

# Woodchurch High

*A Specialist Engineering College and Training School*



## SAFEGUARDING

(formerly Child Protection)

## POLICY DOCUMENT

JANUARY 2008

Approved by the Curriculum Committee February 2008

Reviewed September 2008/Amended April 2009

Approved by the Full Governing Body March 2008, September 2009



# **SAFEGUARDING (Formerly Child Protection) POLICY**

## **INTRODUCTION**

A range of documents, circulars and guidance for good practice governs Child Protection work at Woodchurch High School. Key documents which inform this policy are:-

- Children's Act 1982
- Local Safeguarding Child Board Procedures 2007
- Adoption & Children Act 2002
- Education Act 2002
- What to do if you are worried a child is being abused
- Children's Act 2004
- Working together to safeguard children 2006

The designated senior people for Child Protection are the Assistant Headteacher Mrs Marsha Loney and in her absence Senior Teacher Mr Martyn Canham. Should both Mrs Loney and Mr Canham be absent the matter should then be referred to the Headteacher, or in her absence another member of the Senior Management Team.

## **AIMS AND OBJECTIVES**

Woodchurch High School fully recognises its responsibilities for child protection. All children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. Our policy applies to all staff, governors and volunteers working in the school. There are several main elements to our policy.

- ❖ Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children.
- ❖ Raising awareness of Child Protection issues and equipping children with the skills needed to keep them safe.
- ❖ Developing and the implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- ❖ Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- ❖ Establishing a safe-environment in which children can learn and develop.
- ❖ To work with parents/carers to build an understanding of the School's responsibility to ensure the welfare of all children and a recognition that this may occasionally require cases to be referred to other investigative agencies as a constructive and helpful measure.

- ❖ To contribute to an inter agency approach to child protection by developing effective and supportive liaison with other agencies such as children's services, CAMHS, ESW, Educational Psychology Service.

All concerns and allegations of abuse will be taken seriously by staff and volunteers and responded to appropriately – this may require a referral to children's services and in emergencies the Police.

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Ensure that children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the PSCHEE curriculum, assemblies form time etc, for children to develop the skills they need to recognise and stay safe from abuse.
- Ensure it discusses with Central Advice and Duty Team (CADT) any significant concerns about a child which may indicate physical abuse, emotional abuse, sexual abuse or neglect in accordance with the Local Safeguarding Children's Board child protection procedures
- To attend any child protection conferences, initial and reviews, and core group meetings and child in need conferences that may be called.
- Provide appropriate child protection training every 3 years to school staff and in particular designated teachers (who must train every 2 years) to ensure that their skills and expertise are up to date. All staff will undergo some initial training in child protection during the induction programme for new teachers and support staff.
- Require each teacher to sign a specific register to indicate that they have read the policy in its entirety and that they accept their duties to be familiar with this policy.
  - a. To be familiar in this policy.
  - b. Implement this policy and to co-operate with the school management in promoting 'Child Protection'.
- Inform parents/carers via the school prospectus and in the first termly newsletter that staff are required to follow the procedures laid down by the Local Safeguarding Children's Board.

## **SCHOOL PROCEDURES**

- Any member of staff who has concerns about a child relating to Child Protection (it should be made clear to students that CONFIDENTIALITY CANNOT BE guaranteed in respect of CHILD PROTECTION ISSUES) must report their concerns to the Headteacher or the designated member of staff for child protection, Mrs Loney (or Miss Phillips in their absence.)
- If in the unlikely circumstances no senior member of staff is available the member of staff directly concerned must make direct contact with the duty social worker (telephone number 606 2006) and inform the school's child protection co-ordinator at the earliest possible opportunity.
- If a situation arises outside normal office hours the matter must be referred to the Children's Service Emergency Duty Team (telephone number 652 4991).
- In accordance with the Local Safeguarding Children Board procedures, the agreement of the family for a referral to Children's Services Emergency Duty Team should be sought where possible. However, if it is felt that any such agreement seeking would increase the level of significant risk to the child, the matter should be discussed with Central Advice and Duty Team (Safeguarding Unit on 666 4442) and their advice sought. All referrals need to be confirmed in writing with 48 hours.
- All staff must protect themselves against allegations especially when meeting on a 1 to 1 basis with students.
- If the suspicions in any way involve another member of staff the matter needs to be brought to the attention of the Headteacher who will act in accordance with procedures (the management of allegations and concerns regarding the professional conduct of staff – Sept 2004 and also the LSCB procedures chapter 4).
- If the suspicion in any way involves the Headteacher advice needs to be sought from the LEA Child Protection Representative on the LSCB as per procedures (sec 7). The Chair of Governors is to be informed immediately.

## **DEALING WITH DISCLOSURES OF ABUSE**

If a child chooses to tell a member of staff about possible abuse there are a number of things that should be done to support the child:-

- ❖ Stay calm and be available to listen.
- ❖ Listen with the utmost care to what the child is saying.
- ❖ Question normally without pressuring.

- ❖ Don't put words into the child's mouth but note the main points carefully in the pupils own words.
- ❖ Keep a full record – see appendix 1.
- ❖ Reassure the child and let them know they were rights to inform us.
- ❖ Inform the child that this information will have to be passed on.
- ❖ Immediately inform the senior person with responsibility for child protection or the Headteacher immediately.

Staff should not:-

- ❖ Interrogate the child if that child has disclosed information, or ask leading questions.
- ❖ Speak to anyone about whom allegations are made (include colleagues).
- ❖ Promise to keep secrets/confidentiality.
- ❖ Ask a child outright if they or others have suffered abuse.

For types of child abuse and their symptoms refer to Appendix 2.

## **MONITORING AND RECORD KEEPING**

It is essential that accurate records be kept where there are concerns about the welfare of a child even where there is no need to refer the mater immediately. These records will be kept in secure confidential files, which are separate from the child's school records.

Staff should keep the designated person for child protection informed of:-

- Concerns about appearance and dress
- Changed or unusual behaviour
- Concerns about health and emotional wellbeing
- Deterioration in educational progress
- Discussion with parents about concerns relating to the child
- Concerns about home condition or situations
- Concerns about pupil on pupil abuse

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- Factual (no opinions)
- Non-judgemental (no assumptions)
- Clear
- Accurate
- Relevant
- When a child who has a child protection plan leaves the school and/or transfers to another school the designated person for child protection will inform the new

school immediately and discuss with the child's social worker the transfer of any confidential information in the school may hold.

- When pupils who have been the subject of some concern in school transfer from primary to secondary school/and/or move school part way through the academic year any concerns that are being monitored need to be passed on to the receiving school in writing.

## **THE ROLE OF THE DESIGNATED PERSON FOR CHILD PROTECTION**

- ❖ To ensure that all staff know who is responsible for child protection issues.
- ❖ To refer promptly all cases of suspected child abuse to the Children's Services or the police protection team. If a parent arrives to collect the child before the social worker has arrived then it must be remembered that we have no right to prevent the removal of the child. However if there are clear signs of physical risk or threat the Police should be called.
- ❖ To organise regular training on child protection within the school.
- ❖ To coordinate action when child abuse is suspected.
- ❖ To facilitate and support the development of a whole school policy on child protection.
- ❖ To attend case conferences or nominate an appropriate member of staff to attend on his/her behalf.
- ❖ Maintain records of case conference and other sensitive information in secure confidential files and to disseminate information about the child only on a 'need to know basis.'
- ❖ To pass on records and inform the key worker when a child who is on the Child Protection Register leaves school.
- ❖ To raise staff awareness on child protection procedures and ensure new staff are aware of these procedures.
- ❖ To keep up to date with current practice.

## **SUPPORTING THE PUPIL:**

- ❖ The school will notify any concerns about a child who has a Child Protection Plan or is known to have an allocated social worker to the child's social worker or in his/her absence the manager or a duty officer in the team.

- ❖ We recognise that children who are abused or who witness violence may experience difficulties which impact on their sense of self-worth. They may feel helpless, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school this behaviour may be challenging and deficit or they may be withdrawn. The school will endeavour to support the pupil through the contents of the curriculum and the school ethos of valuing the pupil.
- ❖ The principles embedded in this policy link into other policies relating to Health, Sex Education, Bullying, Equal Opportunities, SEN, E-safety, photography.

**NOTIFICATION OF SUSPECTED CHILD ABUSE OR NON ACCIDENTAL INJURY**

**Section 1 – Child’s Details**

Date of Report: \_\_\_/\_\_\_/\_\_\_

First Name(s) \_\_\_\_\_  
 Name \_\_\_\_\_

Family

Gender (Please tick as is appropriate)

Male?  Female?

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Current Age: \_\_\_ Years \_\_\_ Months

Previous School: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Has the child an SEN statement under the Education Act 1981? Yes?  No?

Is the child ‘disabled’ under the Disabled Persons Act 1986? Yes?  No?

Is the Educational Welfare Service (EWS) currently involved with the child Yes?  No?

Is the School Psychology Service (SPS) currently involved with the child? Yes?  No?

**Section 2 – School’s Details:**

**Section 3 – Doctor’s Details:**

School Name: _____	Doctor’s Name: _____
School Address: _____ _____	Doctor’s Address: _____ _____
Post Code: _____ School Phone: _____	Post Code: _____ Doctor’s Phone: _____

**Section 4 – Parent/Guardian/Carer Details**

Parent/Guardian 1:	Relationship to Child:	Marital Status:	Occupation:
Home Address: _____ _____	Work Address: _____ _____	Post Code: _____ Home Phone: _____	Post Code: _____ Home Phone: _____
Parent/Guardian 2:	Relationship to Child:	Marital Status:	Occupation:
Home Address: _____ _____	Work Address: _____ _____	Post Code: _____ Home Phone: _____	Post Code: _____ Home Phone: _____

**Section 5 – Sibling’s Details:**

Name: _____	Name: _____
School Address: _____ _____	School Address: _____ _____
Post Code: _____ School Phone: _____	Post Code: _____ School Phone: _____
School Name: _____	Name: _____
School Address: _____ _____	School Address: _____ _____
Post Code: _____ School Phone: _____	Post Code: _____ School Phone: _____

**Section 6 – Reasons for Notification:**

How was the suspected abuse first noticed?

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When was the suspected abuse first noticed?

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What is the child's explanation of the suspected abuse?

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Is there anything unusual in the child's appearance?

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Is there anything unusual in the child's attitude?

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**Section 7 – Action Take to Date:**

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**Section 8 – Outcomes of Actions & Contacts With Other Agencies To Date:**

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**Section 9 – Other Useful Information**

Are Parents/Carer aware?

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Have Parents/Carer been informed it would be reported?

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Do Parents/Carer admit responsibility?

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Are Parents/Carer likely to be at home?

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Where is the child at the time of referral

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## APPENDIX TWO

### TYPES OF CHILD ABUSE AND THEIR SYMPTOMS

Child abuse can be categorised into four distinct types, i.e.

1. **Physical Abuse:**
2. **Sexual Abuse:**
3. **Emotional Abuse:**
4. **Physical Neglect:**
5. **Grave Concern/as risk** - this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories.

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail.

#### 1. **Physical Abuse:**

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- **Bruises and abrasions** – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of the injury or when it appears frequently.
- **Slap marks** – these may be visible on cheeks or buttocks.
- **Twin bruises on either side of the mouth or cheeks** – can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- **Bruising on both sides of the ear** – this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- **Grip marks on arms or trunk** – gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the

skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.

- **Black eyes** – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- **Damage to the mouth** – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- **Bite marks**
- **Fractures**
- **Poisoning or other misuse of drugs** – e.g. overuse of sedatives.
- **Burns and/or scalds** – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as ‘dipping scalds’ are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately ‘dipped’ in a hot bath will not have splash marks.

## 2. Sexual Abuse:

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- **A detailed sexual knowledge inappropriate to the age of the child.**
- **Behaviour that is excessively affectionate or sexual** towards other children or adults.
- **Attempts to inform** by making a disclosure about sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- **A fear of medical examinations**
- **A fear of being alone** – this applies to friends/family/neighbours/baby-suffers etc
- **A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.**
- **Excessive masturbation is especially worrying when** it takes place in public.
- **Promiscuity**
- **Sexual approaches or assaults** - on other children or adults.
- **Urinary tract infections (UTI), sexually transmitted disease (STD)** are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.

- **Bruising** to buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- **Discomfort or pain** particularly in the **genital or anal areas**.
- The drawing of **pornographic or sexually explicit images**.

### 3. Emotional Abuse

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment – this category should be used where it is the main or sole form of abuse.

### 4. Physical Neglect:

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect. However, typical signs Physical Neglect are:

- **Underweight** – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- **Inadequately clad** – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where lack of care is preventing the child' from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

### 5. Grave Concern/at risk:

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are a significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- There is a known child abuser in the family;
- Another child in the family is known to have been abused;
- The parents are involved with pornographic material to an unusual degree;
- There is an adult in the family with a history of violent behaviour;

- The child is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

### **The Symptoms of Stress and Distress:**

When a child is suffering from any one or more of the previous four 'categories of abuse', or if the child is 'at risk', he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in school performance;
- Aggressive or hostile behaviour;
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- Difficulties in relationships with peers;
- Regression to more immature forms of behaviour e.g. thumb sucking
- Self harming or suicidal behaviour;
- Low self-esteem;
- Wariness, insecurity, running away or truancy – children who persistently run away from home may be escaping from sexual physical abuse;
- Disturbed sleep;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- A sudden change in school performance.

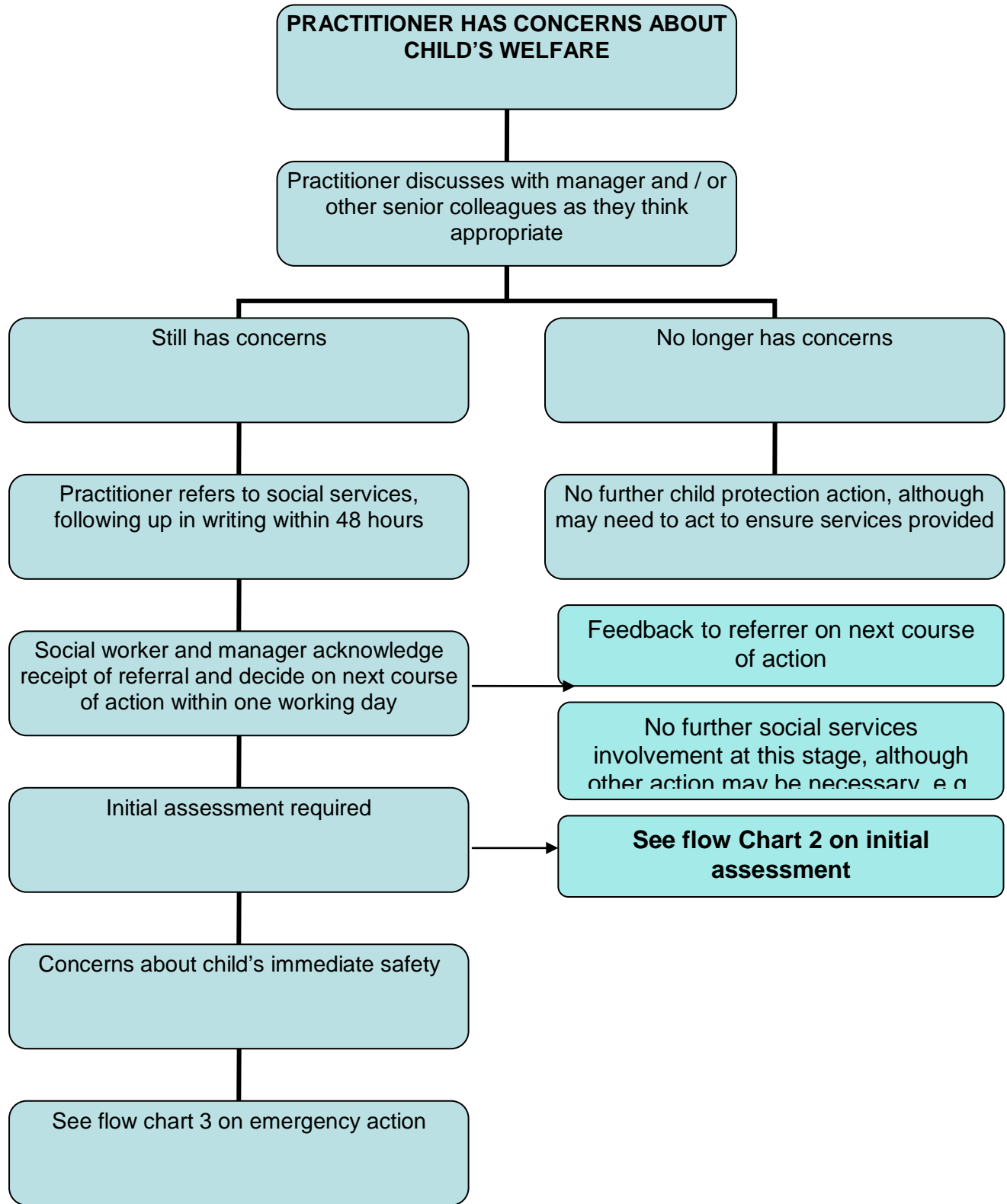
### **Parental Signs of Child Abuse:**

Particular forms of parental behaviour that could raise or reinforce concerns are:

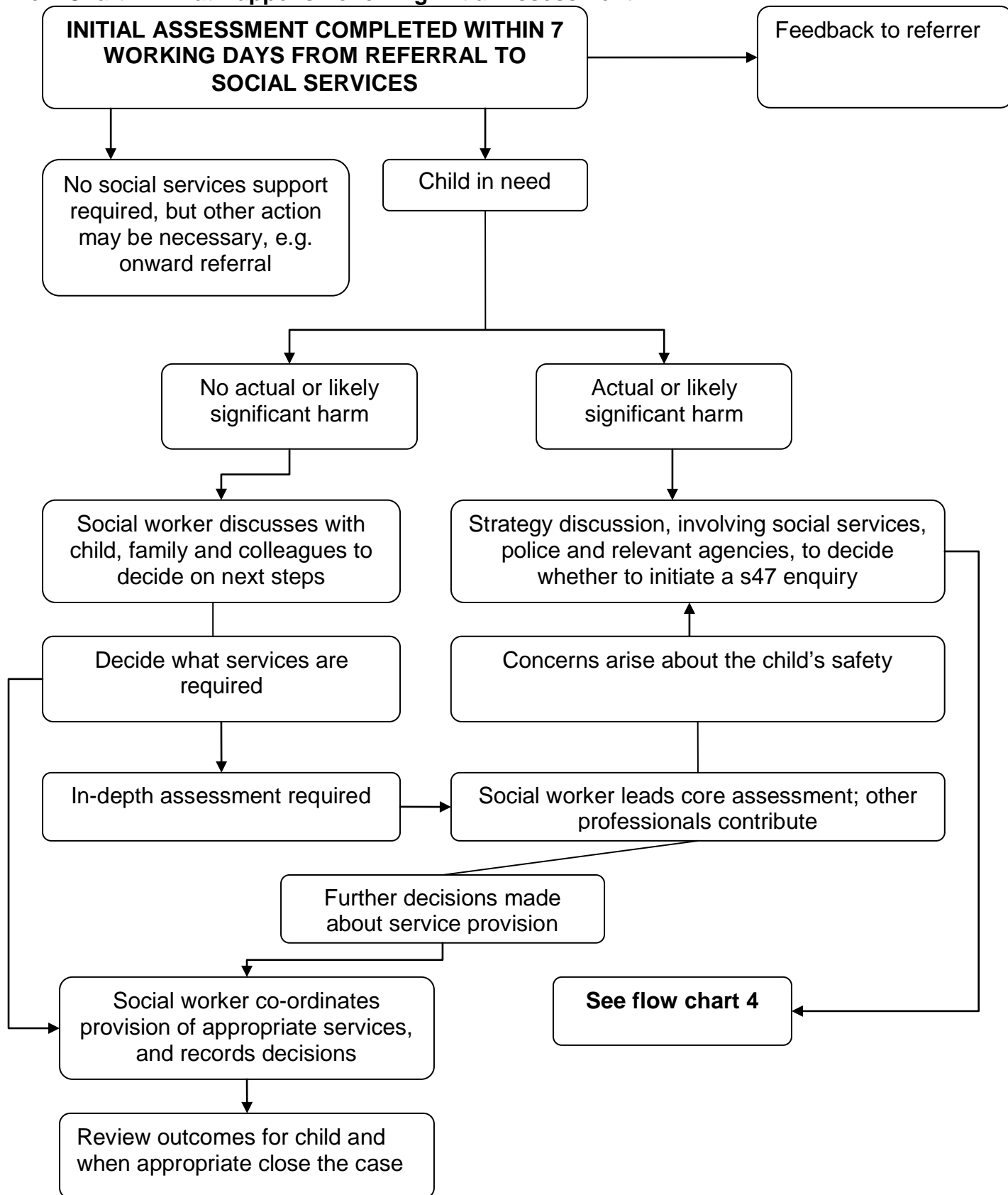
- Implausible explanations of injuries;
- Unwillingness to seek appropriate medical treatment for injuries;
- Injured child kept away from school until injuries have healed without adequate reason;
- A high level of expressed hostility to the child;
- Grossly unrealistic assumptions about child development;
- General dislike of child-like behaviour;
- Inappropriate labelling of child's behaviour as bad or naughty;
- Leaving children unsupervised when they are too young to be left unattended.

### Appendix 3: Flowcharts to illustrate procedures

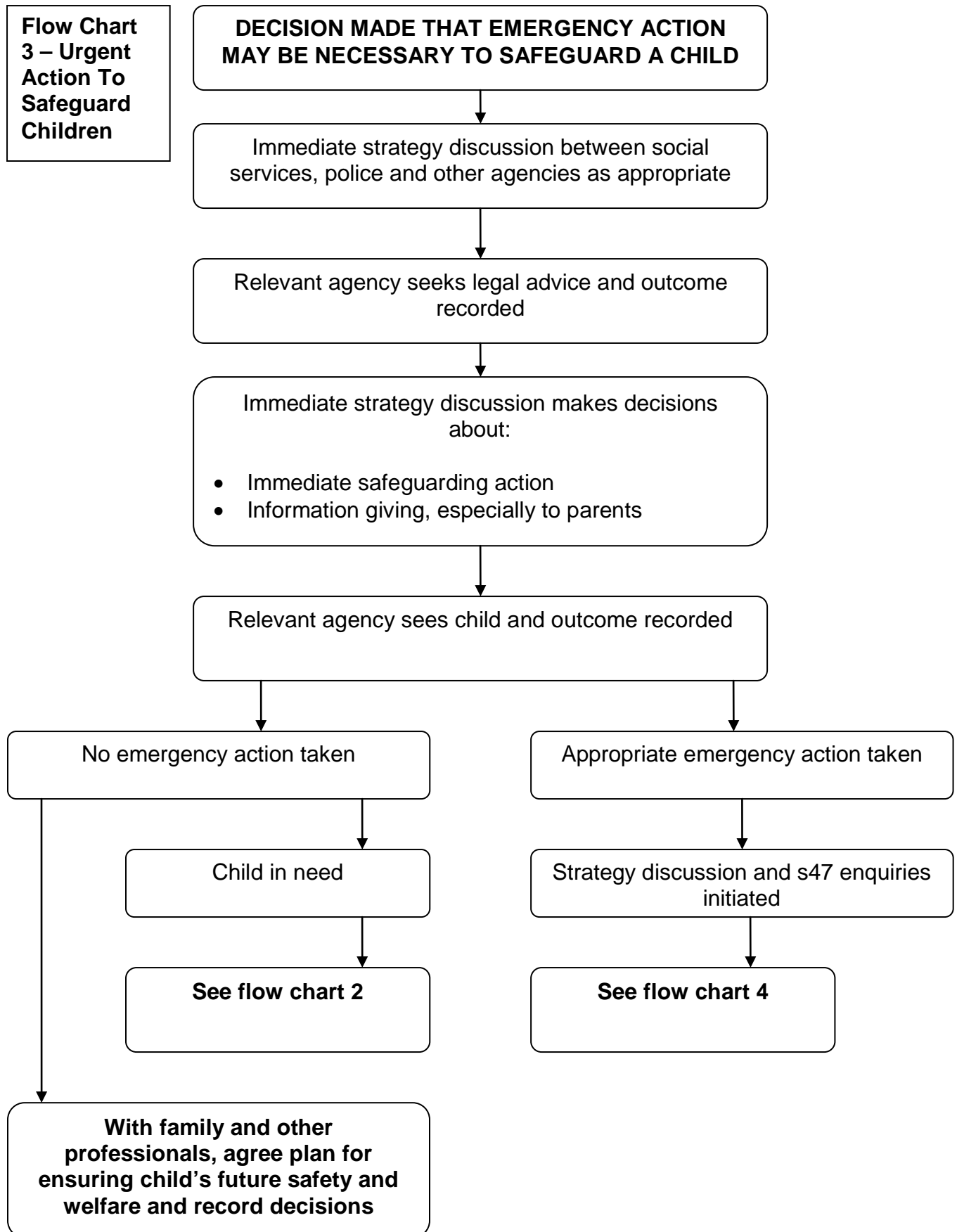
#### REFERRAL



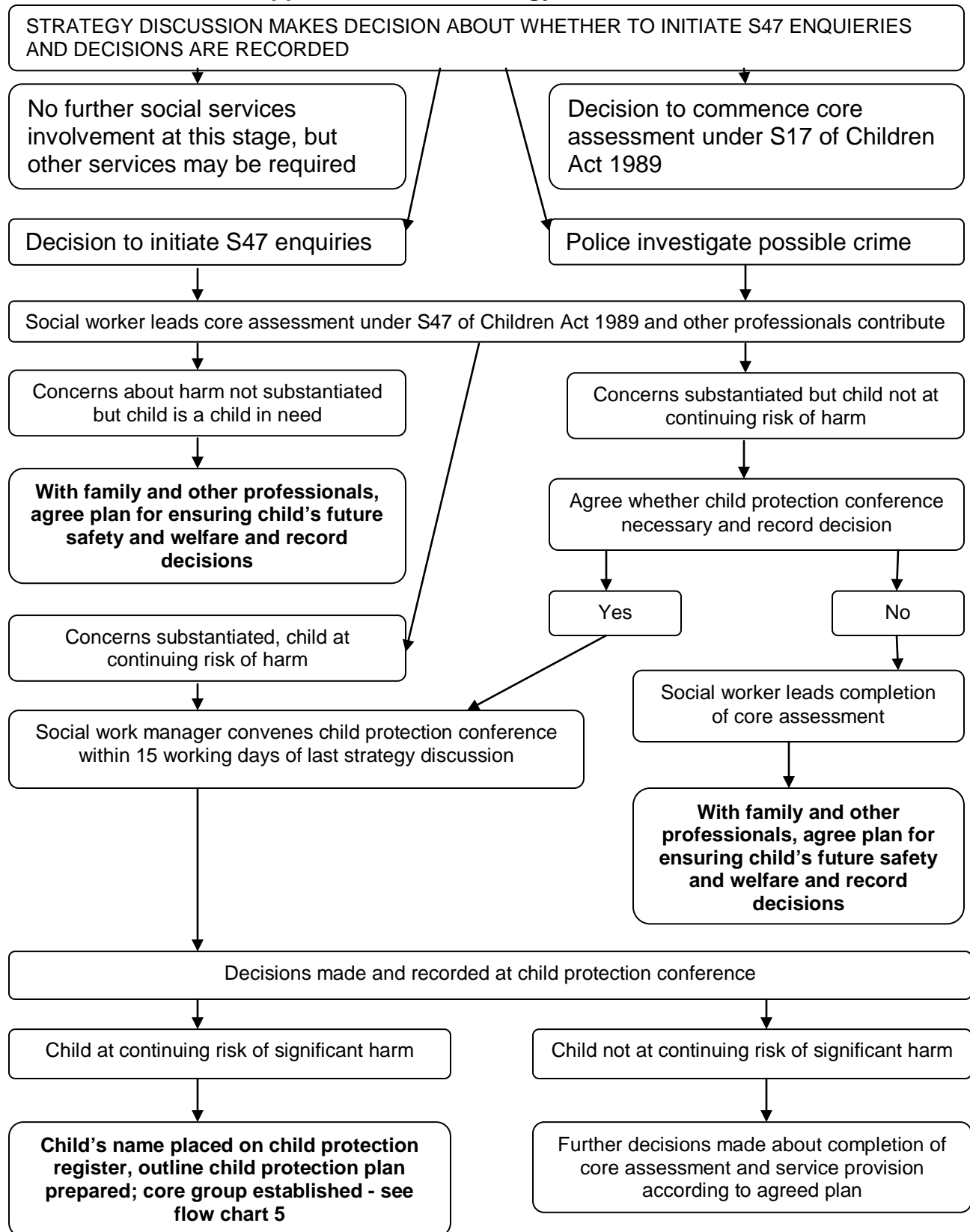
**Flow Chart 2: What Happens Following Initial Assessment?**



**Flow Chart  
3 – Urgent  
Action To  
Safeguard  
Children**



## Flow Chart 4 – What Happens After The Strategy Discussion?



**Flow Chart 5 – What Happens After the Child Protection Conference, Including the Review Process?**

