



# Safeguarding Policy

‘Protecting Our Children’

Last Review: February 2019

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Signed: \_\_\_\_\_ (HT)

\_\_\_\_\_ (COG)

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## Introduction

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

At Alma the safeguarding of our children is of paramount importance. The LAAB (Local Academy Advisory Board) and staff fully understand the contribution the school makes to safeguarding children. We recognise that the safety and protection of all our children is important and that all members of the school community have a full and active role to play in keeping children safe. Therefore this policy applies to all staff, LAAB, volunteers and visitors to our school.

Parents or carers send their children to school each day with the expectation that we provide a secure environment in which they can flourish. Alma therefore has to ensure that this expectation becomes reality. In order to do this a wide range of measures are put in place.

The Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Sex and Relationships Policy, E-Safety Policy, Health and Safety, Whistle Blowing Policy and Procedures, PHSE and Citizenship Policy and the Child Looked After Policy.

The policy reflects current legislation and complies with Government guidance; Working Together to Safeguard Children (July 2018) and Keeping Children Safe in Education (September 2018).

## Aims

The aims of this policy are:

- To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.
- To raise awareness for teachers, non-teaching staff and volunteers of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse or harm.
- To support the child's development to foster security, confidence and independence.
- To ensure children know that there are adults in school whom they can approach if they are worried.
- To include opportunities in the curriculum for children to develop the skills and knowledge they need to recognise and stay safe.
- To confirm the processes and procedures in place to monitor children known to be at risk or suspected to be at risk, of harm.
- To ensure that everyone is aware of and understands the school's procedures – how to raise, log concerns and ensure they are forwarded to the appropriate staff.
- To emphasise the need for good levels of communication between all members of the school community in cases of suspected harm or abuse.

- To emphasise the importance of effective working with other agencies, including co-operating with the Local Authority to improve and safeguard the wellbeing of children.
- To emphasise the links with the school's policy for safe recruitment of staff and volunteers and for managing allegations.
- To maintain and ensure that adults working with children in our school have up to date DBS checks.

### Implementation, Monitoring and Review of the Safeguarding Policy

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

### Responsibilities

**The Headteacher in this school is: Helen Thomas**

**The nominated LAAB members for Safeguarding in this school is: Deborah Dykins**

**The Designated Safeguarding Lead in this school is: Kyri Nicholas**

**The Deputy Designated Safeguarding Lead in this school is: Corinne Wood**

**The Designated Teacher for Children Looked After in this school is: Kyri Nicholas**

**The Designated Safeguarding Team in this school is:**

- Helen Thomas
- Maria Christofi
- Corinne Wood
- Kyri Nicholas
- Lorraine Terris
- Jenny Righelato

The Local Academy Advisory Board has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated LAAB member for safeguarding is appointed to take lead responsibility.

The LAAB will ensure that:

- There is a Link member for Child Protection, who will attend training/updates every three years.
- A member of the LAAB is nominated to liaise with the Local Authority and/or other agencies on issues of safeguarding and in the event of an allegation of abuse made against the Headteacher.
- Relevant safeguarding policies are in place and reviewed as necessary.
- A Designated Safeguarding Lead is appointed who should undergo child protection training every two years. The Headteacher and staff should undergo child protection training which is updated regularly, in line with advice from the Local Safeguarding Children's Board (LSCB).
- The school's safeguarding arrangements take into account the procedures and practice of the Local Safeguarding Children's Board.

- Appropriate safer recruitment procedures, DBS checks and procedures for dealing with allegations against staff are in place which comply with Enfield Council Safeguarding Children's Board (LSCB).
- The school adopts recruitment procedures that help deter, reject or identify people who might abuse children (Part 3: Safer Recruitment. Keeping Children Safe in Education 2018).
- At least one member of an appointment panel has attended safer recruitment training.
- The school's central records are maintained.
- It recognises that neither it, nor individual LAAB members, have a role in dealing with individual cases or a right to know details of cases (except when exercising their disciplinary functions in respect of allegations against staff).
- Appropriate safeguarding responses to children who go missing from education are put in place. The school follows the LA policy 'Children Missing from Education'. (September 2016)
- The school's curriculum teaches children about how to keep themselves safe, including online. This may include covering relevant issues through Personal, Social Health and Economic Education (PSHE), and through Sex and Relationship Education (SRE).

The Headteacher will ensure that:

- The policies and procedures adopted by the LAAB are followed by staff.
- The policy will be made available to parents on the school website with a paper copy available on request.
- Designated staff receive the necessary training and support to be able to carry out their responsibilities.
- A training record for staff is maintained.
- Volunteers and contractors are made aware of the school Safeguarding and Code of Conduct policies and procedures.
- Relevant Health and Safety policies and procedures are maintained and reviewed as necessary.

The Designated Lead for Safeguarding will ensure that:

- He/she receives refresher training every two years, to keep his or her knowledge and skills up to date.
- All staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at regular intervals.
- All new staff receive 'Safeguarding Children' induction within 7 working days of commencement of their contract.
- Temporary staff and volunteers are made aware of the school's arrangements for safeguarding children.
- The school operates within the legislative framework and recommended guidance.
- School procedures are adhered to with regard to referring a child if there are concerns about possible abuse.
- He/she decides upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Intervention process or refer to Children, Schools and Families social care.
- Written records of concern about a child are kept even if there is not a need to make an immediate referral.
- Records are kept confidentially and securely and marked 'Confidential' and are passed securely should the child transfer to a new provision.

- Any child currently the subject of a Child Protection Plan who is absent without explanation is referred to Children's Social Care immediately.
- The Headteacher is kept fully informed of any concerns.
- Regular 'Keyworker' meetings are held and vulnerable children and those on a protection plan/looked after are discussed.
- Effective working relationships with other agencies and services are developed.
- He/she liaises and works with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse.
- He/she submits reports to and ensures the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.
- Guidance is provided to parents, children and staff about obtaining suitable support.
- The role of the Designated Safeguarding Lead and safeguarding in the school is discussed with new parents. Make parents aware of the safeguarding procedures used and how to access the safeguarding policy.
- If a pupil who is/or has been subject to a Child Protection Plan changes school, they will inform the social worker responsible for the case and transfer the appropriate records to the Designated Lead at the receiving school, in a secure manner, and separate from the child's academic file.

### **School Procedures – Staff Responsibilities**

All members of staff (paid and unpaid) have the statutory responsibility to safeguard and promote the welfare of children.

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead and in their absence the Deputy Safeguarding Lead/Headteacher immediately.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise and a factual account of the observations.

The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Social Care. In circumstances where a child is at risk of immediate serious harm, a referral should be made immediately to Children's Social Care.

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 at any point there is a risk of immediate serious harm to a child a referral should be made to children's services (Appendix 1 Key Contacts) immediately. Anyone can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Teachers must personally report to the police cases where they believe FGM has taken place. Teachers must inform the Designated Lead/Deputy as well as reporting to the police.

While the school acknowledges that home visits are made for the benefit of the children it remains the duty of staff to report any child protection concerns following the visit.

All staff are responsible for identifying a child who may benefit from 'Early Help'. 'Early Help' means providing support as soon as a problem emerges at any point or stage of development of a child's life. Staff should discuss 'Early Help' requirements with the Designated Lead. Staff may be required to contribute in an 'Early Help' assessment.

All staff receive training with regular updates and refresher sessions to ensure that safeguarding is always given a high priority in our school. Staff briefings and INSETs are also used to update staff on safeguarding procedures or to look at serious case reviews.

All staff will have read Part 1 of the Government Guidance 'Keeping Children Safe in Education' (September 2018) and Annex A 'Further Information'. This guidance contains references to specific safeguarding issues and provides links to further information as well as providing further information on child sexual exploitation, Female Genital Mutilation, preventing radicalisation, children missing from education, honour based violence and forced marriage.

All staff will have read the schools Safeguarding Policy.

Our school website and newsletters have safeguarding updates to support parents to safeguard children in their care.

## When To Be Concerned

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – See Appendix 2 – 'Categories of Abuse' for details.

## Dealing With A Disclosure

In most cases a child will disclose to a known, trusted adult. This may not be a member of the safeguarding team. In this situation the person to whom the disclosure has been made should inform a member of the Designated Safeguarding Team as soon as possible.

Immediate response to a child

It is vital that our actions do not abuse the child further or prejudice further enquiries, for example:

- Listen to the child, if you are shocked by what is being said try not to show it.
- It is ok to observe bruises but not to ask a child to remove clothing to observe them.

If a disclosure is made:

- Accept what the child says.
- Stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as 'What did s/he do next?' Your role is to listen – not to investigate.

- Use open ended questions such as ‘Is there anything else you want to tell me?’ Use the TED technique; (Tell, Explain and Describe).
- Be careful not to add to the child’s concerns by asking questions such as ‘Why didn’t you tell me before?’
- Acknowledge how hard it was for the child to tell you.
- Do not criticise the perpetrator, the child might have a relationship with them.
- Do not promise confidentiality, reassure the child that they have done the right thing, and explain who you will have to tell and why: It is important that you do not make promises you can’t keep.
- Stress that it was the right thing to tell.
- Explain what has to be done next and who has to be told.
- Pass the information to the Designated Lead / Deputy Lead / Headteacher without delay.

#### Support for staff

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

### Confidentiality and Sharing Information

We recognise that all matters relating to safeguarding children are confidential.

The Headteacher or Designated Safeguarding Team will only disclose information about a child to other members of staff on a need to know basis. All staff must be aware that they cannot promise to keep a disclosure secret.

Alma Primary School will:

- Ensure the Safeguarding Policy is available publicly either via the school website or other means.
- Ensure that parents have an understanding of the responsibilities placed on the school and the staff for safeguarding children.
- Ensure that any concerns remain confidential and are only shared with a member of the safeguarding team.
- Ensure a child’s disclosure is confidential and the Designated Lead/Deputy Lead or Headteacher will make a decision, with the appropriate agency, on whether to inform the child’s family.
- Ensure all staff are aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

### Record Keeping

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

- Make brief notes at the time and immediately afterwards complete a ‘Cause for Concern Form’. It is important to write the date, time, place and context of the disclosure. Write only facts and not assumptions or interpretation.
- NOT TAKE PHOTOGRAPHS.
- Not destroy the original notes in case they are needed by a court.
- Record any noticeable non-verbal behaviour and the words used by the child.

- Draw a diagram to indicate the position of any injuries.
- Give notes, followed by the 'Cause for Concern Form' to the designated lead without delay.
- Remember to sign and date all notes and forms.

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

## Supporting Vulnerable Children

We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel self-blame, helpless and humiliated. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We realise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm. Our school will support all children by encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying; promoting a caring, safe and positive environment within the school, liaising and working together with all outside agencies notifying Social Care as soon as there is a significant concern.

We will also provide continuing support to a child who leaves the school and about whom there have been concerns by ensuring that appropriate information is forwarded under confidential cover to the child's new school. Our PHSE programme supports our children to understand how to keep themselves safe.

When a child is missing from education, the school follows the procedure as set out in Enfield's Children Missing in Education guidance and informs the Education Welfare Officer and Social Care if a child is subject to a Child Protection Plan or there have been ongoing concerns.

### **SEND and LAC Pupils (Special Educational Needs and Disabilities, Looked After Children)**

It is essential that all staff are vigilant when monitoring the health and well-being of all SEND children. Evidence from research confirms that disabled children/young adults are particularly vulnerable to abuse and/or neglect. All staff must raise any concerns of SEND children using the procedures set out in this policy for all.

Looked After Children are another vulnerable group therefore the Designated Safeguarding Lead will liaise with the Virtual Schools Headteacher to ensure they are safeguarded from harm.

## Specific Safeguarding Issues

The school keeps itself up-to-date with the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation. All members of staff have read Part 1 of 'Keeping Children Safe in Education' – September 2018 and Annex A: 'Further Information'.

At Alma:

- Our staff are supported to recognise warning signs and indicators in relation to specific issues.
- We work with and engage our families and communities to talk about such issues.

- Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
- Our Designated Safeguarding Team will seek and obtain specific advice and guidance as necessary.
- The staff will engage expert advice and use specialist material to support the safeguarding preventative work we do.
- Through the school's values, ethos and British Values, we provide the basic platform to ensure children are given the support to respect themselves and others, stand up for themselves and protect each other.

### **Radicalisation**

The current threat of radicalisation in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The school is clear that this exploitation and radicalisation should be viewed as a safeguarding concern. All pupils and teachers have the right to speak freely and voice their opinions. However, free speech is not an unqualified privilege but is subject to laws and policies governing equal human rights, community safety and community cohesion.

At Alma:

- We actively seek to protect children against the messages of all violent extremism.
- If staff have any concerns, a 'Cause for Concern Form' should be completed immediately and reported to the Safeguarding Lead and Headteacher.
- We ensure our duty under section 26 Counter-Terrorism and Security Act 2015 is followed.
- We improve staff's awareness of radicalisation through 'Prevent Training'.
- Our school curriculum promotes the fundamental British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

### **Child Sexual Exploitation (CSE)**

Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups.

Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying including cyberbullying and grooming.

It is important to recognise that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognize it as abuse.

A 'Cause for Concern' will be completed and passed onto the Safeguarding Lead/Headteacher, if there is a concern that a young person may be at risk.

### **Forced Marriage**

Forcing a person into marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties where violence, threats or any other form of coercion is used.

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

FGM is a criminal offence and is illegal in the UK.

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is a surprisingly common form of abuse in the UK.

FGM is carried out on children between the ages of 0–15, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health.

FGM is internationally recognized as a violation of the human rights of girls and women, and is illegal in most countries, including the UK.

The school takes these concerns seriously and staff will be made aware of the signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk, is imminent, or has already taken place will be dealt with under the safeguarding procedures outlined in this policy. The Serious Crime Act 2015 places a statutory duty upon teachers to report to the police where they discover that FGM appears to have been carried out on a girl under 18 Years of age.

Alma will deliver planned lessons for all pupils from Nursery – Year 6 following the NSPCC PANTS programme and a dedicated FGM programme from Year 3 – 6.

### **Peer on Peer Abuse**

All staff must be aware safeguarding issues can manifest themselves via peer on peer abuse. This is likely to include, bullying (including cyber bullying), Gender based violence/sexual assaults and sexting. Sexting is when someone sends or receives a sexually explicit text image or video.

Pressurising someone into sending nude selfies, pictures or sharing someone's pictures without their permission even if it's a friend is wrong and even illegal. Being touched in a sexual way that makes you uncomfortable, being pressurised to send naked pictures or being made to sexually stimulate yourself or others is illegal. The school will follow the procedures set out in this policy to safeguard pupils against peer on peer abuse and promote open conversations through our PHSE programme. Raising awareness with all children about the effects of peer on peer abuse is essential when ensuring children's safety.

### **Honour Based Violence (HBV)**

This encompasses crimes which have been committed to protect or defend the honour of the family and/or community, including FGM, forced marriage and practices such as breast ironing. All forms of HBV are abuse.

## **Allegations Involving School Staff/Volunteers**

### **Allegations against Staff**

At Alma we understand that a pupil can make an allegation against a member of staff or volunteer. If such an allegation is made, the member of staff or volunteer receiving the allegation will immediately inform the Headteacher.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

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

The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO). In Enfield, the role of the LADO is undertaken by the Deputy Head of Safeguarding and Quality Service (SQS), Maria Anastasi.

If the allegation made to a member of staff concerns the Headteacher, the Designated Safeguarding Lead will immediately inform the Chair of the LAAB who will consult with Enfield's Lead Officer for Safeguarding and Child Protection.

The school will follow the 'All London Child Protection Procedures' for managing allegations against staff.

### **Whistleblowing**

At Alma we recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.

## **Managing Allegations Against Other Pupils**

The 'Keeping Children Safe in Education' statutory guidance says that governing bodies... *'should ensure that there are procedures in place to handle allegations against other children'*. At Alma we recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely to be considered a safeguarding allegation against a pupil, if:

- The allegation is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil.
- The allegation is of a serious nature, possibly including a criminal offence.
- The allegation raises risk factors for other pupils in the school.
- The allegation indicates that other pupils may have been affected by this pupil.
- The allegation indicates that young people outside the school may be affected by this pupil.

Examples of safeguarding issues against a pupil could include:

#### Physical Abuse

- violence, particularly pre-planned
- forcing others to use drugs or alcohol

#### Emotional Abuse

- blackmail or extortion
- threats and intimidation

#### Sexual abuse

- indecent exposure, indecent touching or serious sexual assaults

- forcing others to watch pornography or take part in sexting

#### Sexual Exploitation

- encouraging other children to attend inappropriate parties
- photographing or videoing other children performing indecent acts

In areas where gangs are prevalent, older pupils may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

#### What to do:

- When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact Social Care/LADO to discuss the case. It is possible that Social Care are already aware of safeguarding concerns around this young person. The DSL will follow advice and make a referral where appropriate.
- The DSL will make a record of the concern, any discussion that took place and any outcome and keep a copy in both pupils' files.
- If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents /carers informed. It may be appropriate to exclude the pupil about whom the complaint is made for a period of time according to the school's Behaviour Policy.
- Where neither Social Care nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual behaviour procedures. In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan. The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

#### Other Safeguarding Measures In Place

The following measures help provide a safe environment in which our children learn and flourish and for the well-being and safeguarding of the staff.

#### The Health and Safety Policy

The school has a Health and Safety Policy, which is regularly reviewed. Specific information relating to the school environment and educational visits can be found in the Health and Safety and Educational Visits policy. Copies of these policies are available from the school website.

As part of our policy, we conduct termly Health and Safety inspections which are monitored by the LAAB. The Health and Safety Officer, the Site Manager and the Health and Safety LAAB member undertake the inspections and a comprehensive list is completed assessing any remedial actions which need to take place. The actions are then addressed by the appropriate parties. Any concerns from staff are reported to any of the above and an initial assessment takes place. After the Health & Safety inspection an action plan is developed with a time line on when any issues identified should be addressed.

There are regular fire drills so that efficient evacuation from the buildings can be practised. The Fire Alarm is regularly monitored and maintained and the school also conducts a Fire Risk Assessment. Staff are aware of the procedure in the event of the need to evacuate the site to the nearest school (Oasis Hadley).

### **Behaviour Policy**

Alma has a Behaviour Policy which is regularly reviewed. At Alma we expect all of our pupils to come to school with positive attitudes. Our Policy sets out how we will reward good behaviour and the consequences the school will use when behaviour is inappropriate.

We believe that every child and every adult at our school has the right to feel happy, to feel valued and to be treated with respect. At Alma our aim is to create an environment, physically and emotionally where everyone feels safe and secure.

### **First Aid**

In school, all EYFS staff are paediatric first aid trained in accordance with the statutory guidance. All Educational Support Workers have had first aid training which ensures there is always full time welfare support during the school day. A member of staff trained in first aid always accompanies all educational visits. Procedures are also in place to ensure all injuries are recorded. There are a number of first aid kits situated in the Welfare Room and in every classroom. Procedures in place for dealing with injuries include:

- Consulting a trained first aider.
- Logging all incidents in the accident book.
- All head injuries are issued with a 'bumped head' sticker and a note to take home. A member of the administration team will telephone home to inform the child's parent of the injury.
- Contacting parents or emergency services if the injury is a serious concern.

In the case of a pupil needing medication during the school day parents are asked to come in and speak to a member of the administration team who will advise them of school procedures. Parents are welcome to come into school to administer the correct dosages themselves or sign a consent slip for medication; prescribed by a doctor, so that it can be administered by a member of staff.

### **Site Security**

Alma provides a secure site. In order to maintain security there are rules and procedures that staff, parents, children and visitors should adhere to:

- All staff have a responsibility to ensure the school buildings and grounds are secure and to report concerns that may arise.
- All parents, visitors and volunteers to the school must enter through the main entrance and report to the office immediately.
- A log book is kept for staff and visitors which is signed on arrival and departure.
- Lanyards are provided and must be worn during the visit. Each lanyard displays the identity of the designated safeguarding team and information on what to do if a child makes a disclosure.
- The school will not accept the behaviour of any individual, parent/carer or anyone else who threatens school security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious breach of school expectations and may result in a decision to refuse

the person access to the school site. The school's 'Parent, Carer and Visitor Code of Conduct Policy' is available on the school website.

- All outside gates will be secured by the Site Manager. Gates should be locked except at the start and end of the day and at the beginning and end of Nursery times. The Lead Practitioner for 'Terrific Twos' opens the gate to the 'John Grove Nursery' and ensures that it is locked. In her absence the Deputy Practitioner will take on the responsibility of opening and closing the gate.
- All outside doors should be shut during school hours unless supervised.
- Children will only be allowed home with an adult who has parental responsibility or with someone who has been granted permission from the parent/carer.
- Children should never be allowed to leave school alone during school hours, and if collected by an adult, should be signed out.
- All staff have a duty to challenge strangers on site or seek emergency help if necessary.
- All staff are required to wear ID badges on a school lanyard.
- Should a child leave the school premises without permission, staff have been informed never to chase after a child, but rather to report immediately to the Office/Headteacher. Parents and the police will then be informed of the circumstances.

### **Attendance**

All staff are aware of the information set out in Annex A 'Keeping Children Safe in Education' regarding a child missing from education and how this is a potential indicator of abuse or neglect. Alma also follows the regulations around the need to have an admission and attendance register. The school works closely with the Local Authority regarding admissions to raise any safeguarding concerns around regular attendance and unexplained absences.

Excellent attendance is expected of all children, but when children are unwell parents are expected to confirm absence by telephone immediately. If there is no notification Alma has a policy of same day calling in order to ascertain each child's whereabouts. If a child's attendance and punctuality causes concern, contact will initially be made with the parent, thereafter a referral may be made to the Local Authority's Education Welfare Officer.

The school is aware of its right to take legal action against parents who do not ensure good attendance and punctuality.

### **Physical Intervention**

We acknowledge that physical intervention must only ever be used as a last resort and that at times minimal force may be necessary to prevent injury to another person. We ensure that staff are aware that physical intervention that causes injury to a child, may be considered under child protection or disciplinary procedures. Key members of staff have had approach training and are able to advise staff.

**Social Network and Mobile Phone Use** – See the school E-safety Policy and the Code of Conduct Policy.

Staff:

- Are reminded never to post any information or photographs that would damage the school's reputation or bring the school into disrepute. As it is not possible to stop people viewing personal profile photos regardless of privacy settings, staff must ensure all pictures are suitable for anyone to view.
- Should not give their personal email address to current/previous parents/carers but are asked to give the school office address or school email addresses instead. If members of staff do

communicate through social media they are advised to use the highest privacy settings and not to reply to contact from parents/carers/pupils, past or present.

- Mobile phones must be switched off during class time and should be kept locked away safely during school open times.
- May not share mobile phone numbers with pupils or parents.
- Must not use their own personal mobile phone to take photographs at school.

Parents:

- Will be asked not to post any photographs or videos on social media, unless the content is of their child only.

### **Internet Safety**

Please refer to the E-safety Policy and the Staff Code of Conduct Policy.

Children should be encouraged to use the internet to support their learning but at all times in a safe way. Pupils are closely monitored when they are online and the security measures provided by the London Grid for Learning, ensures pupils are not exposed to inappropriate material. Websites are monitored and some are blocked. If teachers know of misuse, either by a child or an adult, the issue must be reported to the Headteacher without delay.

Coverage of the curriculum ensures that our children are taught how to use the internet and email safely. In PSHE lessons and themed weeks children are also warned of the dangers of Cyber-Bullying. Our school website also has an E-Safety section to support pupils and parents.

### **Volunteers, Visitors and Students**

All regular volunteers have a DBS clearance. Parents are allowed to support a brief activity, such as a school visit, which does not involve the supervision or close contact of children. For extended contact with children, when children may be left alone with an adult, or when an adult visitor may be in and around the school building a full DBS search will be conducted. Visitors who do not yet have clearance will under no circumstance be left alone with a child or group of children. The Office will endeavour to check clearance before admittance is granted, but where there may be any doubt; the visitor will be supervised and not left alone with children.

The Local Authority has confirmed that visitors with a professional role, such as the School Nurse or Education Psychologist have relevant clearance and they are asked to wear identification whilst on site.

Students:

- All students, apart from work experience students, must hold a completed DBS check before the placement commences.
- Students must not be left alone with pupils or accompany them to the toilets.

Parents:

- Parents assisting with reading in class or attending Educational Visits are not DBS checked as they are not left alone with children.
- Parents who volunteer regularly will be DBS checked.

### **Single Central Record**

The school holds a Single Central Record which is updated regularly.

From October 2014 all staff are required to sign an annual Childcare Disqualification declaration to advise the school of any changes that will affect their DBS status.

### **Appointments of Staff and Induction**

All staff that are appointed to work in school have a DBS check undertaken. This search highlights people who have a criminal record or have had previous allegations made against them. If staff are found to have a criminal record the appointment is reconsidered by the Headteacher and the LAAB. The LA is informed directly by the Disclosure and Barring Service.

A member of the Senior Leadership Team sits on all appointment panels where the candidates are external applicants. The Headteacher, Deputy, AHT for Early Years, Business Manager and the Chair of the LAAB have undertaken training on Safer Recruitment.

New staff are inducted into Safeguarding Practices. The induction process ensures all new staff are familiarised with all safeguarding procedures and policies. All staff are required to complete the school's 'Keeping Children Safe in Education' declaration and a DBS declaration to declare any changes to their criminal record.

### **End of Day**

The following measures are put in place to ensure our children return home safely at the end of a school day.

- The children at Alma are allowed to go home with named adults.
- Parents with children in Years 5 or 6 must provide the school with a letter if they are to go home alone.

The school recommends that all children should be collected by someone over the age of 16. A letter must be obtained from parents if they choose to have an older sibling collect a child.

### **Bullying**

Please see the school Behaviour Policy. We acknowledge that bullying may be considered under child protection procedures.

### **Curriculum**

The curriculum deals with safeguarding in a number of ways. Each year group has a medium term plan for the curriculum which sets out areas to be covered. The School Values and British Values are addressed specifically during whole school assemblies.

Through Personal, Social and Health Education a range of issues are explored and discussed. Bullying and keeping yourself safe are addressed through the curriculum and through whole school assemblies. In addition the curriculum is designed so that safety issues within the subject are discussed and safe practices taught, such as using equipment correctly in Physical Education and Design and Technology.

At all times there has to be appropriate staffing levels, especially when the curriculum is taken out of school, to ensure that appropriate and agreed child/adult ratios are maintained. The lead adult always completes a risk assessment to identify any potential risks. These are then checked by a senior member of staff and authorised by the Educational Visits Co-ordinator.

### **Tutoring**

The staff at Alma may tutor in their own time but must inform the Headteacher.

Specific school policies which refer to Safeguarding children include:

- Behaviour Policy
- PHSE and Citizenship Policy
- Children Looked After Policy
- Whistle Blowing Policy and Procedures
- Confirmation of Safeguarding Checks on Staff/Workers
- Health and Safety Policy
- Parent, Carer and Visitor Code of Conduct Policy
- Staff Code of Conduct
- Sex and Relationships Policy
- E-Safety Policy
- Child Missing From Education

Specific Safeguarding EYFS Policies include:

- Safeguarding Children/Child Protection Policy
- Intimate Care
- Safe Care and Practice
- Whistleblowing
- Camera, Mobile Phone and Recording Device
- Promoting Positive Behaviour Terrific Twos

## APPENDIX 1 – KEY CONTACTS

Designated Lead (DSL) Deputy Lead	Kyri Nicholas (AHT) Corinne Wood (Pastoral Support Worker)	0208 804 3302
Designated Safeguarding Team	Helen Thomas (Headteacher) Maria Christofi (DHT) Lorraine Terris (EYFS) Jenny Righelato (Attendance)	
Designated Safeguarding and Child Protection LAAB member	Deborah Dykins	0208 804 3302
Place2Be counsellor	Paloma Elliot	0208 804 3302
LA Designated Officer (LADO)	Maria Anastasi	0208 3792746 <a href="http://www.enfield.gov.uk/enfieldscb/">http://www.enfield.gov.uk/enfieldscb/</a> Where there is a risk of immediate serious harm to a child a referral should be made to children’s Social Care immediately. Anyone can make a referral.
LA Safeguarding and Quality Assurance Service	Duty Reviewing Officer for advice or a ‘What if?’ consultation	0208 379 2850
Children’s Social Care – reporting concerns Intake and Assessment Team at Enfield Children’s Services	Duty Social Worker and Assessment Team  Emergency Duty Service – after hours, weekends and public holidays.	0208 379 2507
LA children’s Social Care Referral Team	Enfield Safeguarding Children Board	0208 379 2767
Multi-Agency Safeguarding Hub (MASH) Single Point of Entry (SPOE)		0208 379 5555
Primary Health Care Enfield		0208 2708101
Police Emergency		999
Police Non-Emergency		111
Safer Schools Officer Prevent	Jacque Penn  Suj Ponnampalam Sujeevan.ponnampalam@enfield.gov.uk PC Garrett Pennery	0208 345 1155  0208 379 6137
NSPCC Helpline		0800 800 5000

NSPCC FGM Hotline		0800 028 3550
Childline		0800 11 11

## APPENDIX 2 – CATEGORIES OF ABUSE

### Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

### 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 or 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 of legs, legs or face.
- Bruising or tears around, or behind, the earlobe/s indicating inuring by pulling or twisting.
- Bruising around the face.
- Grasp marks to the upper arms, forearms or leg.
- Petechial haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing.

#### Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

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

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

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

### **Fabricated or Induced Illness**

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

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

### **Bite Marks**

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

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds.

Scalds are the most common intentional burn injury recorded.

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

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

The following points are also worth remembering:

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

### **Scars**

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

### **Emotional/behavioural presentation**

- Refusal to discuss injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted and fear of returning home.
- Withdrawal from physical contact.
- Arms and legs kept covered in hot weather.
- Fear of medical help.
- Aggression towards others.
- Frequently absent from school.
- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.

### Indicators in the parent

- May have injuries themselves that suggest domestic violence.
- Not seeking medical help/unexplained delay in seeking treatment.
- Reluctant to give information or mention previous injuries.
- Absent without good reason when their child is presented for treatment.
- Disinterested or undisturbed by accident or injury.
- Aggressive towards child or others.
- Unauthorised attempts to administer medication.
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault.
- Parent/Carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids.
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/Carer has convictions for violent crimes.

### Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.

- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## EMOTIONAL ABUSE

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

*It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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, although 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.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **NEGLECT**

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

*Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

### Indicators in the child

#### **Physical presentation**

- Failure to thrive or, in older children, short stature.
- Underweight.
- Frequent hunger.
- Dirty, unkempt condition.
- Inadequately clothed, clothing in a poor state of repair.
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold.
- Swollen limbs with sores that are slow to heal usually associated with cold injury.
- Abnormal voracious appetite.
- Dry, sparse hair.
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea.
- Unmanaged / untreated health / medical conditions including poor dental health.

- Frequent accidents or injuries.

### **Development**

- General delay, especially speech and language delay.
- Inadequate social skills and poor socialization.

### **Emotional/behavioural presentation**

- Attachment disorders.
- Absence of normal social responsiveness.
- Indiscriminate behaviour in relationships with adults.
- Emotionally needy.
- Compulsive stealing.
- Constant tiredness.
- Frequently absent or late at school.
- Poor self-esteem.
- Destructive tendencies.
- Thrives away from home environment.
- Aggressive and impulsive behaviour.
- Disturbed peer relationships.
- Self-harming behaviour.

### **Indicators in the parent**

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

### **Indicators in the family/environment**

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

- Lack of opportunities for child to play and learn.

## **SEXUAL ABUSE**

*Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.*

*The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.*

*They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).*

*Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.*

### Indicators in the child

#### **Physical presentation**

- Urinary infections, bleeding or soreness in the genital or anal areas.
- Recurrent pain on passing urine or faeces.
- Blood on underclothes.
- Sexually transmitted infections.
- Vaginal soreness or bleeding.
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

#### **Emotional/behavioural presentation**

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit.
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn.
- Self-harm - eating disorders, self-mutilation and suicide attempts.
- Poor self-image, self-harm, self-hatred.
- Reluctant to undress for PE.
- Running away from home.
- Poor attention / concentration (world of their own).
- Sudden changes in school work habits, become truant.
- Withdrawal, isolation or excessive worrying.
- Inappropriate sexualised conduct.
- Sexually exploited or indiscriminate choice of sexual partners.
- Wetting or other regressive behaviours e.g. thumb sucking.

- Draws sexually explicit pictures.
- Depression.

#### Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries.
- Wider parenting difficulties or vulnerabilities.
- Grooming behaviour.
- Parent is a sex offender.

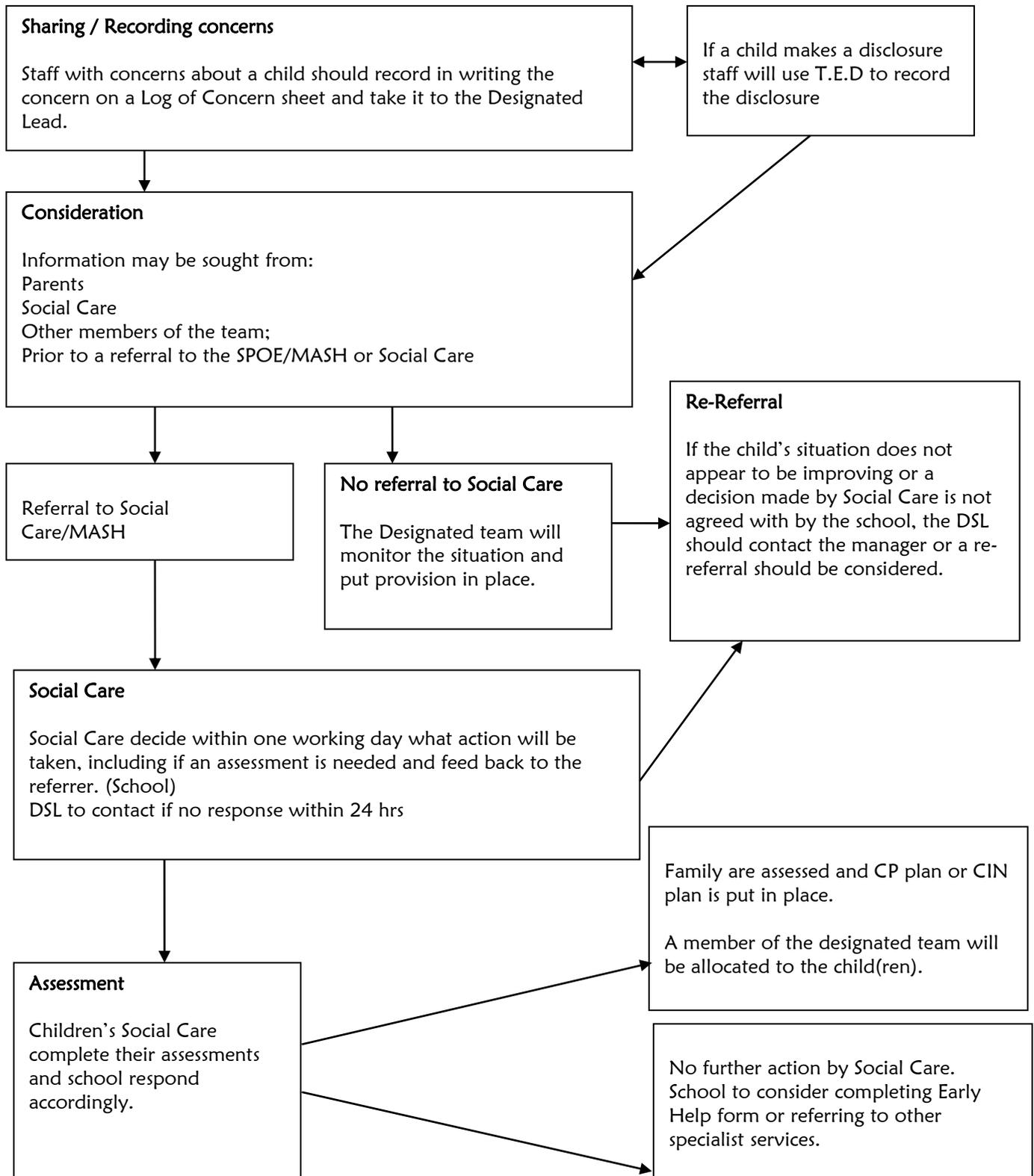
#### Indicators in the family/environment

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

## APPENDIX 3 – THE SAFEGUARDING PROCESS AT ALMA

This diagram illustrates what action should be taken by school staff when there are concerns about a child's welfare.

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.



# APPENDIX 4 – THE SAFEGUARDING TEAM AT ALMA



## Alma Primary School Designated Safeguarding Team

### What to do if someone discloses to you

<p>Helen Thomas Headteacher</p> 	<p>Adults to whom a disclosure is made should remember:</p> <ul style="list-style-type: none"> <li>• To listen carefully and try not to look alarmed. Yours is a listening role, any questions you feel you need to ask to clarify what the child is saying should be framed in an open manner and not lead the child in any way. If in doubt, do not ask questions, just listen carefully.</li> <li>• Not to promise to ‘keep a secret’ or give undertaking of absolute confidentiality as you have a responsibility to disclose information to those who need to know.</li> <li>• To complete a ‘Cause for Concern’ form. The form should include the time, date, place and people who were present as well as what was said.</li> <li>• ‘Cause for Concern’ forms can be found in the staffroom, Inclusion Leader’s office and in the main school reception.</li> <li>• Finally, inform a designated safeguarding member of staff and give your form to them. Do not discuss the disclosure with anyone else.</li> </ul> <p><b>If you are not sure whether it is a serious disclosure, always speak to a member of the designated safeguarding team.</b></p>
<p>Maria Christofi Deputy Headteacher</p> 	
<p>Corinne Wood Pastoral Support</p> 	
<p>Lorraine Terris AHT</p> 	
<p>Kyri Nicholas AHT/Inclusion Lead</p> 	
<p>Jenny Righelato Admin Officer</p> 	