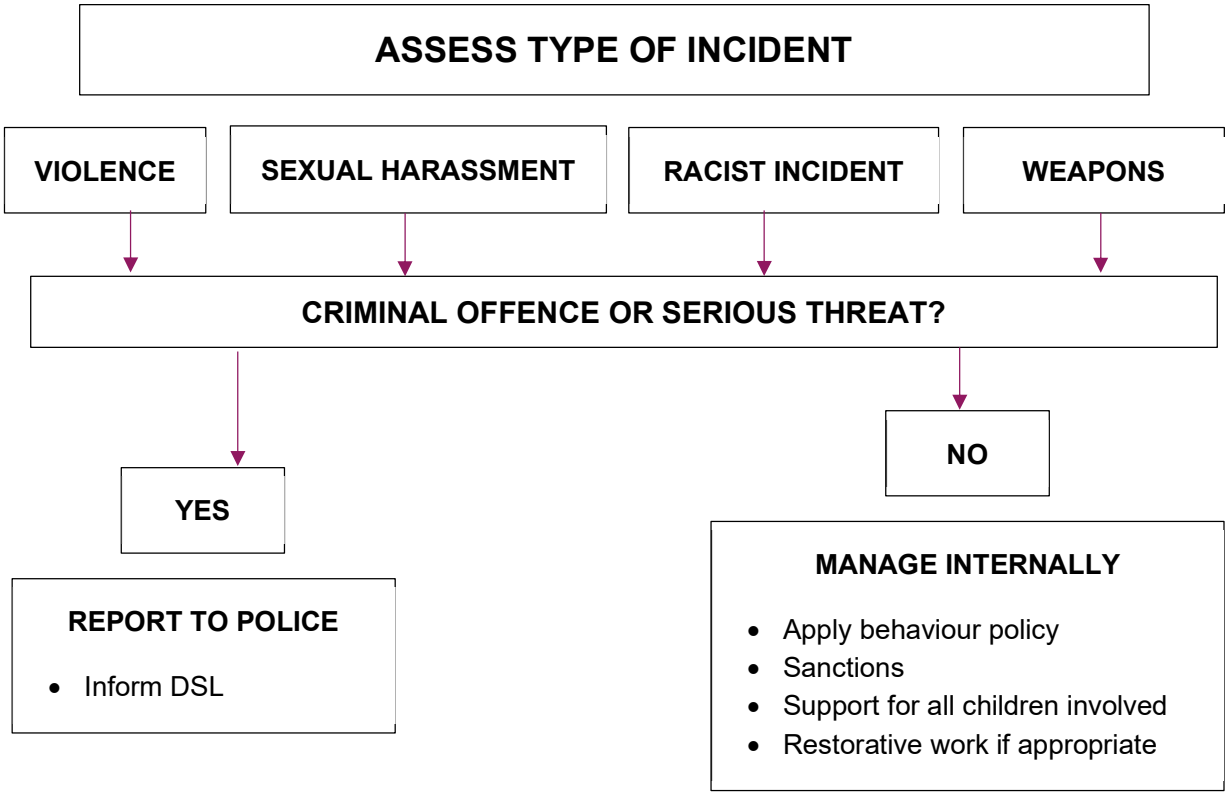
- Provide requested information
- Attend multi agency meetings
- Continue to support child

NO

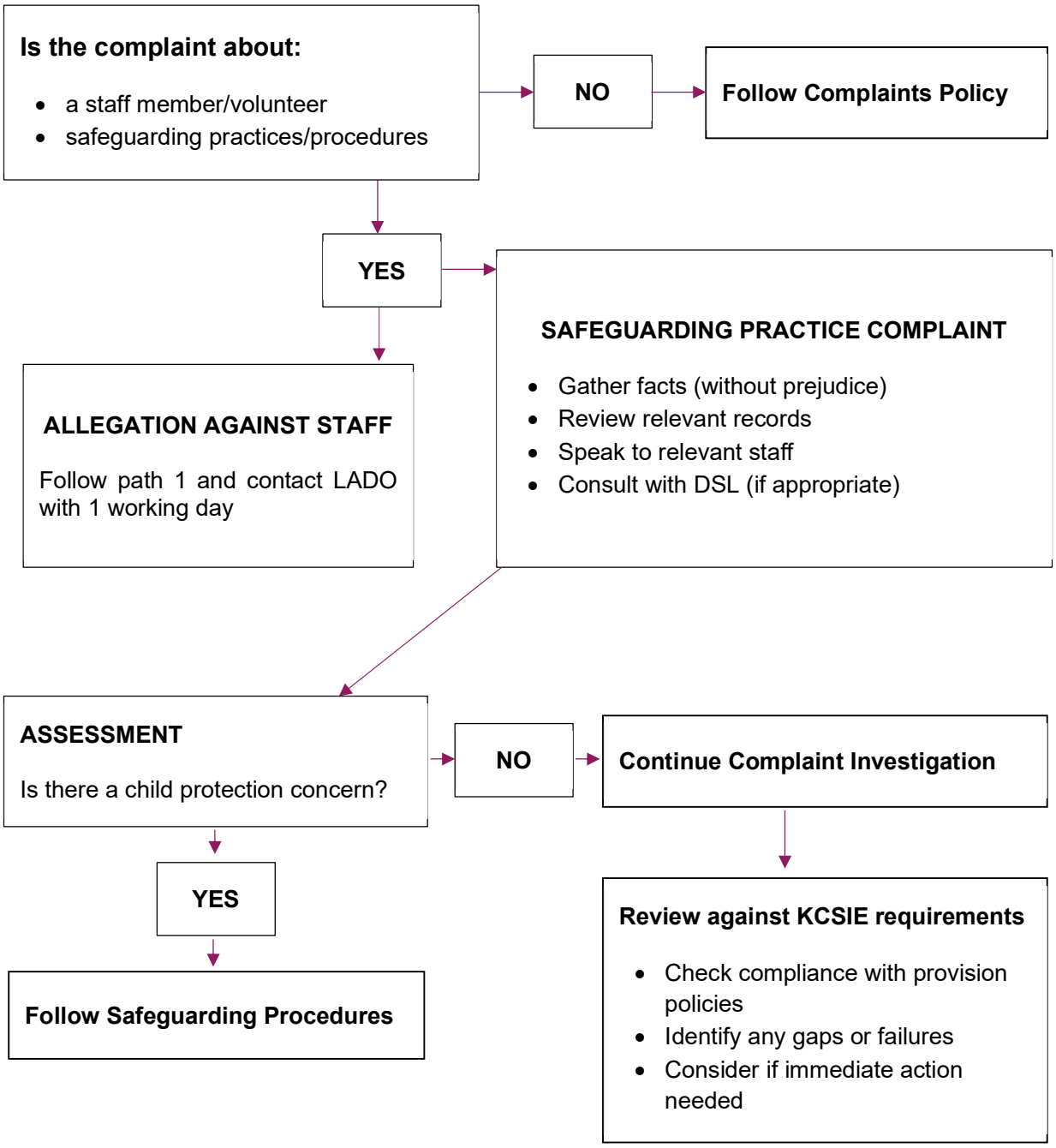
MANAGE INTERNALLY

- Early Help
- Family Help
- Pastoral support
- Monitor

PATH 3: SERIOUS INCIDENT (Not CP threshold)



SAFEGUARDING COMPLAINT



ALL PATHS: ESSENTIAL ACTIONS

RECORD KEEPING (ALL INCIDENTS)

Record in writing immediately

- Include: date, time, location
- Names of those involved/witnesses
- Detailed description of incident
- Actions taken
- Follow-up required
- Store securely (GDPR compliant)

SUPPORT ARRANGEMENTS

For the child:

- Pastoral support
- Counselling if needed
- Safety plan
- Regular check-ins

For staff (if allegation):

- Named contact person
- Access to support services
- Updates on process

COMMUNICATION

- Inform parents (unless contraindicated)
- Maintain confidentiality
- Only share on 'need to know' basis
- Document all communications

REVIEW AND FOLLOW-UP

- Monitor child's wellbeing
- Review effectiveness of actions
- Update risk assessments
- Learn lessons for future prevention
- Report to governors as appropriate