

Safeguarding and Child Protection Policy

Review Date	March 2017	Leader of Policy Review	Mr G Hughes
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In line with the aims and objectives of the school it is our wish that pupils feel safe and happy. We hope to provide an environment where pupils with problems arising, either in or out of school, feel that there is someone in school who will listen to them and be able to provide help for them, if this is appropriate.

Hawarden High School fully recognises its responsibilities for child protection. Our policy applies to all staff, governors and volunteers working in the school.

There are five main elements to our policy:

- Ensuring we practice 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 then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- Safeguarding pupils in accordance with his/her agreed child protection plan.
- Establishing a safe environment in which children can learn and develop as individuals and as part of a team.

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:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
 - Ensure children know that there are adults in the school whom they can approach if they are worried.
 - Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
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We will follow the procedures and guidance set out by the **All Wales Child Protection Procedures 2008, Welsh Government guidance 'Keeping Learners Safe' 158/2015** and organisations such as the NSPCC to:

- Ensure we have a designated senior person for safeguarding who has received appropriate training and support for this role. (Mr G Hughes)
 - Ensure that in the absence of Mr G Hughes, other named staff members who have received appropriate training can temporarily oversee the role these are – Deputy Safeguarding Officer, Mr P Ellis.
 - The following staff have also received additional Safeguarding training and can be informed of any concerns or issues - Mr S P Budgen, Mrs C Crawford, Mrs S Coppack, Mr J Artist, Mr B Rodgers, Mr J Roberts, Mrs A Griffin (Educational Social Worker)
 - Ensure we have a nominated governor responsible for safeguarding.
 - Ensure every member of staff, volunteer and governor knows the name of the designated senior person responsible for safeguarding and their role.
 - Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated teacher responsible for safeguarding.
 - Ensure that parents have an understanding of the responsibility placed on the school and staff for safeguarding by setting out its obligations in the school prospectus.
 - Notify social services if there is an unexplained absence of more than two days of a pupil who is has a child protection plan. (HOH, Attendance Officer to notify GH)
 - Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters including attendance at case conferences.
 - Keep written records of concerns about children, even where there is no need to refer the matter immediately.
 - Ensure all records are kept securely; separate from the main pupil file, and in locked locations.
 - Develop and then follow procedures where an allegation is made against a member of staff or volunteer as outlined in the All Wales Child Protection Procedures 2008.
 - Ensure safe recruitment practices are always followed. (DBS checks etc)
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We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, 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 their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos that promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy, which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil subject to a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

To achieve this:

We foster good relationships based on care and mutual respect at all levels in school so that pupils feel secure.

We have an anti-bullying policy and a peer counselling service.

We encourage pupils to tell us of any bullying incidents happening to them or their friends through assemblies, in the pastoral curriculum, by including information in their year planner and by following up reported incidents

We explore issues such as relationships, bullying, violence, abuse and self-abuse both in curriculum work and within our pastoral curriculum.

We follow County Guidelines with respect to Child Protection Procedures and Child Abuse.

We remind staff of the issues around confidentiality – when it is needed and when it cannot be given.

We have guidelines for staff to follow when a person comes into school asking to see a pupil or phones asking about a pupil. These guidelines are included in the staff handbook.

We support pupils and their families in a variety of ways when problems arise. This support would involve our ESW and other agencies where appropriate.

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We have a security system in place. All visitors to the school are asked to 'sign in' and wear a 'visitor' badge. People in school not wearing a badge are challenged. If a member of staff feels reluctant to challenge they are asked to ring the office.

Policy and procedures will respond to any changes in the law regarding Child Protection, changes in County Guidelines and our monitoring and evaluation within school, which might indicate change is needed.

Definitions of Child Abuse and Neglect

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger.

A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

Emotional abuse

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 a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual abuse

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 or non-penetrative acts.

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

Neglect

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.

It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

What to do if a child tells you that they or another young person is being abused

- Show the child that you have heard what they are saying, and that you take their allegations seriously;
- Encourage the child to talk, but do not prompt or ask leading questions;
- Don't interrupt when the child is recalling significant events. Don't make the child repeat their account;
- Explain what actions you must take, in a way that is appropriate to the age and understanding of the child;
- Do not promise to keep what you have been told secret or confidential, as you have a responsibility to disclose information to those who need to know. Reporting concerns is not a betrayal of trust;
- Write down as soon as you can and no later than 24 hours what you have been told, using the exact words if possible;
- Report your concerns to your line manager or (if appropriate) the member of staff in your organisation with designated responsibility for child protection;
- Ensure that your concerns are immediately reported to the duty social worker at the local office. Do not delay;
- Do not confront the alleged abuser;
- Do not worry that you may be mistaken. You will always be taken seriously by social services. It is better to have discussed it with somebody with the experience and responsibility to make an assessment.
- Make a note of the date, time, place and people who were present at the discussion.

Behaviour of any adult or colleague (including members of the public) towards children or young people causes you concern:

- Do not dismiss your concerns;
- Do not confront the person about whom you have concerns;
- If it is a person with professional responsibility for children or young people, you must act in accordance with your agency's professional abuse and whistle blowing policies;
- It is very important that you do not ignore or dismiss suspicions about another professional or colleague.

Promoting Effective Partnership with Families

- Treat all family members, as you would wish to be treated, with dignity and respect.
 - Be explicit about the child's safety being the priority but, uphold the families right to a courteous, caring and professionally competent service.
 - Do not infringe upon privacy more than necessary to safeguard the child.
 - Be clear about your powers to intervene and the purpose of your involvement at every stage.
 - Be aware of the power of professionals and their impact upon families.
 - Respect confidentiality wherever possible, consistent with the child's safety and welfare, and be clear about how this is managed.
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- Listen to and record the wishes and feelings of children and families and take care in understanding their concerns and wishes.
- Learn about and view children within their family and community relationships and be confident about challenging inappropriate attitude or practice.
- Get to know the strengths and potential of family members as well as the weakness, problems and limitations in order to understand areas of success and effectiveness on which to base interventions.
- Ensure children, families and other caregivers know their rights.
- Use plain language.
- Be open and honest about concerns and responsibilities, plans and limitations.
- Allow time for children and families to absorb and understand concerns and processes.
- Distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibility, and ensure access to supervision to check what you are doing.
- If mistakes are made or an agreement cannot be kept provide explanation.
- Acknowledge distress and do what can be done to minimise it.

All Wales Child Protection Procedures 2008

Glossary

Abuse: emotional

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional and behavioural development.

Abuse: neglect

The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold, starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Abuse: physical

The hitting, shaking, throwing, poisoning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates or induces an illness in a child whom they are looking after.

Abuse: sexual

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, including: -

- Physical contact, including penetration or non-penetrative acts.
- Non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities; or
- Encouraging children to behave in sexually inappropriate ways.

Child in need

A child is in need if:

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- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services.
- He/she is disabled.

Child Pornography

Abusive images of children

Child Protection

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect.

Children

A child is anyone who has not yet reached his or her 18th birthday. 'Children' therefore means 'children and young people' throughout.

The fact that a child has become sixteen years of age, is living independently, is in Further Education, is a member of the Armed Forces, is in hospital, is in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.

'Children's social services' or 'local authority children's social services.'

The work of the local authorities exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department. Throughout the procedures the generic term social services is used.

CPS

Crown Prosecution Service

CSSIW

Care and Social Services Inspectorate Wales.

CSP

Community Safety Partnership.

Development

Physical, intellectual, emotional, social or behavioural development.

Domestic Abuse

Term used in practice to encompass the spectrum of abuse.

Domestic Violence

Term often used in legislation and by Criminal Justice Agencies.

EDT

Emergency Duty Team.

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FPO

Family Protection Officer (Police).

Harm Ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

Health

Physical or mental health.

ICS

Integrated Children's System.

Local Authority

A county council or county borough council.

LSCB

Local Safeguarding Children Board.

MAPPA

Multi Agency Public Protection Arrangements.

MARAC Multi Agency Risk Assessment Conference.

POCA

Protection of Children Act 1999. List of people who are unsuitable to work with children in childcare positions.

POVA

Protection of Vulnerable Adults.

Prostitution Legal term used for commercial sexual exploitation.

Safeguarding and promoting the welfare of children

- Protecting children from abuse and neglect;
- Preventing impairment of their health or development; and
- Ensuring their receive safe and effective care;

.... so as to enable them to have optimum life chances.

SARC

Sexual Assault Referral Centre.

Significant harm

Section 31(10) of the Children Act 1989 states that

“where the question of whether harm suffered by a child is significant turns on the child's health or

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development, his health or development shall be compared with that which could be reasonably be expected of a similar child”.

SOPO

Sexual Offences Prevention Order.

Staff Members

Inclusive of volunteers, professionals, independent contractors, caretakers.

Survivor

Term often used as alternative to victim to promote positive outlook.

Victim

Term used to describe child or adult who has been, or witnessed abuse/harm, either directly or indirectly.

ViSOR

Violent and sex offender register.

Welfare and Well-being

There is no statutory definition. The Children Act 1989 introduced the welfare checklist that a Court shall have regard to in certain circumstances. The 1989 Act states that a

“Court shall have regard in particular to:-

- The ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding);
- His physical, emotional and educational needs;
- The likely effect on him of any change in his circumstances;
- His age, sex, background and any characteristics of his that the Court consider relevant;
- Any harm which he has suffered or is at risk of suffering;
- How capable each of his parents, and any other person in relation to whom the Court considers the question to be relevant, is of meeting his needs;
- The range of powers available to the Court under this Act in the proceedings in question.”
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Whistleblowing

Policy and procedures to enable staff members to raise concerns.

YOI

Young Offender Institution

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HAWARDEN
HIGH SCHOOL

SAFEGUARDING

STAFF HANDBOOK

Safeguarding Officers

Designated Senior Person – Mr G Hughes
Deputy Designated Person – Mr P Ellis

Level 2 Trained
Mr S Budgen
Mrs S Coppack
Mrs C Crawford
Mr J Artist
Mr B Rodgers
Mr J Roberts

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WHAT TO DO IF A CHILD TELLS YOU THAT THEY OR ANOTHER YOUNG PERSON IS BEING ABUSED

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 is said.
- ❑ Question normally without pressurising. Use open questions.
- ❑ Don't put words into the child's mouth but note the main points carefully.
- ❑ Keep a full record – date, time, what was said, done etc. Try to do this as soon as possible.
- ❑ Reassure and let them know they were right to inform us.
- ❑ Explain that this information will now have to be passed on. Never promise to keep secrets.
- ❑ Be discrete and only discuss with relevant individuals.
- ❑ Immediately inform GH, or when unavailable the RJD, PE or JAM.

TYPES OF CHILD ABUSE AND THEIR SYMPTOMS

Child abuse can be categorised into four distinct types -

1. Physical Abuse:

2. Sexual Abuse:

3. Emotional Abuse:

4. Physical Neglect:

Plus ...

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.

A child can be at risk from any combination of these categories

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1. Physical Abuse:

This includes any non-accidental physical injury to a child, the act of knowingly not preventing injury or deliberate poisoning.

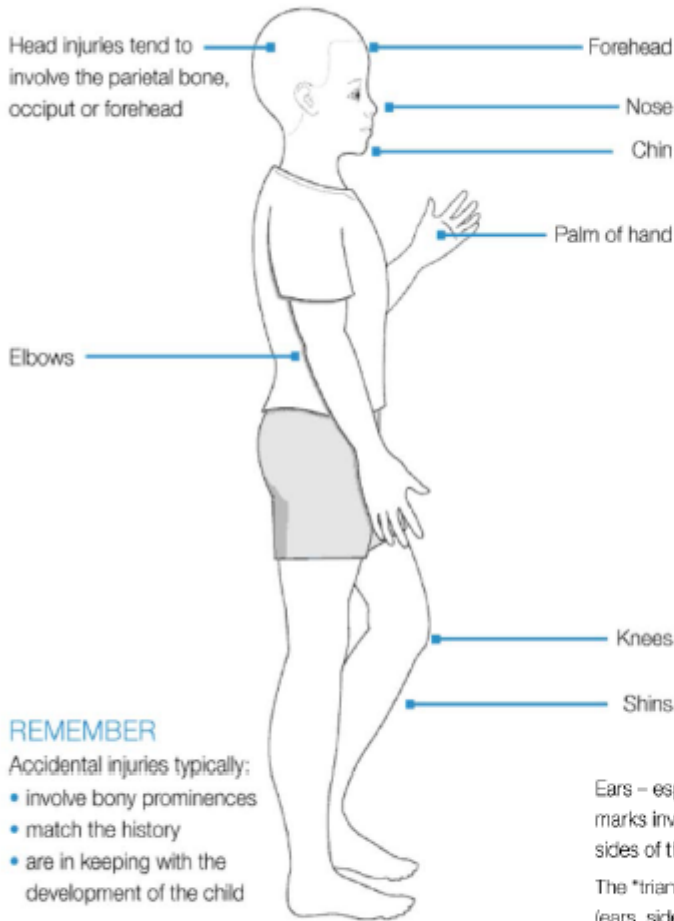
Typical signs of Physical Abuse are:

- **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.
- **SLAP MARKS.**
- **TWIN BRUISES ON EITHER SIDE OF THE MOUTH OR CHEEKS.**
- **BRUISING ON BOTH SIDES OF THE EAR.**
- **GRIP MARKS ON ARMS OR TRUNK.**
- **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.**
 - **BITE MARKS.**
 - **FRACTURES.**
 - **POISONING OR OTHER MISUSE OF DRUGS** – e.g. overuse of sedatives.
 - **BURNS AND/OR SCALDS.**
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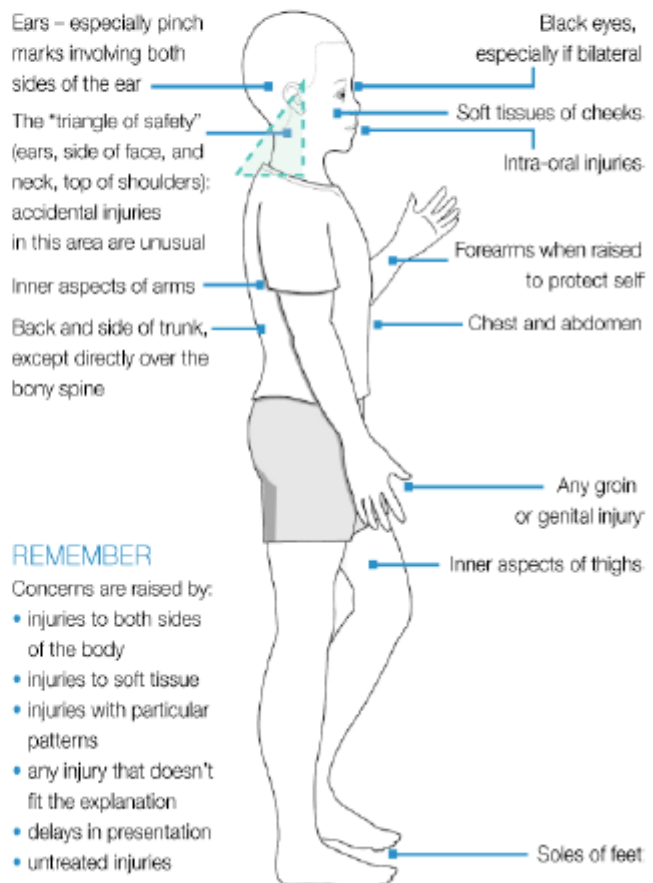
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REMEMBER

- Accidental injuries typically:
- involve bony prominences
 - match the history
 - are in keeping with the development of the child

TYPICAL ACCIDENTAL INJURIES



REMEMBER

- Concerns are raised by:
- injuries to both sides of the body
 - injuries to soft tissue
 - injuries with particular patterns
 - any injury that doesn't fit the explanation
 - delays in presentation
 - untreated injuries

TYPICAL NON-ACCIDENTAL INJURIES

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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.**
- **A FEAR OF MEDICAL EXAMINATIONS.**
- **A FEAR OF BEING ALONE (with certain people)**
- **A SUDDEN LOSS OF APPETITE, COMPULSIVE EATING, ANOREXIA NERVOSA OR BULIMIA NERVOSA.**
- **EXCESSIVE MASTURBATION**
- **PROMISCUITY**
- **SEXUAL APPROACHES OR ASSAULTS**
- **URINARY TRACT INFECTIONS (UTI), SEXUALLY TRANSMITTED DISEASE (STD)**
- **BRUISING TO THE BUTTOCKS, LOWER ABDOMEN, THIGHS AND GENITAL/RECTAL AREAS.**
- **DISCOMFORT OR PAIN PARTICULARLY IN THE GENITAL OR ANAL AREAS.**
- **PREOCCUPATION WITH PORNOGRAPHIC OR SEXUALLY EXPLICIT IMAGES.**

Attempts to inform by making a disclosure about the 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.

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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 (e.g. by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development. Persistent stomach-aches, feeling unwell and apparent anorexia can be associated with Physical neglect.

However, typical signs of 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 the 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.

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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 at 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:

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
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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
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