

WELLINGTON SCHOOL



GUIDELINES ON CHILD PROTECTION

CHILD PROTECTION OFFICER
Mrs Natalie O'Connell

Updated 15 September 2009

Contents

1. Child Protection Policy Statement	3
2. Appointment of Staff and Governors	3
3. The Child Protection Officer (Mrs Natalie O’Connell)	4
4. What Is Child Abuse?	5
Physical Injury	5
Domestic Violence	5
Parental Substance Abuse	5
Sexual Abuse	5
Non-Organic Failure to Thrive	5
Physical Neglect	5
Emotional Abuse.....	6
Bullying	6
The Internet/Grooming.....	6
Factitious or Induced Illness Syndrome (FIIS).....	6
Female Genital Mutilation.....	6
5. Signs of Possible Child Abuse.....	7
Physical Abuse.....	7
Physical Neglect	7
Non-Organic failure to Thrive	7
Emotional Abuse.....	7
Sexual Abuse	8
6. Confidentiality	9
7. Code of Conduct for Staff	9
Interaction with Pupils	9
Opportunities	9
Key Principles.....	10
Physical Contact	10
Verbal Remarks	10
Attachments	10
Inappropriate or Abusive Behaviour.....	10
8. What to do if a Child Tells About Abuse?	11
9. Check List for staff.....	11

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?

--

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

--

Attendance at School

--

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:	