

PRENTON PREPARATORY SCHOOL

SAFEGUARDING CHILDREN POLICY

1. AIMS

Our aim is to provide an environment where our pupils can feel totally comfortable and thrive. Staff therefore need to be able to identify any child who is at risk and to ensure that the correct procedures are followed by both teaching and non-teaching staff.

This policy has been adapted to take into account the 2003 Government Green Paper – Every Child Matters and the Children Act 2004. In particular we aim to encompass the five key outcomes from Every Child Matters, i.e. that every child should be:

Being Healthy
Staying Safe
Enjoying and Achieving
Making a Positive Contribution
Achieving Economic Well-being

2. OBJECTIVES

That all staff are aware of the different forms that abuse can take.

That all staff have a basic knowledge in the issues involved in the identification of children who are at risk.

3. DEFINITIONS OF CHILD ABUSE

Physical Injury

Children under the age of seventeen where the nature of the physical injury is not consistent with the account of how it occurred; or where there is a definite knowledge or reasonable suspicion that a person having custody, charge, or care of the child, inflicted or knowingly did not prevent the injury. This includes children to whom it is suspected that poisonous substances have been administered.

Physical Neglect

Children under the age of seventeen who have been persistently or severely neglected physically, to such an extent that their health and development are impaired. Particular attention is drawn to food, hygiene, warmth, clothing, supervision, stimulation, safety precautions and medical care. Serious inadequacies in these areas may constitute neglect.

Failure to Thrive

Children under the age of seventeen who have been medically diagnosed as suffering from severe non-organic failure to thrive, for example hair loss, poor skin tone, circulatory disorders, significant lack of growth. Although more easily recognisable in younger children it also applies to older children.

Emotional Abuse

Children under seventeen where there is a persistent coldness, hostility, or rejection by the parent or caregiver, to such an extent that the child's behaviour and development are impaired.

Sexual Abuse

The involvement of dependent, developmentally immature children and young persons in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, and which violate social and family taboos. Sexual abuse may also include exposure of children to sexual stimulation inappropriate to the child's age and level of development.

Potential Abuse

Children in situations where they have not been abused but where social and medical assessments indicate a high degree of risk that they might be abused in the future, include situations where another child in the household has been harmed, or where the household contains a known abuser.

These categories of abuse are not necessarily exhaustive, nor are they mutually exclusive. All of them may result in failure of the child to thrive.

4. HOW TO RESPOND WHEN A CHILD MAKES AN ALLEGATION

Arrange a time and place where you can talk privately as soon as possible after the child has initiated contact.

Stay calm and reassuring.

Explain that you cannot promise to keep what the child tells you a secret.

Listen to and believe what the child tells you - explain that, whatever the circumstances, he/she is not to blame for the incident.

Do not press for details - some cases of abuse may need further and possibly extensive investigation. It is better for the child if he/she does not have to repeat the details unnecessarily.

Ask the child whether he/she has told anyone else.

Explain that there are other people that you will have to contact. Who these people are will depend on the procedure which the school has already adopted.

Don't make any promises to the child - the situation may cause you to react emotionally. Whilst this is an understandable and natural reaction, at such times it is possible that you may make promises which cannot, in the event, be fulfilled.

5. IF SUSPICIONS OF ABUSE ARE AROUSED OR IF AN ALLEGATION IS MADE BY A CHILD, THE FOLLOWING PROCEDURE MUST BE ADHERED TO.

Tell the Head immediately, even if you have no proof. Keep notes, based on observation and evidence, in a separate file, on a daily basis, if necessary and monitor the situation closely.

Child protection information should be treated as strictly confidential and only discussed on a 'need to know' basis. Parents and teachers not directly involved should not be told at this stage, and maybe not at all. Such decisions can only be made after discussion with the Head.

Children confiding in a member of staff must be given the benefit of the doubt and their allegation taken seriously, even if it seems far-fetched.

If a child asks that nobody else is told, you must explain that you can only help by telling the Head.

After discussion with the Head, it may be thought appropriate to follow any one or more of the following courses of action:-

- (a) enquire of other members of staff if they have observed anything amiss;
- (b) enquire of parents about an observable injury or behavioural change;
- (c) enquire of any previous school who may have helpful information;
- (d) consult professional Agencies for information or advise e.g. Local Safeguarding unit, Child Guidance, local child and family services.

In discussion with any of the above, close notes must be kept of what is said - even, in the case of suspected

parties, a record of the actual words spoken. Where possible draw a diagram to indicate bruising.

Where suspicion turns out to be unfounded, notes should anyway be preserved and the Head consulted if there are any grounds for further suspicion.

Where suspicion was not proven, but was possibly well founded and suspicion remains, notes should continue to be kept and closely monitored and such notes passed on to any future school the child attends.

Where suspicion is probably or definitely well-founded and the Head is satisfied that a child has been physically, emotionally or sexually abused, the matter must be referred to the Social Services.

In this instance the procedures followed will conform to the recommendations made in the Wirral Child Protection policy statement (copy available in the Staffroom).

6. INVOLVEMENT OF PARENTS

Where possible, after discussion with appropriate Agencies or staff the Head will seek to arrange a meeting with parents/carers of the child involved to discuss allegations. If necessary a representative of the appropriate Agency will be present as well as the Principal and Form Teacher.

7. RECORDS

All records will be kept locked in the Child Protection File in the Head's Office.

8. SIGNS AND SYMPTOMS

Signs of Physical Abuse:

- unexplained injuries or burns, particularly if they are recurrent;
- improbable excuses given to explain injuries;
- refusal to discuss injuries;
- untreated injuries;
- admission of punishment which appears excessive;
- bald patches;
- withdrawal from physical contact;
- arms and legs kept covered in hot weather;
- fear of returning home;
- fear of medical help;
- self-destructive tendencies;
- aggression towards others;
- running away

Signs of Neglect

- constant hunger;
- poor personal hygiene;
- constant tiredness;
- poor state of clothing;
- emaciation;
- frequent lateness or non-attendance at school;
- untreated medical problems;
- destructive tendencies;
- low self-esteem;
- neurotic behaviour;
- no social relationships;
- running away;
- compulsive stealing or scavenging.

Signs of Emotional Abuse

- physical, mental and emotional development lags;
- admission of punishment which appears excessive;
- over-reaction to mistakes;
- continual self-deprecation;
- sudden speech disorders;
- fear of new situations;
- inappropriate emotional responses to painful situations;
- neurotic behaviour (for example rocking, hair-twisting, thumb-sucking);
- self mutilation;
- fear of parents being contacted;
- extremes of passivity or aggression;
- drug/solvent abuse;
- running away;
- compulsive stealing, scavenging.

Signs of Sexual Abuse

- sudden changes in behaviour or school performance;
- displays of affection in a sexual way inappropriate to age;
- tendency to cry easily;
- regression to younger behaviour such as thumb sucking, playing with discarded toys, acting like a baby;
- complains of genital itching or pain;
- distrust of a familiar adult, a baby-sitter or lodger;
- unexplained gifts or money;
- depression and withdrawal;
- apparent secrecy;
- wetting, day or night;
- sleep disturbances or nightmares;
- chronic illnesses, especially throat infections and venereal disease;
- anorexia or bulimia;
- unexplained pregnancy;
- fear of undressing for gym;
- phobias or panic attacks.

Headteacher: Mr. M. T. R. Jones

Nominated Person: Mrs. M. Chadwick (Safeguarding Children Co-ordinator)

Policy Reviewed: May 2009

