



Alma Primary Child Protection and Safeguarding Policy

Policy no. 48

Responsibility: *Marc Shoffren*
Governor responsible: *Andrew Sutcliffe*
Last review date: *May 2019*
Next review date: *Spring 2020*

Contents

Introduction: Safeguarding Statement	Page 1
Legal and Regulatory Framework	Page 2
The Governing Body	Page 4
The Headteacher and Designated Senior Person	Page 5
School Staff	Page 7
When to be Concerned including CSE and FGM	Page 8
Dealing with a Disclosure	Page 9
Reporting	Page 10
Supporting Children	Page 11
Confidentiality, Communication, Record Keeping,	Page 12
Allegations Involving Staff	Page 13
Training and Whistleblowing, Disqualification, Intervention	Page 14
Prevention, Escalation of Concerns, Monitoring and Review	Page 15
Appendix 1: Indicators of Harm	Page 16
Appendix 2: Process Recording Sheet	Page 24

Policy Development

Change	By	Date
<i>Revised in line with changes in practice</i>	<i>MJS</i>	<i>March 2015</i>
<i>Included disqualification by association, CSE & FGM</i>	<i>MJS</i>	<i>May 2015</i>
<i>Ref to Barnet SCB Multi-agency escalation policy</i>	<i>MJS</i>	<i>May 2015</i>
<i>Additional sections on County Lines, safe practice & child on child abuse + changes to terms DSL, BSCP etc.</i>	<i>MJS</i>	<i>May 2018</i>

Alma Primary Safeguarding Policy

1. INTRODUCTION: Safeguarding Statement

This policy applies to all staff, governors and volunteers working in the Alma Primary. The purpose of this policy is to inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children, as well as to enable everyone to have a clear understanding of how these responsibilities should be carried out.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.

The policy is applicable to all on- and off-site activities undertaken by children whilst they are the responsibility of Alma Primary. The school fully recognises its responsibilities to safeguard and promote the welfare of children and young people. Alma Primary is committed to providing a safe and secure environment for children, staff and visitors, and to promoting a climate where children and adults feel confident about sharing any concerns, which they may have about their own safety, or the well-being of others.

This policy forms part of a suite of documents and policies that relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Preventing Bullying Policy, Digital-Safety Policy, Special Educational Needs Policy, School visits and journeys, First aid, Health and Safety, Sex and Relationships Education and Equal Opportunities policies. Staff should also ensure that they are familiar with the multi-agency escalation policy produced by the Barnet Safeguarding Children Partnership (BSCP), which explains how staff can respond if they are unhappy with a safeguarding decision or action (see section 19 below).

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

All school staff and volunteers will receive safeguarding training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Safeguarding Lead to deliver an annual update.

The purposes of this policy are to:

- Ensure that Alma Primary has a robust procedure to protect children from abuse, including child sexual exploitation and female genital mutilation;
- To support a child's development in ways that will foster security, confidence and independence by establishing and maintaining an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern;
- To include opportunities in the curriculum, including digital-safety, for children to develop the skills they need to recognise and stay safe from abuse;
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child;
- Ensure children know that there are adults in the school whom they can approach if they are worried;
- Identify children who are suffering or are like to suffer significant harm and taking appropriate action with the aim of making sure they are kept safe both at home and in our school;
- Ensure adults understand how to address concerns in school and to escalate issues which they do not believe have been addressed with sufficient rigor;
- To provide a systematic means of monitoring children known or thought to be at risk of harm,

Alma Primary Safeguarding Policy

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

- To emphasise the need for good levels of communication between all members of staff.

We work in partnership and share responsibility with other agencies such as Social Care, Police and Health Professionals, to provide effective working relationships that promote safeguarding of children.

2. LEGAL & REGULATORY FRAMEWORK

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

- Working Together to Safeguard Children, DfE 2018
- Keeping Children Safe in Education, DfE 2018
- The Children and Families Act 2014
- Education (Independent School Standards) (England) Regulations, 2014
- Protection of Freedoms Act, 2012.
- Education (Pupil Referral Units) Regulations, 2012
- The Education (School Teachers' Appraisal) (England) Regulations 2012
- Education (Non-Maintained Special Schools) (England) Regulations, 2011
- Equality Act, 2010
- School Staffing (England) Regulations, 2009.
- Safeguarding Children and Safer Recruitment in Education (DfES, 2006)
- Safeguarding Vulnerable Groups Act, 2006.
- The Children Act, 1989 (Section 27) and 2004
- Education Act, 2002 (section 175)
- Education (Health Standards) (England) Regulations, 2003.
- The Sexual Offences Act, 2003

Working Together to Safeguard Children (DFE 2018) requires all schools to follow the procedures for protecting children from abuse that are established by the Barnet Safeguarding Children Partnership (BSCP). More information about the partnership is available in the professionals section of the partnership website, thebarnetscp.org.uk.

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

The legal framework for safeguarding places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Barnet Safeguarding Children Partnership;
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions;
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse;
- A Designated Safeguarding Lead should have responsibility for co-coordinating action within the school and liaising with other agencies;
- Staff with designated responsibility for child protection should receive appropriate training.

Alma Primary Safeguarding Policy

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

Each child’s welfare is of paramount importance. We recognise that some children may be especially vulnerable to abuse. We also recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. In some cases this may mean that their behaviour may be challenging. We will always take a considered and sensitive approach in order that we can support all of our students.

Safeguarding, which includes child-protection, is never a ‘stand-alone’ issue. It is an embed element of school practice which relates to many aspects of school life including:

- Curriculum
- Digital-Safety
- Preventing bullying
- Attendance
- Behaviour management
- Safe recruitment and selection
- Staff Conduct
- Managing allegations against staff
- Whistle blowing
- Health and safety
- Educational/off-site visits

3. SAFE PRACTICE

Alma Primary complies with the current Safe Practice guidance.

Safe working practice ensures that students are safe and that all staff:

- Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions;
- Work in an open and transparent way;
- Record any incidents or decisions made;
- Work with other colleagues where possible in situations open to question;
- Discuss and/or take advice from the School Leadership Team over any incident which may give rise to concern;
- Apply the same professional standards regardless of gender or sexuality;
- Be aware of confidentiality practice;
- Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. In particular the Governing Body must:

- Ensure that the school complies with its duties under the above child protection and safeguarding legislation;
- Ensure that the policies, procedures and training in the school are effective and comply with the law at all times;
- Ensure that the school contributes to inter-agency working in line with the statutory guidance ‘Working Together to Safeguard Children 2018’;

Alma Primary Safeguarding Policy

- Ensure that the school's safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures established by the Barnet Safeguarding Children Partnership (BSCP);
- Comply with its obligations under section 14B of the Children's Act 2004 to supply BSCP with information to fulfil its functions;
- Ensure that a member of the governing body is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the Headteacher or a governor;
- Ensure that there is an effective Child Protection Policy in place together with a Staff Behaviour Policy/Code of Conduct;
- Appoint a member of staff from the school leadership team (SLT) to the role of designated safeguarding lead as an explicit part of the role-holder's job description. There should always be cover for the designated safeguarding lead;
- Consider how children may be taught about safeguarding, including online, and through teaching and learning opportunities, as part of providing a broad and balanced curriculum;
- Prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required and ensuring volunteers are appropriately supervised;
- Ensure that at least one person on any appointment panel has undertaken safer recruitment training;
- Ensure that there are procedures in place to handle allegations against members of staff or volunteers;
- Ensure that there are procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned. This is a legal duty;
- Ensure that there are procedures in place to handle allegations against other children;
- Ensure that the child's wishes or feelings are taken into account when determining what action to take and what services to provide to protect individual children through ensuring there are systems in place for children to express their views and give feedback;
- Appoint a designated teacher to promote the educational achievement of 'Looked After Children' and to ensure that this person has undergone appropriate training;
- Ensure that staff members have the skills, knowledge and understanding necessary to keeping 'looked after children' safe, particularly with regard to the child's legal status, contact details and care arrangements;
- Put in place appropriate safeguarding responses to children who go missing from school, particularly on repeat occasions, to help identify any risk of abuse and neglect, including sexual abuse or exploitation and prevent the risks of their disappearance in future;
- Ensure that safeguarding policies and procedures are monitored and reviewed annually and information provided to the local authority on request, in regard to the way the above duties have been discharged.

5. THE HEADTEACHER

The Headteacher has responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment on a day-to-day basis. In particular the Headteacher must:

- Safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties;
- Ensure that the policies and procedures adopted by the governing body, particularly concerning referrals of cases of suspected abuse and neglect, are followed by staff members.

6. THE DESIGNATED SAFEGUARDING LEAD (DSL)

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF/e-CAF) or refer to the Multi Agency Safeguarding Hub (MASH).
- Refer all cases of suspected abuse to the local authority children's social care, the local authority designated officer (LADO) for child protection concerns, the DBS, and the police in cases where a crime has been committed.
- Understand the assessment process for providing early help and intervention.
- Liaise with the Headteacher (if the Headteacher is not DSL) to inform him/her of safeguarding issues, especially on-going enquiries under section 47 of the Children's Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff members on matters of safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Obtain access to resources and attend any relevant or refresher training courses, ensuring that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure that new staff, peripatetic staff, governors and volunteers receive an induction to safeguarding children within 14 working days of commencement of their role, including being aware of the BSCP Child Protection and Safeguarding Children Procedures.
- Ensure each member of staff has access to and understands the school's Child Protection Policy and procedures, especially new and part-time staff members.
- Be alert to the specific needs of children in need, including those with special educational needs and/or disabilities and young carers.
- Keep detailed, accurate and secure records of concerns and referrals.
- Encourage among all staff members, a culture of listening to children and taking account of their wishes and feelings; in any measures the school may put in place to protect them.
- Ensure the school's Child Protection Policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with the governing body regarding this duty.
- Ensure the school's Child Protection Policy is available publically and parents are aware of the fact that referrals regarding suspected abuse or neglect may be made and the role of the school in this.
- Link with the local LSCB to make sure that staff members are aware of the training opportunities available and the latest local policies on safeguarding.
- Liaise and work with social care teams over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Barnet social care when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support

Alma Primary Safeguarding Policy

Deputy DSLs should be appointed to act in the absence/unavailability of the DSL.

The Designated Safeguarding Lead in this school is Marc Shoffren. The Deputy Designated Safeguarding Leads in this school are Samantha Rosehill, Rachel Clark and Jodi Rickless.

6. RESPONSIBILITIES OF SCHOOL STAFF

All school staff have a responsibility for safeguarding children. If any member of staff is concerned about a child s/he must inform the Designated Safeguarding Lead.

At Alma Primary all school staff must:

- Provide a safe environment in which children can learn;
- Safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties;
- Identify children who may be in need of extra help or who are suffering, or likely to suffer, significant harm;
- Support social workers to take decisions about individual children, in collaboration with the Designated Safeguarding Lead;
- Work with other services, taking appropriate action as required.

In addition, all staff will comply with the current Safe Practice guidance. Safe working practice ensures that students are safe and that all staff:

- Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions;
- Ensure that they are familiar with this policy and related school policies, as well as the BSCP escalation policy;
- Discuss and/or take advice from the Designate Safeguarding Lead over any incident which may give rise to concern;
- Work in an open and transparent way;
- Work with other colleagues where possible, in situations which may be open to question;
- Record any incidents or decisions made;
- Apply the same professional standards regardless of gender or sexuality;
- Be aware of confidentiality practice;
- Be aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

7. WHEN TO BE CONCERNED

Abuse is the maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. A child/children may be abused by an adult or adults, or by another child or children. Child abuse can take a variety of forms and it is important that all staff and volunteers are aware of the main forms of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Abuse may also include Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), or child on child sexual violence and/or harassment, all of which are detailed below. We recognise that abuse and neglect can result in underachievement and we strive to ensure that all our children make good educational progress.

Alma Primary Safeguarding Policy

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see Appendix 1 for details.

In an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of ‘boundaries’, lack stranger awareness
- Appear wary of adults and display ‘frozen watchfulness’

Physical abuse involves: hitting, slapping, kicking, misuse of medication, undue restraint, shaking or other treatment of a child that can cause actual bodily harm.

Sexual abuse involves: forcing or enticing a child into sexual activities whether or not the child is aware of what is happening. This includes non-contact situations such as viewing child abuse images. Sexual abuse can manifest as child sexual exploitation (see below).

Emotional abuse involves: persistent emotional ill treatment of children, such as frightening them, or putting them in situations of danger. It is also an abuse to convey to children the feeling they are worthless or unloved.

Neglect: and acts of omission are also a form of abuse. This could involve failure to provide an adequate level of care (e.g. food, warmth and failure to access medical care or services).

Child Sexual Exploitation (CSE): Child sexual exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or, in some cases, simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.

Female Genital Mutilation: Female Genital Mutilation (FGM) is a practice carried out in some cultures. It is illegal in the UK. Alma Primary has a duty of care to ensure that this practice does not occur and professionals in all agencies need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If school personnel are concerned that an extended holiday may be used for this practice they will ask for a meeting with parents/carers and, if necessary, will refer the family to the designate authority as a serious child protection issue. If a teacher, in the course of their work in the profession, discovers that an act of female genital mutilation (FGM) appears to have been carried out on a girl under the age of 18, the teacher must report this to the police. **This is a mandatory reporting duty**

Forced marriage: Children may face physical and sexual violence (including threats of) or emotional pressure to marry someone against their will, e.g. made to feel that they will bring shame on their family. This is illegal in England and Wales including taking someone overseas to get married.

Child on child sexual violence and/or harassment: The DfE guidance issued in December 2017 states that for the purpose of sexual violence in the context of a child on child, offences under the Sexual Offences Act 2003 include rape, assault by penetration and sexual assault. Harassment is unwanted conduct of a sexual nature (online and offline) which is likely to violate a child’s dignity and/or make them feel intimidated, degraded, humiliated and/or create a hostile, offensive or sexualised environment. Allegations should be managed in line with the DfE guidance.

Alma Primary Safeguarding Policy

County Lines: County lines is an issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Signs to look out for include:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Parental concerns;
- Carrying weapons;
- Significant decline in school results / performance;
- Gang association or isolation from peers or social networks;
- Self-harm or significant changes in emotional well-being;

Where staff have a concern around county lines they should inform the DSL immediately who will follow the school and local authority safeguarding procedures. Where there is a risk of imminent harm an immediate referral to the police should be made.

8. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to the MASH
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay.

In the event that a member of staff receives a disclosure from a child or notices something which gives rise to concern, the member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations which is signed and dated. See the Alma Primary recording sheet for safeguarding concerns on page 24, below.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Any member of staff, governor or volunteer can make a referral.

The Designated Safeguarding Lead will decide whether the concerns should be referred to the MASH or registered using the Common Assessment Framework. If it is decided to make a referral to the MASH this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm.

Alma Primary Safeguarding Policy

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

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

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

9. REPORTING A DISCLOSURE OR SAFEGUARDING CONCERNS

Staff members should raise any concerns that they may have about a child with the school's Designated Safeguarding Lead, Marc Shoffren, or one of the Deputy DSLs, Jodi Rickless, Rachel Clark or Sammy Rosehill. This includes raising concerns relating to abuse which involve other staff members. Barnet operates a Multi-Agency Safeguarding Hub (MASH) and the following are the main steps for reporting concerns:

- The Designated Safeguarding Lead will decide to register information and/or concerns using the Common Assessment Framework, normally via the Barnet e-CAF.
- Alternatively (or in addition) the DSL may make a referral to the MASH - a child will immediately be referred to children's social care via the MASH if there is a risk of immediate serious harm to a child. In the event that neither DSL nor any of the deputy DSLs are accessible, staff can refer serious concerns to the MASH team directly by calling 020 8359 4066.
- The MASH team may recommend that an early help assessment should be undertaken by a lead professional. This could be a teacher, SENCo, GP or other health professional, or a family support worker.
- If a decision is taken not to undergo an early help assessment and if the child's situation does not improve, the DSP/referrer can press for a re-consideration
- An inter-agency assessment will be undertaken where a child and family could benefit from co-ordinated support from more than one agency. These assessments should identify what help the child and family require in preventing needs escalating to a point where intervention would be needed.

10. SAFEGUARDING EDUCATION and SUPPORTING CHILDREN

Alma Primary is committed to ensuring that students are aware of behaviour towards them that is not acceptable and how they can keep themselves safe. To this end, the school will provide regular opportunities for children to learn about keeping themselves safe. All children will be taught about staff who they can talk to. Children will be taught that we have a senior member of staff with responsibility for child protection and know who this is. We will teach children about their right to be listened to and heard and what steps can be taken to protect them from harm.

Alma Primary recognises that a child who is abused or witnessed violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.

In such situations, Alma Primary may provide the only stability in the lives of children who have been abused or who are at risk of harm. Alma Primary accepts that the behaviour of a child in these circumstances may range from that which is perceived to be normal, to aggressive or withdrawn.

Alma Primary Safeguarding Policy

Alma Primary will support all students by:

- Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Children's Social Care as soon as there is a significant concern.
- Providing continuing support to a child about whom there have been concerns who leaves the school, by ensuring that appropriate information is forwarded under confidential cover to the student's new school (as soon as possible).

11. CONFIDENTIALITY

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies, via the MASH.
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

12. PARTNERSHIPS WITH PARENTS

Staff and parents at Alma Primary work together to educate and keep children safe from harm and to promote their welfare. We are committed to working with parents positively, openly and honestly.

We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to protect a child. We undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

We encourage parents to discuss any concerns they may have with one of the school's safeguarding personnel. Parents are made aware of who to contact if they have concerns regarding the Safeguarding of their or any other child, via the parents' handbook and website. Parents can also view this policy on request.

13. RECORD KEEPING

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

- Make notes as soon as possible after the conversation. Use the school safeguarding process recording sheet (appendix 2) 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 child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

14. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff, volunteer or child may have:

- Behaved in a way that has, or may have harmed a child or an adult
- Possibly committed a criminal offence against/related to a child or adult
- Behaved toward a child or an adult in a way which indicates s/he is unsuitable to work with children

This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life. The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the head teacher.

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. Contact details for the Chair of Governors are displayed in the staff room.

The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the MASH, in consultation with the BSCP Designated Officer (LADO).

If it is decided that the allegation meets the threshold for further action through the BSCP Inter-agency Child Protection and Safeguarding Children Procedures, the Headteacher must immediately make a referral.

If it is decided that the allegation does not meet the threshold for referral, the Head Teacher and BSCP LADO will consider the appropriate course of action, e.g. joint evaluation meeting, internal investigation. The Headteacher should, as soon as possible, following briefing from the BSCP LADO inform the subject of the allegation.

15. TRAINING and WHISTLEBLOWING

Staff members will be made aware of systems and policies within their school which support safeguarding during their inductions.

- The designated safeguarding lead should undergo updated child protection training every two years.
- The Headteacher and all staff members should undergo child protection training which is updated regularly, in line with BSCP advice.

Alma Primary recognises 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. There is a separate Whistle Blowing Policy for this purpose.

16. DISQUALIFICATION BY ASSOCIATION

In supplementary guidance to the Childcare Act (2006) the Government has clarified that school staff who work with children under the age of 8 are disqualified from working in a school when they 'live or work in the same household' as someone who is barred from working with children or young people, even if they would not otherwise be disqualified themselves. This includes living or working in the same household as anyone who is barred under section 75 of the Childcare Act (2006).

Alma Primary Safeguarding Policy

Because of the nature of work in our school, we therefore expect all staff to determine if they are potentially “disqualified” under the Childcare Disqualification Regulations and to provide “to the best of their knowledge” relevant information about an individual who lives or is employed in their household. For a full list of the offences included in this ruling, see ‘Disqualification under the Childcare Act 2006’ (DfE 2015), available from the DfE website and the school office.

In the event that a current or potential member of staff is ‘disqualified by association’, the Head teacher will inform Ofsted and may apply to Ofsted for a waiver. Alternatively, that individual may be placed in a role in which they have no contact with children under the age of 8, where this is both feasible and appropriate in the judgement of the Headteacher.

17. PHYSICAL INTERVENTION

Our policy on physical intervention by staff is set out in a separate policy and acknowledges that 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.

18. PREVENTION

Alma Primary recognises that it plays a significant part in the prevention of harm to our students by providing students with good lines of communication with trusted adults, supportive friends and an ethos of protection. The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know where there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include in the curriculum opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

19. ESCALATION OF CONCERNS

Effective safeguarding practices involve all professionals in the school working together, however from time to time practitioners may disagree with safeguarding decisions made by the Designated Safeguarding Lead or other safeguarding leads in the school.

In order to address these issues, the Barnet Safeguarding Children Board has produced an escalation policy, which has been adopted by Alma Primary. The policy stresses that ‘It is every professional’s responsibility in every agency to safeguard children and act in their best interests at all times. The policy has four stages: discussions between professionals within a setting; escalation to the DSL (at Alma Primary this is the Headteacher, Marc Shoffren or, in his absence, Samantha Rosehill, Rachel Clark or Jodi Rickless); escalation to the BSCP LADO, contactable via the MASH on 020 8359 4066.

20. MONITORING, EVALUATION AND REVIEW

The Governing Body will review this policy annually and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school.

APPENDIX 1 - INDICATORS OF HARM

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 child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin), commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicate 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

Alma Primary Safeguarding Policy

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

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Other indicators

Alma Primary Safeguarding Policy

- 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
- Reluctance 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

Alma Primary Safeguarding Policy

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 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 of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators in the family/environment

- Lack of support from family or social network.

Alma Primary Safeguarding Policy

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

- Physical presentation
- Failure to develop 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

Developmental indicators

- 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

Alma Primary Safeguarding Policy

- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Poor attachment relationship between carer/giver and child
- 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.

Alma Primary Safeguarding Policy

Indicators in the child

- Physical presentation
- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- Emotional/behavioural presentation
- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities, may (or may not) be associated with this form of abuse
- 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.

Inappropriate supervision

Caregiver referring to child as much older than they are

Family member is a sex offender.

Alma Primary Safeguarding Policy

Appendix 2: Alma Primary – Process Recording for Safeguarding Concerns

Key points:

- Feel confident and competent
- Tell the child you are writing things down because what they are saying is very important.
- Record the words did they use to describe the concern and actions esp. what they point to
- Attach any evidence (child’s drawing, writing, adult observation etc)
- Ask *who, what, when, how* or *can you tell me more* but not *why* or *what did you do*
- Avoid feelings – stay with facts
- Respect the child: Don’t pressurise – allow time (2 or 3 mins) and offer alternatives

Remember that praise and affirmation is essential!

Key concern/s on this form:

- Self harm
- Accusation re staff/family
- Neglect
- Prevent/ terrorism
- Grooming/abuse

Child’s name	Class
--------------	-------

What did the child say and do?	What did the practitioner say and do?
--------------------------------	---------------------------------------

Continue over if needed

Name	Role
Sign	Date

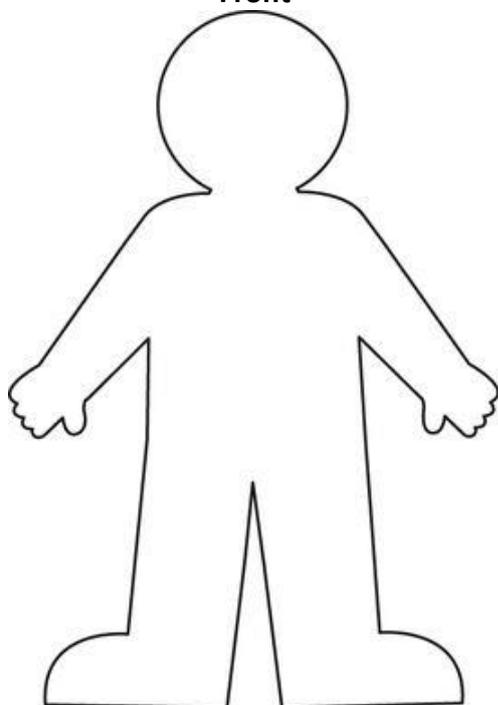
Alma Primary Safeguarding Policy

Continued from previous page

What did the child say and do?	What did the practitioner say and do?

Please use these diagrams to show where you have seen marks on a child

Front



Back

