

## Wellgate Primary School

### **CHILD PROTECTION POLICY**

**Feb 09**

**Prepared by: Head Teacher**

**Discussed with: Governors**

**Agreed on: Feb 24<sup>th</sup> 09**

**To be reviewed on: 1 year following agreement date**

#### **Rationale**

The school is a key front-line player, working in partnership with other children services, and staff should always be mindful of local policies and procedures, that must be followed, and which are under the direction of the Local Safeguarding Children's Board. Everyone employed at our school has a responsibility in relation to child protection. In most cases this will be the referral of concerns to the Headteacher, who is the Child Protection officer.. In day to day contact with children at risk, we have opportunity to note concerns and to meet with parents and other associated adults, where this is appropriate.

Increasingly, schools are expected to work with and support different agencies to enable the most appropriate form of intervention to take place. This policy aims to outline the role that school has and the procedures that staff should follow and the guidance on issues related to child protection generally. It is not exhaustive. All staff should use as a rule of thumb the needs and safety of the child as being at the centre of any decision they may need to take.

#### **Aims**

- to raise awareness of individual responsibilities in identifying and reporting possible cases of abuse
- to provide a systematic means of monitoring, recording and reporting of concerns and cases
- to provide guidance on recognising and reporting suspected child abuse

#### **Responsibilities**

##### **Headteacher/ designated person**

The **Head Teacher** is the designated teacher for child protection. In his/her absence the deputy headteacher should be approached.

They are responsible for:

- co-coordinating action within the school and liaising with Social Care and other agencies over cases of abuse and suspected abuse
- acting as a source of advice within the school
- ensuring that staff are familiar with the policy and procedures

- referral of individual cases of suspected abuse
- liaising with agencies about individual cases
- organising training on child protection within school

Where verbal referrals are made to social care, the referral should be confirmed in writing within 24 hours. Where there is uncertainty about making a full referral, advice can still be sought from the social care department without giving the child's details.

New teachers and supply staff are given a copy of the Child Protection policy.

All members of staff need to be alert to the signs of abuse as detailed in this policy. They should report any concerns immediately, where possible to the designated teacher or his/her deputy. If in any doubt they should consult with the designated teacher.

Apply the procedures detailed below for responding to a suspected case remembering that:

- You cannot promise confidentiality
- information should only be shared with those who need to know
- it is important to stay calm and reassuring
- the needs and safety of the child must always come first
- when in doubt - ask

### **Non-teaching staff**

Non-teaching staff may be approached by children or have concerns. They should follow the same procedure as teaching staff in seeking referral at the earliest opportunity to the designated teacher or their deputy where appropriate.

### **GUIDANCE ON RECOGNISING SUSPECTED ABUSE**

Child abuse is a term used to describe ways in which children harmed by someone often in a position of power. It may not be our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report it to the appropriate party. **The health, safety and protection of a child are paramount.**

### **PHYSICAL ABUSE**

It can include hitting, shaking, throwing, poisoning, burning, scalding, suffocating or causing any form of physical harm to a child.

Possible signs include:

- Unexplained injuries or burns
- Refusal to discuss injuries
- Improbable explanations of injuries
- Untreated injuries or lingering illness

- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or parent
- Fear of undressing
- Fear of medical help
- Aggression/ bullying
- Over compliant behaviour
- Running away
- Significant changes in behaviour
- Deterioration in work
- Unexplained pattern of absences

## **EMOTIONAL ABUSE**

This is persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It can include:

- Conveying to a child that they are worthless or unloved
- placing inappropriate age-related expectations on children
- making children feel frightened or in danger on a frequent basis

Possible signs of emotional abuse include:

- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional response to painful situations
- Self-harm or mutilation
- Compulsive stealing/ scrounging
- Drug/ solvent abuse
- 'Neurotic' behaviour – obsessive rocking, thumb sucking
- Air of detachment 'don't care' attitude
- Social isolation
- Attention-seeking behaviour
- Eating problems
- Depression, withdrawal

## **SEXUAL ABUSE**

Sexual abuse involve forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

They can include non-contact activities such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Possible signs include:

Bruises, scratches, burns or bite marks  
Scratches abrasions or persistent infection in the anal or genital regions  
Pregnancy  
Sexual awareness inappropriate to the child's age  
Frequent public masturbation  
Attempts to teach other children about sexual activity  
Refusing to stay with certain people or go to certain places  
Aggressiveness, anger, anxiety, tearfulness  
Withdrawal from friends

## **NEGLECT**

Neglect is also a form of abuse. It is persistent failure to meet a child's basic physical and / or psychological needs and can affect the child's health and development. It might include failure to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, failure to ensure appropriate access to medical care and treatment.

Possible signs include:

- Constant hunger
- Poor personal hygiene
- Inappropriate cloth
- Frequent lateness or no
- Untreated medical problems
- Low self-esteem
- Poor social relationships
- Compulsive stealing or scrounging
- Constant tiredness

## **BULLYING**

Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. The three main types of bullying are:

- physical
- verbal
- emotional

All incidents of bullying should be dealt with by the class teacher in the first instance, followed by year leader and Head Teacher as appropriate. A more detailed guide can be found in the school's anti-bullying policy.

## **SELF HARM**

If it comes to the attention of a teacher / member of staff that a child is self-harming, they should alert the designated teacher for child protection. Actions by the designated teacher might include:

- contacting parents
- contacting Child Adolescent Mental Health Services
- contacting Social Care if the child meets the referral criteria

## **GUIDANCE ON DEALING WITH SUSPECTED ABUSE**

All staff should refer concerns to the designated teacher as soon as possible. In the meantime, they should:

- listen to the pupil, keeping calm and offering reassurance
- observe bruises but should not ask a child to remove or adjust clothing to observe them
- If a disclosure is made the child should lead the discussion. Do not press for details by asking questions like “what did they do next?”
- Listen – don’t investigate using questions such as “is there anything else you’d like to tell me?”
- Accept what the pupil says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them
- Don’t lay blame or criticise either the child or the perpetrator
- Don’t promise confidentiality – explain they have done the right thing and who you will need to tell and why

## **Procedures for monitoring, recording and reporting**

### **At the time**

Brief notes at the time or immediately afterwards will help you to complete the **Critical Incident sheet** when you are able. You should note:

Date and time of disclosure/incident observed

Place and context of disclosure or concern

Facts you need to report

### **When you can**

Complete a **critical incident sheet** which is available from and stored in the Headteachers office. This should then be passed on to the Headteacher.

In the case of there being bruises or observed injuries the **Body Map** which is an appendix in the policy, should be completed.

In addition a 'cause for concern' book is kept in the Head teachers office. This book is where small concerns can be noted. Staff should discuss the cause for concern with the Headteacher or in her absence with the Deputy Headteacher, as soon as possible. The Head or the Deputy Head will fill in the cause for concern book with the individual bringing the cause and ask the individual to sign the account as a true record.

Remember to keep to factual information and not assumption or interpretation. Use the child's own language to quote rather than translating into your own terms. Be aware that this information may be used at a later date to support a referral to an external agency.

### **Designated teacher**

The designated teacher will:

- Follow-up the referral using the critical incident sheet as a basis for consideration before action
- Make additional records of discussions and any investigation that takes place
- Make a decision whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.
- Where a child is referred to social care a referral form should be completed and sent within 24 hours

Recorded information from social care meetings and other reports are stored in separate document wallets in a locked cabinet in the Headteachers office. Any documents for inclusion in this folder should be given directly to the head teacher or Deputy Head.

### **Allegations against staff**

This is an extremely difficult and sensitive area to address. All allegations should be dealt with according to the guidance set out by the ACPC contained in the 'ACPC Book'.

The LA child protection officer should be contacted immediately with any concern, by the designated person.

### **Inter-agency liaison**

If referrals have been made to the Child Protection officer she will attempt to write a CAF with the parents. Liason will be made with EWO, Health, Physiotherapist , Occupational therapist, PSA and other agencies.

### **Social care meetings**

At times school staff will be called to participate in meetings chaired by social care. These might be:

- Strategy discussion
- the child protection review conference
- Child protection conferences
- Family group conferences – for children in need, in a range of circumstances where a plan is required for the child’s future welfare
- professionals’ meetings – in which representative professionals from different agencies are asked to meet to discuss children and their families with a view to providing support or making recommendations in terms of next stages of involvement
- core group meetings – meeting in which a ‘core’ group of professionals associated with the family are asked to meet to review the progress of actions decided at case conferences and register reviews

At these meetings, representatives from the school should be ready to report providing information about:

- attendance and punctuality
- academic achievement
- the child’s behaviour and attitude
- relationships with peer group and social skills generally
- child’s appearance and readiness for school
- contact with parents/ carers
- any specific incidents that need reporting

Prior to the meeting, class teachers and other adults working closely with the child should be asked for their comments. Following the meeting feedback should be given and staff brought up to date with any actions that are needed.

### **The Child Protection Register**

Children placed on the register will require additional support and monitoring. The social care department will inform a school receiving a child on the register and accompanying records should follow from the child’s previous school.

### **Confidentiality**

Where children are on the child protection register and leave one school for another the designated teacher must inform the receiving school and the social worker at the social care department. If the child leaves with no receiving school, details should be passed to the Principal ESW

Education staff have a professional responsibility to share relevant information about the protection of children with the investigative agencies. Members of staff should not promise confidentiality but can let the child know that only those who need to know will be informed and that that will be for the child’s own sake.

Time should be taken to reassure the child and confirm that information given will be treated sensitively. Reassurance should be given and the adult involved listen sympathetically and non-judgmentally.

Staff should be careful and ensure that information is only given to the appropriate person. All staff should be kept aware of issues relating to confidentiality and the status of information they may hold.

Members of staff, other than the designated member and those involved closely, should only have enough details in order to help them to act sensitively and appropriately to a pupil. Sensitive information regarding pastoral issues and for children on the child protection register is kept separately in a folder locked away in the Head's office.

Discretion should be used when talking about the personal, and changing circumstances of children e.g. when a child goes into care. Care is particularly necessary after attending child protection meetings. Information received should be treated sensitively and discretion will be needed as issues emerge on a formal or informal basis.

### **Supporting children at risk**

For children at risk, school may be the one stable place from which they can expect security and reassurance. It is only being alert to potential abuse but providing the support to help children through difficult times. Providing them with the coping skills that can help avoid situations arising and deal with the emotional difficulties afterwards if they do.

### **The pastoral support programme**

Children who are 'looked after' should have their own pastoral support programme which will be drawn up in discussion with social care, the class teacher, foster parents and the child themselves.

### **Support in school – nurture group**

The nurture group provides children with the opportunity to work in a small group with dedicated staff who have the time to listen and provide children with the opportunities to discuss concerns. In our school this group will be led by the PSA and the class teacher.

Children can be referred for a short period of time during times of crisis or for a longer, more extended period as the need arises. Many children benefit from the opportunity to feel secure and 'at home' in the relaxed 'family-based' ethos of the nurture room. The opportunity to discuss issues around a table whilst taking refreshments is particularly beneficial.

## **Support in school – pastoral care**

All class teachers and other school staff are responsible for the pastoral needs of children in their care. This includes maintaining opportunity for child following the guidance in this document. Our curriculum includes

Circle time during which children may be presented with issues included in our PHSCE guidance. In addition, circle time can be used to raise issues spontaneously that are particularly relevant to the class at that time.

Care should always be taken in regard to the discussion of sensitive issues and advice should be sought where there are concerns. The PSHEE co-coordinator has available a variety of resources to support circle time and the discussion of issues.

## **Support in school – the curriculum**

Within our curriculum there will also be opportunities to discuss issues which some children might find sensitive and disturbing. Care should be taken particularly in relation to discussion about families and their make up. Assumptions about member of families and the presence of both parents should be avoided both in discussion and the presentation of materials. During health and safety discussion and sex education staff should be alert to the fact that some children will have very different experiences and may find content ‘sensitive’ within their own histories. Staff should make themselves familiar with the background of the children in their care in order to avoid children becoming distressed.

## **Physical contact with pupils**

Some form of physical contact with pupils by teachers is inevitable. In some cases it is necessary for reassurance. However, all teachers should be aware of issues related to touching and the way in which this might be misconstrued. This relates particularly to any sensitive areas of the body.

In the event of physical restraint being used it is important that only the minimum amount is used in order to prevent the pupil from causing injury to themselves, others or property. Following such an intervention the critical incident form should be completed.

The majority of staff in school has had training in restraint. Where teacher support staffs do not, they should refer if possible to a member of staff who has.

## **Working with parents**

It is important that school has an established approach to working with parents. Parents’ and children’s need for privacy should be protected. Attitudes to and contact with parents should be non-judgmental in order to obtain the most conducive working relationship. The priority is the needs of the child and effective liaison is crucial for this.

It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected provided they do not place the child at risk as defined earlier in the document. We do have access to support for parents here it is felt that this would be useful. This includes:

**Home/ school liaison:** The designated teacher and the class teacher should work closely and sensitively with parents, whilst keeping the needs of the children in mind.

**Counselling support:** Available from our PSA who is a trained councillor and NSPCC.

### **Review and monitor**

This policy will be reviewed on an annual basis, or earlier if legislation should change.

### Dealing with Disclosure

- listen to the child
- try not to show any shock you might feel
- take what they say seriously
- stay calm and reassure them they have done the right thing in telling you
- don't make promises about what might or might not happen next
- you cannot promise confidentiality
- you might consider using phrases such as "you've done the right thing" or "you're not to blame" or "I understand"
- Allow the child to talk but do not interrogate or ask leading questions – use questions like "Do you have anything else to tell me?"
- do not make judgments about people children refer to – they may be people they love
- explain what will happen next and who you will need to talk to
- make brief notes at the time and write them up afterwards – keep both sets just in case
- use diagrams to record the position of any bruising or marks
- be objective in your recording

After disclosures, appropriate support should be given to both the child and members of staff receiving and dealing with the disclosure.

Staff Training :- 27<sup>th</sup> April 09 for all staff 16<sup>th</sup> Oct 09 for Child Protection officer - Level 3

Policy agreed:- Feb 09

Policy Review : Every year ( in line with LA guidelines)

**CRITICAL INCIDENT SHEET**

**DATE AND TIME OF DISCLOSURE :-**

**INCIDENT OBSERVED YES/NO**

**PLACE AND CONTEXT OF DISCLOSURE :-**

**FACTS OF THE DISCLOSURE**

