

Child protection for All Souls CE Primary School

1.0 INTRODUCTION

1.1 All Soul's School fully recognises the contribution it makes to Child Protection.

There are three main elements to our policy:

- a) Prevention of abuse through teaching and pastoral support offered to pupils.
- b) Procedures for identifying and reporting cases, or suspected cases, of abuse. Because of our day to day contact with children school staff are well placed to observe the outward sign of abuse.
- c) Support to pupils who may have been abused.

1.2 Our policy applies to all staff and volunteers working in the school. Governors, Learning Support Assistants, Mid-day Supervisors, Administrative officers as well as teaching assistants and teachers can be the first point of disclosure for a child. Concerned parents may also contact school governors.

2.0 PREVENTION

2.1 We recognise that high self esteem, confidence, supportive friends and good lines of communication with a trusted adult helps prevention.

The school will therefore:

- a) Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to.
- b) Ensure that children know that there are adults in the school whom they can approach if they are worried or in difficulty.
- c) Include in the curriculum, activities and opportunities for PSHCE which equip children with the skills they need to stay safe from abuse and to know who they turn to for help.
- d) Include, in the curriculum, material which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to child care and parenting skills.

3.0 PROCEDURES (see appendix two for What to do if you feel a child is being abused?)

- 3.1 We will follow the procedures set out in Interagency Procedures produced by the Westminster Area Child Protection Committee “ Safeguarding and promoting the welfare of children in need in Westminster”.
- 3.2 The school will:
- a) Ensure that the Learning Mentor has undertaken the 2-day training course provided by LEA as a minimum.
 - b) Recognise the role of the designated teacher and arrange support and training.
 - c) Ensure every member of staff and every governor knows:
 - The name of the designated person and his/her role
 - That they have an individual responsibility for referring child protection concerns using the proper channels.
 - d) Ensure that members of staff are aware of the need to be alert to signs of abuse and know how to respond to a pupil who may tell of abuse.
 - e) Provide training for all staff so that they know (i) their personal responsibility, (iii) the need to be vigilant in identifying cases of abuse (iv) how to support a child who tells of abuse;
 - f) Notify the local Social Services team if:
 - It should have to exclude a pupil on the child protection register either for a fixed term or permanently
 - If there is an unexplained absence of a pupil on the child protection register of more than two days duration from school (or one day following a weekend)
 - g) Work to develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at initial case conferences, core groups and child protection review conferences.
 - h) Keep written records of concerns about children (noting the date, event and action taken), even where there is no need to refer the matter to Social Services immediately.
 - i) Ensure all records are kept secure and in locked locations.
 - j) Adhere to the procedures set out in the Education Child Protection Procedures when an allegation is made against a member of staff.
 - k) Ensure the criminal background of applicants for vacant posts are checked in accordance with DfES circular 11/95 “ Misconduct of teachers and workers with children and young people”.
 - l) Designate a governor for child protection who will oversee the schools child protection policy and practice. This is usually the chair of Pupil Well Being Committee.

4.0 SUPPORT THE PUPIL AT RISK

- 4.1 We recognize that children who are abused or witness violence may find it difficult to develop a sense of self worth and to view the world as benevolent and meaningful. They may feel helplessness, humiliation and some sense of self-blame.
- 4.2 The school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, when at school, their behaviour may be challenging and defiant or they maybe withdrawn.
- 4.3 The school will endeavor to support the pupil through:
- a) The content of the curriculum to encourage self esteem and self motivation (see PSCHE policy).
 - b) The school ethos which i) promotes a positive, supportive and secure environment ii) gives pupils a sense of being valued. The school's behaviour policy is aimed at supporting vulnerable pupils in the school. All staff will agree on a consistent approach, which focuses on the behaviour of the offence committed, by the child but does not damage the pupil's sense of worth. The school will endeavor to ensure that the pupil knows that some behaviour is unacceptable but s/he is valued and not to be blamed for any abuse which has occurred.
 - c) Liaison with other agencies who support the student such as Social Services, Child and Adolescent Mental Health Services, the Educational Psychology Services, Behaviour Support Services and the Educational Welfare Service.
 - d) Keeping records and notifying Social Services as soon as there is a recurrence of a concern.
- 4.4 When a pupil on the child protection register leaves, we will transfer information to the new school immediately and inform the Child Protection Co-ordinator (LA).

Bullying

- 4.5 Our policy on bulling is set out in the school's behaviour policy and is reviewed annually by the governing body.

4.6 Physical intervention

Our policy on physical intervention is set out in the behaviour policy and is reviewed annually by the governing body.

Children with statements of Special Education Needs

- 4.7 We recognize that statistically children with behavioral difficulties and disabilities are most vulnerable to abuse. School staff who deal with children with profound and multiple disabilities, cerebral palsy, sensory impairment and or emotional and behaviour problems will be particularly sensitive to signs of abuse.

Appendix One

DEFINITIONS OF ABUSE

Child abuse and neglect' is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.. *Working Together to Safeguard Children* sets out definitions and examples of the four broad categories of abuse which are used for the purposes of registration:

Neglect

Physical abuse

Sexual abuse and

Emotional abuse

What is abuse?

A person may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children and young people may be abused in a family or an institutional or community setting; by those known to them or, more rarely, by a stranger.

Physical Harm - may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Emotional Abuse – is the persistent emotional ill-treatment 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, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened. It can also be the exploitation or corruption of children.

Sexual Abuse – involves 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. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child’s basic needs.

These categories overlap and an abused child does frequently suffer more than one type of abuse.

INDICATORS of ABUSE

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but must be regarded as indicators of the possibility of significant harm.

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child’s episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic violence

RECOGNISING PHYSICAL ABUSE

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a ‘cry for help’ and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- 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
- 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
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- 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 (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

The history provided is vague, non-existent or inconsistent with the fracture type
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

Scars

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

RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated 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

RECOGNISING SEXUAL ABUSE

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed.

There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Self-harm (including eating disorder), self mutilation and suicide attempts
- An anxious unwillingness to remove clothes for - e.g. sports events

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs.

RECOGNISING NEGLECT

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause

- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

What do I do if I am worried that a child is being abused?

The designated
Child Protection
Lead in our
school is the
Headteacher –
Miss Alix
Ascough

The Deputy
Child Protection
Lead is the
Learning Mentor
– Ms Andria
Ward

**I have concerns about a child's
welfare**

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**I discuss the situation with the child
protection teacher – the
Headteacher**

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I still have concerns

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**The Headteacher will refer the case
to social services within 48 hrs.**

What to do?

- If you suspect that a child is being abused or is likely to suffer significant harm you **MUST** go and talk to the designated teacher. (see yellow box – if both these staff members are absent speak to the school's Deputy Headteacher Ms Claire Cleverton)
- They will ask you to make a written, dated log of your concerns, If they are of a severe nature the designated teacher, will approach social services within 48 hrs and complete a Common Assessment Form (CAF) if appropriate.
- You might be asked to provide support or further information but the designated teacher will help you.

The School Governor
responsibly for child protection
is Helena Roden.

Dealing with Disclosure

Teachers and school staff are seen by children each day and may be selected by an abused child as the person to whom they will make a disclosure.

- Listen carefully to the child and take them seriously.
- Be open-minded but do not question the child as this could prejudice later police or Social Service investigations.
- Do not make promises that you cannot keep, such as this can be our secret.
- It is your duty to pass the information on to the Lead Child Protection Officer who will discuss it with the appropriate authorities.
- Reassure the child that they were right to tell you.

Revised by: Alix Ascough
June '09

Approved by the Governing Body:

