

Behaviour Management Policy

The safety and well-being of the pupils in the Nursery is of great importance. To safeguard this it is necessary for rules and codes of acceptable behaviour to be in place. This will contribute to providing a safe and stimulating environment in which children can develop their full potential. By promoting good behaviour, and valuing co-operation and a caring attitude Nursery staff will help children develop a sense of responsibility and well-being for themselves and others.

The Nursery has a Vision to:

Provide a happy, safe and stimulating environment to meet the needs of every child.

Our Nursery values:

Wisdom, Justice, Compassion and Integrity

Everyone who plays and works in Wellington School Nursery is involved in working together to achieve our Vision and uphold our Values.

The Values are displayed in the Nursery and staff talk with the children about them regularly. At the beginning of each school session the children, working with staff and parents, will talk about what the values mean for them.

Each child must be treated as an individual, while developing self-awareness and appreciation of the effect of an individual's actions upon other people.

Nursery staff must be fully aware of the rules and the standards of behaviour expected, and must appreciate that there is a corporate responsibility to implement these rules and standards. Staff must be able to explain to children and to parents the reasons behind the expected standards of behaviour. By showing consideration, good manners and respect to adults and children, Nursery staff will provide good role models for the pupils.

To implement this policy fully, Nursery staff will:

- provide opportunities for self-expression and freedom without threatening the enjoyment of other people.
- praise and encourage acceptable behaviour
- help children develop a good self-image and self-discipline
- understand behaviour appropriate to age/stage
- differentiate between deliberate/accidental occurrences
- work with parents and carers to promote acceptable behaviour

All staff working with Nursery pupils must use appropriate language and establish eye contact when talking with a child. Children who do not obey rules or behave in an acceptable manner must be dealt with sensitively, fairly and immediately. Disapproval may take the form of

- a reprimand
- a firm warning
- removal from the scene for a short period of time

Children must never be humiliated, ridiculed, threatened or made to feel unwanted or undervalued as part of a punishment.

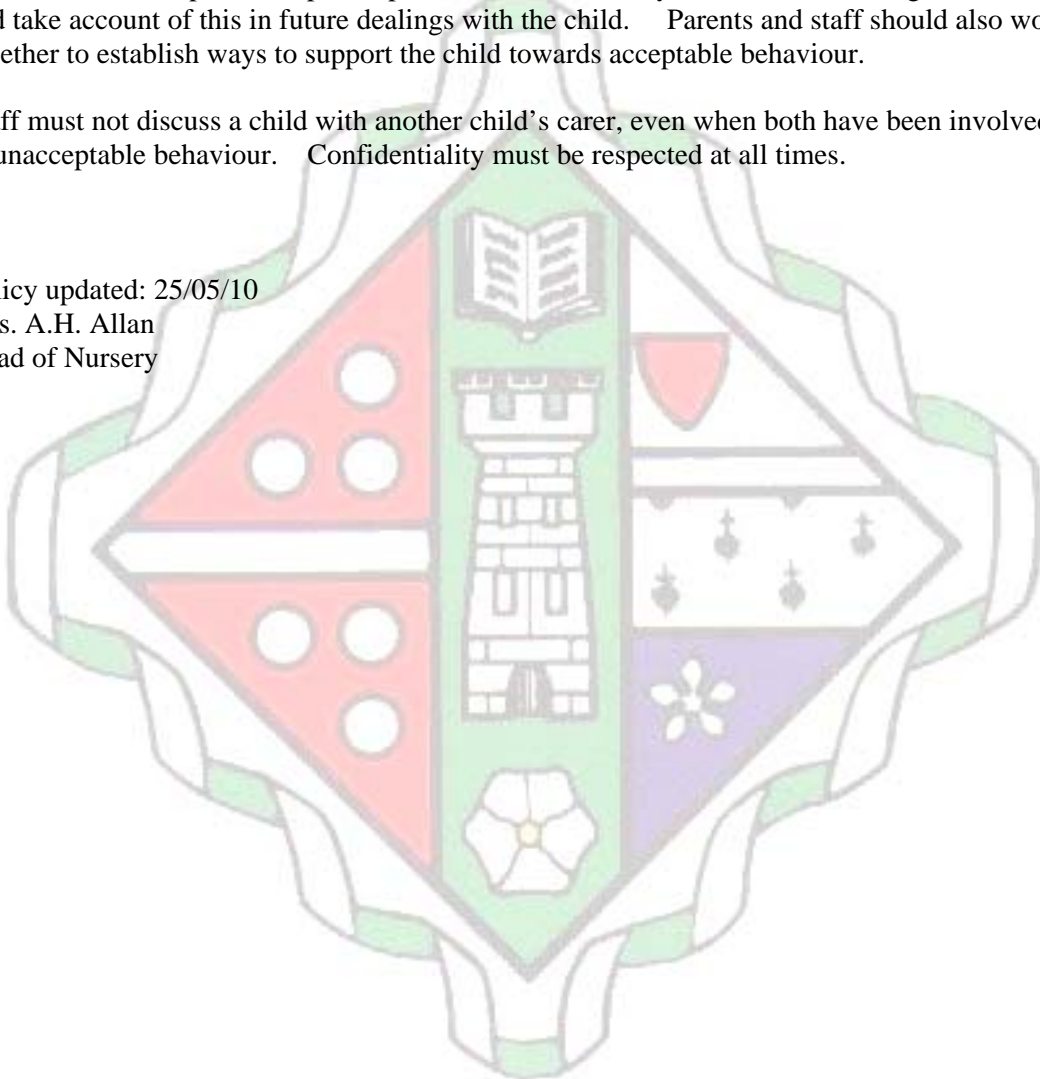
Children must not be restrained unless there are issues of safety for the child or other children in the close vicinity.

Once the incident has been dealt with, adults will build bridges to enable the child to reintegrate positively with the group and the people involved.

It is not necessary to report every misdemeanour to parents. In the case of a serious incident, or when on-going behaviour gives cause for concern, it is appropriate to inform the parent. Staff must work in partnership with parents to establish why the child is behaving in this way, and take account of this in future dealings with the child. Parents and staff should also work together to establish ways to support the child towards acceptable behaviour.

Staff must not discuss a child with another child's carer, even when both have been involved in unacceptable behaviour. Confidentiality must be respected at all times.

Policy updated: 25/05/10
Mrs. A.H. Allan
Head of Nursery



Communicable Disease Control

Wellington School Nursery

This document is intended as a source of practical guidance for staff in dealing with the control of communicable disease within Wellington School Nursery. This policy has been informed by advice from The Department of Public Health Medicine, Ayrshire & Arran Health Board.

Advice may also be obtained from the following document: [Scottish Borders Guide for Preschool Settings](#)

The under noted website contains useful advice:

www.washyourhandsofthem.com/index.html

How Germs Are Spread

Nursery provides a unique setting conducive to the transmission of infectious germs. Pre-school children are susceptible to virtually every infection and they bring with them viruses, parasites and bacteria from their families. Young children on the whole engage in poor personal hygiene practices and generously share their germs with anyone with whom they have contact. Three steps are required for the spread of infection from one person to another:

Stage 1	Excretion	Germs must be excreted by the infected person.
Stage 2	Transfer	Germs must be transferred to well persons.
Stage 3	Incubation	Germs must reach susceptible sites in a well person.

If infection is to be controlled it is important to try to ensure that a break occurs between each of the above stages.

Control Measures

Early recognition and reporting of incidents/episodes of illness can do much to help control communicable disease. Prompt investigation to identify the source of infection and the initiation of control measures will prevent further cases.

Handwashing is the single most important procedure for preventing the transmission of infection in the pre-school setting. The importance of performing handwashing correctly and frequently must be taught and reinforced.

It should be routine practice that everyone, staff and children, wash their hands thoroughly using antibacterial soap and water:

- before preparing and eating food
- when any visible contamination or soiling occurs
- after handling any body fluids
- tending children with cuts or abrasions or suspected infections;
- after wiping a child's nose;
- after going to the toilet either with a child or by themselves.

Routine Measures:

1. Children – parents should inform the school of the child’s medical practitioner and relevant points in the child’s past medical history e.g. allergies, medication. Parents are strongly recommended to make sure that their children are fully vaccinated.
2. Staff - Staff should be encouraged to make sure that they have received full courses of appropriate vaccinations. Female staff of childbearing age should ensure they are immune to rubella. Male staff should ensure they have been vaccinated against mumps.
3. Staff training - staff should receive training and ongoing supervision regarding: disease transmission and prevention, principles and practice of hygiene, recognition of behavioural variations in both ill and healthy children.
A member of staff who has been trained in first aid should be available at all times.
4. Cleaning - the cleaning of the Nursery premises is contracted to a cleaning company. A daily list of cleaning routines will be checked and signed by the person responsible for cleaning each day. Ongoing cleaning and emptying of bins takes place throughout the day by domestic staff employed by Wellington School, Nursery staff should contact the on site cleaner immediately if any area of Nursery cleaning is giving cause for concern. Wellington School domestic staff will conduct a complete deep clean of the Nursery at the end of each term.
5. Equipment – the Nursery staff will be responsible for washing of toys and equipment on a weekly rota basis using bactericidal washing up liquid followed by rinsing in water. All items of crockery and cutlery will be washed using bactericidal washing up liquid.
6. Fridge – a fridge is available for the storage of all snack/lunch items of food that would normally be re-fridgerated. It is the responsibility of parents to place items in the fridge clearly marked with the child’s name. The member of staff on duty in the snack area will clean the fridge and bin thoroughly at the end of each week.

Summary of Main Measures to Control Spread of Infection

- Apply good basic hygiene practices with regular handwashing
- Cover all wounds or skin lesions with dressings
- Prevent children from rough play i.e. biting, scratching
- If an accident occurs institute a safe first-aid procedure immediately
- Clear up spillage of blood, vomit and other body fluids promptly and disinfect surfaces
- Institute a procedure for the safe disposal of contaminated waste
- Discourage the use of the soft toys which cannot be washed or wiped down regularly.

Further information on periods of exclusion for particular diseases is appended.

Policy Updated by Mrs. A.H. Allan, 15th May 2007.

CONTACTS:**Headmaster:**

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YEAR HEAD (S5 & S6)
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Mr S J Green BEd (Hons) MPhil
YEAR HEAD (S3 & S4)
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Wellington School**Carleton Turrets****Craigweil Road****AYR****KA7 2XH****Tel: 01292 269321****Fax: 01292 272161****E-mail: info@wellingtonschool.org****www.wellingtonschool.org****Additional Contact****For Parents of Nursery pupils:****Care Commission****South West Region****Suite 3, Sovereign House****Academy Road****Irvine****KA12 8RL****Telephone: 01294 323920****WELLINGTON
SCHOOL, AYR****COMPLAINTS
PROCEDURE****INFORMATION FOR
PARENTS****12 November 2009**

Wellington School welcomes suggestions and comments from parents. The school has a well established complaints procedure and takes seriously any concerns parents may raise. This leaflet will show you how to use our complaints system.

A complaint will be treated as a serious expression of dissatisfaction which needs a response.

We wish to ensure that parents wishing to make a complaint know:

- how to do so
- we respond within a reasonable time
- we respond in a courteous, efficient way
- parents know that we listen and that we take complaints seriously
- we take action where appropriate

“How should I complain?”

You can talk directly to a member of staff, write a letter, send an e-mail, or telephone. Be as clear as possible about your concerns.

Any member of staff will be happy to help. It may be best to start with the person most closely involved – for example, to raise sports issues with the Head of PE. They may be able to resolve matters quickly, with the minimum of fuss. However, for more serious issues, you may prefer to take the matter to the appropriate Year Head or to the Deputy Head or Headmaster.

“What will happen next?”

If you raise something face-to-face or by telephone, it may be possible to resolve the matter immediately and to your satisfaction.

If you have made a complaint or suggestion in writing, we will contact you within five working days during term time, to respond to your concerns and explain how we propose to proceed.

In some circumstances, the person you contact will need to discuss the matter with a colleague and consider it further before responding. You will be given a date by which time you will receive a response. If the issue needs to be investigated, a letter or report will be sent to you as quickly as possible. This will tell you of the outcome of your complaint. It will explain the conclusion, the reasons for it, and any action taken or proposed.

“What happens about confidentiality?”

Your complaint or concern will be treated in a confidential and respectful manner. Knowledge of it will be limited to the Head and to those persons whom he considers to be directly involved. The Chairman of Governors may also be informed. It is the school's policy that complaints made by parents should not rebound adversely on their children. Similarly, your child should know that he/she will not be adversely affected or unfairly treated, if you make a complaint.

We cannot entirely rule out the need to make third parties outside the school aware of the complaint and possibly also the identity of those involved. This would happen where, for example, a child's safety was at risk or it became necessary to refer matters to the police. You would be fully informed.

While information relating to specific complaints will be kept confidentially on file, we would point out that anonymous complaints will not be pursued.

Action which needs to be taken under staff disciplinary procedures as a result of complaints will be handled confidentially within the school.

“What if I am not satisfied with the outcome?”

If you are not satisfied, the Head will offer to refer the matter to the Chairman of Governors. Alternatively, you may wish to write directly to the Chairman. The Chairman will call for a full report from the Head, and will examine matters thoroughly before responding. This may result in a positive solution, but if it does not, the Chairman will invite you to a meeting. You may wish to be supported by a friend, although legal representation would not be appropriate at this stage.

We hope that we shall be able to satisfy your concerns. If we are unable to do so, you may wish to seek legal advice. Serious complaints can also be addressed to your MSP or to the Registrar of Independent Schools in the Scottish Executive.

Additionally, parents of Nursery children may wish to contact the Care Commission (South West Region) at Suite 3, Sovereign House, Academy Road, Irvine KA12 8RL (Telephone: 01294 323920).

“Should I complain or not?”

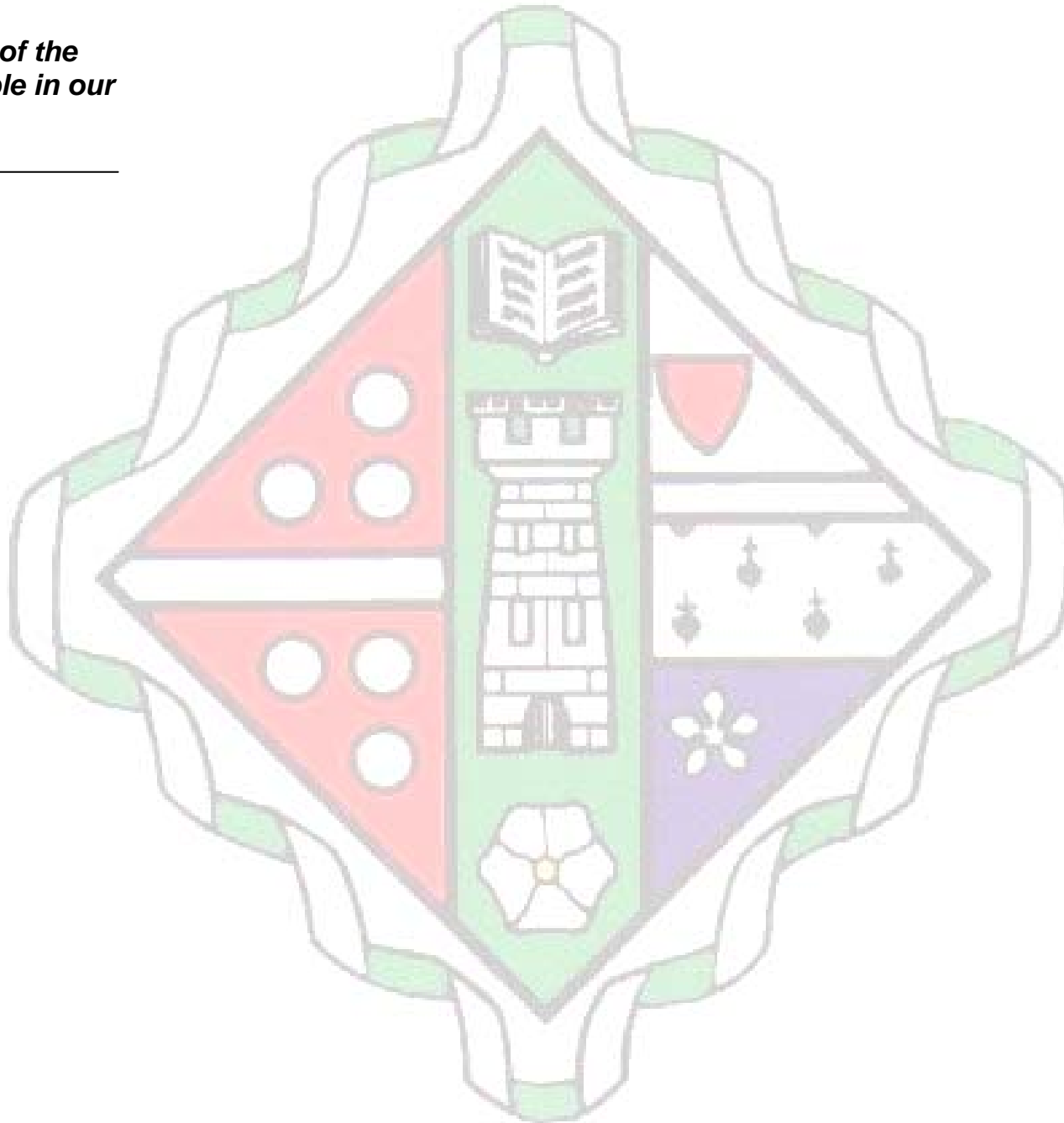
If as parents you have concerns, you are entitled to raise issues. If in doubt, you should contact the school as we are here to help.

“I don't want to complain as such, but there is something bothering me”

The school is here for you and your child, and we want to hear your views and your ideas. Contact a member of staff, as described above.

Wellington school recognises and acknowledges your entitlements to complain and we hope to work with

*you in the best interests of the
children and young people in our
care.*



Healthy Eating Policy

Wellington School Nursery

This policy has been developed in consultation with children, parents and staff.

Rationale

At Wellington School Nursery we recognise the importance of a healthy lifestyle and diet and understand that establishing a balanced diet in childhood helps establish healthy eating habits for life. In order for us all to meet our full potential we need to be healthy and fit-physically, mentally and socially. This policy states the ways in which the Nursery community supports children to develop the skills and attitudes that will help them make informed healthy choices both in and out of Nursery.

This policy recognises that as specified within the Curriculum Framework for Children 3 to 5, children should 'be aware of feeling good and of the importance of hygiene, diet, exercise and personal safety.

Aims

- To make the provision and consumption of food an enjoyable and safe experience.
- To improve the health of children, staff and their families by helping to influence their eating habits through increasing their knowledge and awareness of food issues.
- To provide a consistent programme of nutrition education.

We aim to encourage our children to develop positive attitudes to becoming healthy, happy members of the community by:

- Only providing snacks that are nutritious and healthy.
- Encouraging enjoyment of exercise and fresh air.
- Teaching about healthy foods, keeping safe, respecting others, their faiths and cultures.
- Organising visits from other agencies e.g. school nurse to talk to children on a range of health related issues.

Objectives

- To work towards ensuring that this policy is both accepted and embraced by staff, children, and parents.
- To integrate these aims into all aspects of Nursery life, in particular food provision within the Nursery, the curriculum and activities.

Links to other nursery policies

- Curriculum policies through which healthy eating messages are to be delivered include Emotional, Personal and Social Development, Knowledge and Understanding of the World.

Provision of food and drink across the nursery day

Snacktime

A healthy snack is provided each day and children are also offered fresh fruit each day. Milk and plain water are provided for each child. Plain water is available at all times during the day. The food provided follows "Nutritional Guidance for Early Years: food choice for children aged 1-5 in early education and childcare settings".

Packed Lunches

Parents who choose to provide a packed lunch for their children are encouraged to support the Nursery's healthy eating policy by providing a healthy, balanced packed lunch. This is communicated to parents during the induction meetings. All lunches are kept chilled during the morning. The staff work to create a happy, sociable dining environment to encourage the development of good table manners.

Nursery Lunches

Parents who choose to have Wellington School provide lunch for their child can be confident that lunches are prepared in accordance with "Nutritional Guidance for Early Years: food choice for children aged 1-5 in early education and childcare settings". The Head of Nursery liaises with the catering manager to ensure this is achieved.

Cleaning Teeth

The Nursery operates a tooth-brushing programme, where children are encouraged to brush their teeth after Snacktime. The Dental Hygienist visits the Nursery on a regular basis.

Curriculum, Teaching and Learning

Pupils are given the opportunity to use all their senses as appropriate to explore different foods as part of on-going activities.

Whenever possible children are encouraged to prepare and taste traditional foods from other cultures for example through the celebration of different festivals.

Children with Special Education Needs

All staff are made aware of any medical/allergic conditions of individual children through staff meetings, and discussion with parents and the catering manager. Information relating to individual needs is discussed with all parents before their child's admission to Nursery.

Parental Involvement

The Nursery Handbook contains information about the Nursery healthy eating policy. This is discussed with all parents prior to their child starting Nursery.

Food Hygiene

The Nursery adheres to South Ayrshire Council Food Hygiene Guidelines. This guide is particularly relevant to staff who prepare food in the Nursery.

Children and Staff are always reminded about the importance of hand washing before eating or handling food and after visiting the toilet. Whenever children work with food in the Nursery they are helped to follow basic hygiene routines including; wearing a food preparation apron, using clean equipment, always washing hands before and after working with the food, using an individual spoon etc. when tasting food.

Monitoring and Assessing the Policy

This policy is to be monitored by the Head of Nursery. It will be reviewed on a planned three yearly cycle.

Date Written: 12th April 2007

Author: Mrs A H Allan (Head of Nursery)

Wellington School Nursery

Medication Policy and Guidance for Staff

Introduction

Many children will at some time need to take medication while attending Nursery. For many this will be short-term, perhaps finishing a course of medication. Other children may have medical conditions such as asthma that if not properly managed could limit their access to Nursery. Some children have conditions that could require emergency treatment e.g. severe allergic conditions.

There are two members of staff holding First Aid Certificates in Wellington School Nursery

Mrs. C. Gibson - Nursery Nurse
Mrs. A. Hamilton - Nursery Nurse

The following guidelines provide information for staff on record keeping, storage and administration of medication. They are based on information provided by the Independent Healthcare Division September 2004 as issued by Care Commission.

General Principles

The Nursery will not give the first dose of a new medicine to the child. Parents should have already given at least one dose to ensure the child does not have an adverse reaction to the medication e.g. allergic to an antibiotic.

The information leaflet must accompany the medication.

Staff should always read the information leaflet.

Staff must not administer medication if they do not know what it is or what is for.

All medication must be in the original container and clearly labelled or marked with the identity of the child.

Expiry dates and dispensed dates must be checked each half term for prescribed medication that remains in Nursery e.g. inhalers, epipens. Time or course expired medication must be returned to parents.

Staff should make themselves familiar with other relevant school policies relating to medical issues, for example, "Dealing with Anaphylaxis".

If required staff will be trained in administration of specific medication for example, the use of epipens, inhalers, injecting insulin or rectal diazepam. Advice on training will be sought from the school nurse.

Staff must be aware of infection control issues and ensure rigorous hand washing procedures after applying creams or eye drops for example.

If a parent informs the Nursery that their child will self medicate each individual case will be discussed with a member of S.M.T.

Procedure for dealing with parental request for prescribed medication to be administered.

When a parental request is received for prescribed medication to be administered the member of staff must:

1. Check labelling and dosage with the parent.
2. Record, on the child's record in A.M.I. folder, the name of medication, reason for medication, details of dosage to be administered and the time when the medication was last administered, and request parental signature.
3. Staff member must counter sign.

Administration of Prescribed Medication

The staff member who has recorded the details in the A.M.I. folder will be responsible for administering the prescribed medication but should always have another member of staff present when administering medication. This should normally be the Head of Nursery.

When medication has been administered it will be recorded on child's record and signed by both members of staff. At the end of the Nursery session parent must be informed as to the time of the last dose given and parent should sign record.

If prescribed medication has to be given on an "as required" basis staff must record the judgement made as to why the medication has been given, for example, is the child wheezing. These judgements will be recorded on the child's record, kept in the A.M.I. folder in Nursery, and parent informed.

Child refuses or spits out medication

If a child refuses or spits out medication the member of staff should inform parents immediately. When there is urgency e.g. inhaler, it would be appropriate to consider seeking medical help immediately.

Medication given to the wrong child

If medication is given to the wrong child, the member of staff responsible must immediately inform Head of Nursery who will inform Head of School and A.H.T. A careful note must be made of the precise time and medication given. Parents must be informed immediately and medical intervention must be considered.

Too much medication given

If too much medication is given, the member of staff responsible must immediately inform Head of Nursery who will inform Head of School and A.H.T. A careful note must be made of the precise details regarding time and amount given. Medical assistance must be sought and parents informed.

Administration of Non Prescribed Medication

Staff will not administer non-prescribed medication to a child and any parental request for this must be referred to Head of Nursery or A.H.T.

Storage of Medication

Medication will be stored in a container out of reach of children in an area that is below 25 degrees C.

Each individual child's medication will be stored in an individual container. If medication requires storage in a fridge, the medication will be stored in a plastic box with lid in the staff fridge in the staff room as children have access to the Nursery fridge.

Storage of emergency Medication

Emergency medication such as epipens and inhalers must be readily available at all times. Storage of epipens must follow the school policy "Dealing with Anaphylaxis". Inhalers must not be locked away but must be out of reach of children while readily available to staff.

All spoons, syringes and spacers for inhalers will be labelled and cleaned after use.

WELLINGTON SCHOOL



GUIDELINES ON CHILD PROTECTION

CHILD PROTECTION OFFICER
Mrs Natalie O'Connell

Updated 15 September 2009

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1. Child Protection Policy Statement

Wellington School believes that all children have the right to be protected. Wellington School is fully committed to safeguarding the welfare of all children and young people. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse and exploitation.

Paid staff and volunteers will endeavour to work together to encourage the development of an ethos that embraces difference and diversity and respects the rights of children, young people and adults.

2. Appointment of Staff and Governors

In order to make safe recruitment decisions, all staff, governors and volunteers will be checked for any possible criminal background through Disclosure Scotland. All teaching appointments, non-teaching staff, governors, volunteers and others who have regular contact with children as part of their normal duties, will undertake an Enhanced Disclosure.

All staff will undertake an Enhanced Disclosure every three years.

In addition, all staff, governors and volunteers will be checked against the DWCL (Disqualified from Working with Children List)

Such checks will be an automatic part of any appointment procedure. Additionally, staff applying for posts are required to provide a full employment history with names and addresses of previous employers. An applicant's current employer will always be approached and written references will be taken up.

Contracts will only be signed once all the above checks have been completed and professional qualifications are verified.

3. The Child Protection Officer (Mrs Natalie O'Connell)

The role of the Child Protection Officer is to:

- Liaise directly with the Head on all Child Protection issues
- Introduce and maintenance the Child Protection Policy for Wellington School.
- Review the Child Protection Policy at regular intervals.
- Supply new members of staff with a written copy of the school's Child Protection Policy.
- Establish a formal relationship with outside agencies and to ensure that their judgement is sought if required.
- Work within Ayrshire & Arran Good Practice Guidance on Information Sharing
- Ensure that all staff are fully aware of their responsibilities according to school policy.
- Ensure that complete confidentiality is maintained at all times when dealing with child protection issues.
- Organise staff training on child protection procedures.
- Undergo regular training on child protection.
- Oversee the provision whereby pupils are made aware of how to protect themselves from the risk of abuse.
- Listen and respond to concerns raised by staff, pupils and parents in relation to child protection.
- Co-ordinate any action which may be deemed necessary within the school.
- Ensure that child protection records are maintained within each pupil's file.

4. What Is Child Abuse?

Although attention tends to focus on sexual abuse of children, it is only one of the recognised categories. Guidance suggests that for a child to be at risk, three elements should be taken into account, namely:

1. Is there harm, or a prediction of harm, to the child?
2. Could the harm to the child have been avoided by action of those responsible for the child? i.e. the parent or carer.
3. Any future risk is linked to the action (or inaction) of the parent or carer.

The following summarises the categories of child abuse, although it must be remembered that child abuse can overlap amongst the categories and may not always fit neatly into one category.

Physical Injury

Actual or attempted physical injury to a child, under the age of 16, where there is definite knowledge, or reasonable suspicion, that injury was inflicted or knowingly not prevented. This may include a serious incident or a series of minor incidents deemed to be unreasonable.

Domestic Violence

If a child witnesses, or is subject to, domestic violence, it is not only traumatic but is likely to have an adverse impact on a child's behaviour. Teachers who see a distinct change in behaviour of a pupil should seek the advice of the Child Protection Co-ordinator.

Parental Substance Abuse

There is an increased risk of violence in families where parents abuse substances such as drugs and alcohol. As such, children can suffer from physical and emotional neglect, lack boundaries and live chaotic lives.

Sexual Abuse

Any child below the age of 16 may be deemed to have been sexually abused when any person(s) by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.

Non-Organic Failure to Thrive

Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established. This may include withholding food as a form of punishment and/or the sufficiency/suitability of food.

Physical Neglect

This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child.

Additionally, failure to secure appropriate medical treatment for a child or a child being permitted to follow a lifestyle inappropriate to the child's development needs, are categorised as physical neglect.

Emotional Abuse

This is defined as failure to provide for a child's basic emotional needs so as to have a severe effect on the behaviour and development of the child. This may include rejection, denigration, inappropriate punishment, put in a state of terror or extreme anxiety by the use of threats, intimidation, isolation from normal social experiences and preventing the child from forming friendships.

Bullying

Bullying is a form of abuse where deliberate, hurtful behaviour is repeated over a period of time and where the victim may find difficulty in defending themselves. Under no circumstances should staff ignore such behaviour. Anti-bullying procedures, as contained in the schools anti-bullying policy, should be able to address the issues without resort to formal child protection procedures. Sustained bullying can result in profound emotional damage and even attempted, and actual, suicide.

The Internet/Grooming

The downloading or creation of indecent images is a criminal, sexual offence. There are dangers when children are permitted to access chat rooms where they may be targeted by adults who are posing as young people. Child protection concerns arise when the young person arranges to meet the person they have been chatting to on the internet, as that person may have been grooming the young person which can lead to sexual abuse.

Factitious or Induced Illness Syndrome (FIIS)

Induced Illness Syndrome by a Parent or Carer (Formerly Munchausen's Syndrome or Munchausen's Syndrome by Proxy)

An adult suffering from FIIS appears to seek the security and support of the medical environment and is driven by masochistic urges. In FIIS by a parent or carer, the adult uses the child to obtain medical attention by creating medical symptoms in the child, often induced by dangerous procedures such as asphyxiation, poisoning or ensuring that invasive tests or surgical procedures are carried out on the child. Children that are affected by this form of abuse can have a greater frequency of illness and a higher than normal absence rate from school.

Female Genital Mutilation

The Female Genital Mutilation (Scotland) Act 2005 made female genital mutilation an offence except on certain, specific, mental and physical grounds. Additionally, it is illegal to take a girl or woman abroad for the purpose of female genital mutilation. It is every employee's duty to report this if they suspect that this may have happened.

5. Signs of Possible Child Abuse

The lists below are neither definitive nor exhaustive and must be used in the context of the child's whole situation and in combination with a range of other information related to the child's situation. There can be an overlap between the different forms of child abuse and all or several can co-exist.

Physical Abuse

- Unexplained injuries
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries, or delay in reporting them
- Excessive physical punishment
- Arms and legs kept covered in hot weather
- Fear of returning home
- Aggression towards others
- Running away

Physical Neglect

- Constant hunger
- Constant tiredness
- Poor state of clothing
- Frequent lateness or unexplained absence from school
- Untreated medical problems
- Low self-esteem
- Poor peer relationships
- Stealing

Non-Organic failure to Thrive

- Significant lack of growth
- Weight loss
- Hair loss
- Poor skin or muscle tone
- Circulatory disorders

Emotional Abuse

- Low self-esteem
- Continual self-deprecation
- Sudden speech disorder
- Significant decline in concentration
- Socio-emotional immaturity
- 'Neurotic' behaviour such as rocking, head banging, etc.
- Self-mutilation
- Compulsive stealing
- Extremely passive
- Extremely aggressive
- Running away
- Indiscriminate friendliness

Sexual Abuse

It is important to remember that in sexual assault there may be no physical or behavioural signs.

- Lack of trust in adults
- Over familiarity with adults
- Social isolation such as withdrawal
- Nightmares, irrational fears, bed wetting, needing a night light, fear of sleeping alone
- Running away from home
- Reluctance to participate in physical activity
- Reluctance to change clothes for activities
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond child's years
- Unusual interest in genitals
- Expressing affection in inappropriate ways
- Fear of bathrooms, showers, closed doors
- Abnormal, sexual drawing
- Fear of medical examinations
- Compulsive masturbation
- Stealing
- Having unexplained sums of money
- Recurrent abdominal pain or headache
- Sexual promiscuity
- Poor peer relations
- Bruises, scratches, bite marks
- Stained underwear
- Anxiety/ depression
- Eating disorder
- Difficulty in walking or sitting
- Sexually transmitted diseases
- Pain passing urine
- Self-mutilation

6. Confidentiality

The policy of the school is to work in partnership with parents in order to promote the welfare of children. The school also aims to build up relationships of trust with children. Children and parents should feel able to raise with the school concerns about safety and welfare in the knowledge that these will be dealt with sensitively.

Because of the sensitivity of these issues, the school will operate on the presumption that anything imparted in confidence will be treated in confidence. This is subject to three qualifications:

1. Anything imparted 'in confidence' to one member of staff or person approached as an associate of the school, may be shared with a restricted number of colleagues if that person feels the need of support and guidance from them.
2. If serious concerns are raised about the safety, welfare or protection of a child, the person approached may be obliged, in terms of the school's child protection procedures, to pass that information on to the Child Protection Co-ordinator for consideration as to whether it should be shared with the appropriate authorities. In these circumstances, the person approached would not, except in an emergency, breach the confidence without letting the person seeking assistance know that they intended doing so.
3. The school must, of course, pass on information when legally obliged to do so, for example, by a court of law.

Children must also feel able to share concerns with staff. Problems may arise when a child consults a member of staff about a problem and does not want that information to be shared with parents. Whilst staff will try to encourage children to share the information with parents where that is appropriate, there may be circumstances in which any pressure to pass the information on could result in children keeping the problem to themselves or not sharing concerns in the future.

7. Code of Conduct for Staff

Interaction with Pupils

The climate of suspicion that has developed with regard to child abuse poses a real dilemma for caring adults. It is a natural inclination that staff comfort and reassure children through physical contact but this should only happen once a considered assessment of the situation has been made. Adults touching children must operate within understood limits. This will vary according to the age of the child and the role of the adult but should be limited to the absolute minimum and should be agreed to by both parties. eg the death of a pupil or member of staff. It is impossible to lay down rigid rules but informed common-sense is a good guide.

Opportunities

Opportunities for abuse exist in all schools, in one-to-one situations, e.g. tutorials, music lessons, guidance reviews, sick room.

The simplest advice would be to try, so far as possible, to avoid being alone with a child or young person. This may prove difficult but where one-to-one contact is necessary, it should be arranged sensibly, with others, where possible, within earshot or vision.

Excursions out of school, especially residential excursions, can provide opportunities for abuse. Care should be taken to ensure that there are sufficient adults of appropriate sexes to provide proper supervision and that a risk assessment has been carried out.

Key Principles

Treat everyone with respect. When alone with a pupil, never have the door locked and, where possible, keep a physical barrier between you and the child. Encourage pupils to be self-confident enough to point out if they are not comfortable with an adult's attitude or behaviour. Any 'hands on' education should only be used when no other form of instruction is possible and this should be done within earshot or vision of others.

Physical Contact

Physical contact should only be for the purpose of care, instruction or restraint. Staff should always be able to justify a resort to physical contact in any situation. The nature of the contact should be limited to what is appropriate. Where physical restraint on a child is necessary, the absolute minimum force is only permissible. The initial response should be to de-escalate the situation and once the child is under control, let go. Where possible summon a witness. Do not restrain pupils by placing hands on joints.

Verbal Remarks

Salacious or demeaning remarks should never be made to or in the presence of children and young adults. Remarks about a child's physical characteristics or development, or suggestive or derogatory comments could fall into this category.

Attachments

You are strongly advised to share your concerns with the Child Protection Officer if:

- You suspect that a pupil is becoming inappropriately attached to you or to another member of staff or helper, or
- Your relationship with or feelings towards a pupil are placing you at risk of unprofessional behaviour.

Inappropriate or Abusive Behaviour

The list below includes examples of inappropriate or abusive behaviour. The list is not exhaustive nor is it meant to suggest that all the actions are in themselves abusive but must be seen in context. Staff should bear these in mind and exercise their professional judgement.

Physical

Hitting or tapping, pushing or jabbing, throwing missiles, shaking.

Emotional

Sarcasm, unfavourable comparisons, threats, intimidation, scapegoating, systematic personal criticism, isolating.

Sexual

Any sexual activity with a pupil, inappropriate touching or comforting, suggestive remarks, sexual harassment, indecent materials, grooming.

8. What to do if a Child Tells About Abuse?

The primary function of school staff is to LISTEN to a child and record FACTUAL information. Some questioning may be appropriate (Where? When? How? Tell me what happened?) but a child SHOULD NOT be interrogated. Any questioning should aim to seek basic information only.

Always keep contemporaneous notes and make a hand written record of them on the same working day.

1. Listen
2. Reassure
3. Do not show disbelief
4. DO NOT GUARANTEE CONFIDENTIALITY
5. Take allegations seriously
6. Avoid being judgemental
7. Don't interrogate a child
8. Refer the matter to the Child Protection Co-ordinator

9. Check List for staff

In all cases if:-

- you suspect a child may have been abused
- a child discloses abuse
- a third party expresses concerns to you

you should OBSERVE, RECORD and REPORT

R	Respond without showing signs of disquiet, anxiety or shock
E	Enquire how an injury was sustained or why a child appears upset
C	Confidentiality should not be promised to children or adults
O	Observe carefully the behaviour demeanour of the person expressing concern
R	Record in detail what you have seen and heard
D	Do not interrogate or enter into detailed investigations; rather encourage the child to say what they want until enough information is gained to decide whether or not a referral is appropriate

N.B. Please see Appendix 1. This pro forma should be used to record any information pertaining to a child protection concern or incident. If any of the points are not known, the referral should not be delayed to allow such details to be obtained. Undue delay may place the child at further risk.

**REPORT TO THE CHILD PROTECTION OFFICER
OR, IN HER ABSENCE, THE HEAD
The Child Protection Officer is Mrs N O'Connell**



Wellington School, Ayr

Child Protection Incident/General Concern Form

This form can be used for recording any concerns you have of a child protection nature as well as being used to record details of a child protection incident.

This should then be passed on to the Child Protection Officer.

CONTACT DETAILS OF CHILD PROTECTION OFFICER:

Child's details:

Surname	First Name	Other Names	Known as
Address:			
date of birth:			
Family GP:			
School Nurse:			

Household Composition:

Name	Known As	D.O.B	Relationship to child	Parental Responsibility Y/N

Child's present whereabouts

Your details e.g. your involvement with/relationship to the child

What are the concerns are and why they have arisen?

Any recent changes in the child's behaviour or presentation

Has the child said anything which has made you concerned?
Please record verbatim.

Are there any other children in the household?

Are any other agencies currently involved with the family or have previously been involved with the child or family (if known)?

Have there been any previous concerns about this child or other children in the household?

Does the child have any disabilities or additional support needs?

Are there any cultural or religious factors which need to be taken in to account?

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Are the parents are aware of the concerns and if so what is their reaction?

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Attendance at School

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If any of the above points are not known, the referral should not be delayed to allow such details to be obtained. Undue delay may place the child at further risk.

Full Name:	
Signed:	
Date:	