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# CHILD PROTECTION POLICY

**April 2019**

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Signed 

Headteacher

Date: 13/5/2019.

Signed 

Chair of Governors

Date: 13/5/2019

**Review date: April 2020**

## **INTRODUCTION**

The Designated Safeguarding Lead for Child Protection is the Head Teacher, Rebecca Day, and in her absence, the Deputy Designated Safeguarding Leads are; the Senior Lead Teacher, Julie Wilkinson or FLO (Family Liaison Officer) Miss Rosie Harrison.

## **AIMS AND OBJECTIVES**

Wroxall Primary School strives to educate all its students within an environment where the ***right to learn***, the ***right to be respected*** and ***the right to be safe*** are promoted. Consequently, the overall aim of this policy is to safeguard and promote the welfare of the children in our care.

### **IN SITUATIONS WHERE CHILD ABUSE IS SUSPECTED. OUR PARAMOUNT RESPONSIBILITY IS TO THE CHILD.**

We create an environment where children can share their anxieties and concerns and feel able to make a disclosure if they need to. All adults working in our school endeavour to be aware of any changes which may indicate that a child is in need of support. Supported by the use of relevant documents, e.g. The IOW & Hants Neglect Strategy.

<b>This will be achieved by:</b>	<b>We shall do this by:</b>
<ul style="list-style-type: none"><li>➤ Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.</li><li>➤ Continuing to develop awareness in all staff of the need for Child Protection (particular care should be taken with children with disabilities and other additional needs) and their responsibilities in identifying abuse.</li><li>➤ Ensuring that all staff are aware of referral procedures within the school.</li><li>➤ Ensuring that children know that there are adults in the school who they can approach if they are worried or in difficulty.</li></ul>	<p><i>Giving children a voice, respecting them, involving them, rewarding and responding to them, and teaching them about their rights and responsibilities.</i></p> <p><i>Keeping a record of Child Protection training and regularly training all staff according to regulations.</i></p> <p><i>Referring to this policy and giving all staff access to this and other relevant documentation</i></p> <p><i>Having a clearly defined class teacher role; providing systems for children to have mentoring and monitoring if and when appropriate</i></p>

<ul style="list-style-type: none"> <li>➤ Ensuring that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.</li> <li>➤ Monitoring children who have been identified as vulnerable</li> <li>➤ Ensuring that outside agencies are involved where appropriate and working with any agencies already involved with vulnerable children</li> <li>➤ Ensuring that key concepts of Child Protection are integrated within the curriculum</li> </ul>	<p><i>Regular reporting to parents, parents' evenings and good involvement with parents whenever there are concerns about a child.</i></p> <p><i>Regularly monitoring vulnerable children</i></p> <p><i>Having established systems for information sharing and attending any multi-agency meetings about a child.</i></p> <p><i>Promoting an awareness of rights and responsibilities in school assemblies, by teaching Life skills and planned units within the curriculum to cover Sex and Drug Education, protective behaviours, children's rights and Citizenship.</i></p>
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## **SCHOOL PROCEDURES**

1. Any member of staff with an issue or concern relating to child protection and safeguarding regarding a child, staff member, or if significant harm is suspected, should immediately inform Mrs Day, personally or by telephone if she is off the school site. Speak to DDSLs if Mrs Day is offsite.

### **ALLEGATIONS OF CHILD ABUSE MUST ALWAYS BE GIVEN THE HIGHEST PRIORITY AND REFERRED IMMEDIATELY.**

2. Mrs Day will then decide on an appropriate course of action (based on Local Authority and Safeguarding Board Guidance).

### **REFERRALS AND REPORTING OF ALLEGED CHILD ABUSE SHOULD BE CARRIED OUT IMMEDIATELY AND MUST TAKE PRIORITY OVER ALL OTHER DUTIES.**

3. **Allegations against school staff.** Colleagues must protect themselves especially when meeting on a one to one basis with children, and staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued. Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the **HEADTEACHER** so that appropriate procedures can be followed. If the allegation is against the Headteacher it should be taken directly to the Chair of Governors or LADO.

## **DEALING WITH DISCLOSURES OF ABUSE**

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

- stay calm and be available to listen
- listen with the utmost care to what the child is saying
- note the main points of the disclosure and where possible as many of the child's actual words
- take steps, if appropriate, to ensure the immediate welfare of the child
- keep a full record – date, time, what the child did, said, etc Use the 'My Concern' system.
- note any **visible** signs of injury – on a body map, for those that cause concern
- reassure the child and let them know they were right to inform you
- inform the child that this information will now have to be passed on
- respect the child's right to confidentiality, only discuss the disclosure with key staff
- immediately inform Mrs Rebecca Day (Head Teacher/DSL) or when unavailable Mrs Julie Wilkinson (Senior Lead Teacher/DDSL), Miss Daisy Buckingham (PreSchool Manager/DDSL) or Rosie Harrison (Family Liaison Officer/DDSL)

**UNDER NO CIRCUMSTANCES SHOULD ANY ADULT MAKE THE DECISION THAT DISCLOSURE IS NOT A CHILD PROTECTION ISSUE AND ATTEMPT TO DEAL WITH THE DISCLOSURE THEMSELVES.**

Child abuse can take many forms. For types of Child Abuse and their symptoms please refer to Appendix 2.

## **MONITORING AND RECORD KEEPING**

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records should be kept in secure, confidential files, which are separate from the child's school records. It is important to recognise that it is best practice to share the content of the disclosure made to a safe adult, with the parents/carers, at the same time as reporting the information to Children's services. The exception to this would be if it is deemed that sharing such information with parents/carers would put the child in immediate danger. An example of this would be a disclosure of sexual abuse.

Staff must keep the DSL/DDSL informed of:

- poor attendance & punctuality
- concerns about appearance and dress
- changed or unusual behaviour
- concerns about health and emotional well being
- deterioration in educational progress

- discussions with parents about concerns relating to their child
- concerns from peers about a student
- concerns about home conditions or situations
- bullying-type behaviours

When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

**NB:** Any referral to Children's Services by telephone or secure email must be followed up with the completion of the Inter Agency Referral Form (IARF) provided electronically by Hants Direct. A copy must be kept in the child's confidential school file, including in the content the name of the person spoken to, e.g. the Duty Social Worker and the time and date when the call/email is made/sent.

**If parents have not been informed about (or if they have agreed to) the referral being made this must be reported to Children's Services - this is part of the IARF form.**

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

- factual (no opinions)
- non-judgemental (no assumptions)
- clear
- accurate
- relevant
- using the child's words
- Dated, timed, signed and name recorded clearly.
- Recorded on the given template, or internally on the 'My Concern' system

## **THE ROLE OF THE DESIGNATED SAFEGUARDING LEAD**

- To ensure that all staff know that Mrs Day is responsible for Child Protection issues.
- To refer promptly all cases of suspected child abuse to the local children's services department or the police child protection team. If a parent arrives to collect the child before the social worker has arrived then it must be remembered that we have **NO** right to prevent the removal of the child. However, if there are clear signs of physical risk or threat, the Police should be called.
- To maintain and update as necessary all paperwork
- To organise regular training on Child Protection within the School.
- To ensure that all staff know about and have access to Local Authority and Safeguarding Board guidelines.
- To ensure telephone/email referral procedures are followed.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole school policy on Safeguarding, which may reference the Child Protection Policy.

- To attend child protection conferences and core group meetings or nominate an appropriate member of staff to attend on her behalf.
- Maintain records of child protection conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a "need to know basis".
- To pass on records and inform the key worker when a child who is subject to a Child Protection Plan leaves the school.
- To raise staff awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible.
- Formal training must be undertaken at least every 2 years and there must be at least annual updates.

## **APPENDIX 1**

Information for parents/carers published in the School Brochure (New brochure being published for May 2019):

The school is fully committed to promoting the safety, health and welfare of all pupils. All staff undertake regular training to enable awareness of any possible signs of concern. School has a robust internal system in place, in order to record and communicate any such concerns to the appropriate staff. There are clear, prescribed procedures in place for when there is a need to inform outside agencies such as Children's Services, these are documented in the Safeguarding and Child Protection Policies. In the majority of cases parents/carers are informed of any concerns and actions. We have positive working relationships with parents/carers and Children's Services and will always put the interest of the child first.

School has a named, lead school nurse. Who, with her team, complete medicals for all our Reception children and those joining throughout the school year. They are also available to school and parents/carers to advise us in supporting all children regarding their health and wellbeing.

We adhere to the statutory, government Prevent Duty guidelines. A full version of the School's Child Protection Policy and Safeguarding Policy is available on request and a copy is always available on the school website.

The school seeks parental permission for the use of photographs by the media and through the internet. All children are reminded of internet safety when working with IT at school and we have a secure firewall.

All staff are fully vetted through the Disclosure and Barring Service to work in an educational environment.

## **APPENDIX 2**

### **TYPES OF CHILD ABUSE AND THEIR SYMPTOMS**

Child abuse can be categorised into four distinct types, ie:

- 1. Physical Abuse**
- 2. Sexual Abuse**
- 3. Emotional Abuse**
- 4. Physical Neglect**

It is acknowledged that children and young people may be suffering just one type of abuse or any combination of the 4 types;

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

Physical abuse may involve 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 the symptoms of, or deliberately induces illness in a child.

#### **Possible Signs & Symptoms:**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries
- Recurrent injuries or burns
- Bald patches
- Is reluctant to have parents/carers contacted
- Runs away or shows fear of going home
- Is aggressive towards themselves or others
- Flinches when approached or touched
- Is reluctant to undress to change clothing for sport
- Wears long sleeves during hot weather
- Is unnaturally compliant in the presence of parents/carers
- Has a fear of medical help or attention



- Admits to a punishment that appears excessive

## **2. Sexual Abuse:**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under **s5 Sexual Offences Act 2003**.

### **Possible Signs & Symptoms:**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases or infections
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Sexual knowledge or behaviour inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed

## **3. Emotional Abuse:**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **Possible Signs & Symptoms:**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, etc)
- Neurotic behaviour (rocking, thumb-sucking etc)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late
- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships
- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults.

#### **4. Neglect:**

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers); or
  - ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Possible signs & symptoms:**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles
- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

**For more guidance about neglect please see the 'Isle of Wight Safeguarding Children's Board Neglect Strategy.**

[http://www.proceduresonline.com/4lscb/isle\\_of\\_wight/files/neglect\\_strategy.pdf?zoom\\_highlight=neglect+strategy-search='neglect strategy'](http://www.proceduresonline.com/4lscb/isle_of_wight/files/neglect_strategy.pdf?zoom_highlight=neglect+strategy-search='neglect strategy')

The school acknowledges that with all signs of abuse, these may not be the only signs or indicators that you will see and if these are present it may also be symptomatic of something else other than abuse, but consider that something is wrong...

**Some children and young people may have additional barriers and/or needs that make it harder to disclose that something is not right for them. We should be particularly mindful of these young people and ensure they have a voice by using methods of communication that work for those individual pupils to allow them to openly express their views and wishes**

### **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.

**THIS POLICY IS DESIGNED TO BE COMPREHENSIVE,  
BUT PLEASE ASK IF YOU ARE UNCLEAR ABOUT ANYTHING AT ALL  
THIS IS TOO IMPORTANT TO GET WRONG**

**DON'T IGNORE HUNCHES OR SUSPICIONS IF IN DOUBT CONSULT WITH MRS DAY OR  
A DEPUTY DSL**

Monitoring of this policy will be carried out by the Head teacher and nominated Governor on an annual basis.

The Isle of Wight Safeguarding Children Board undertakes an annual Child Protection Audit of schools. Wroxall Primary School ensures it completes the audit as requested and develops its Safeguarding action plan which it actions annually, and reviews at the mid-year point.

The IOWSCB safeguarding procedures are adhered to and to used alongside this policy.

**This Policy should be read in conjunction with the following policies:**

- Allegations of Abuse against Staff and Volunteers
- Anti-bullying Policy
- Attendance Policy
- Behaviour Policy
- Educational Visits and Offsite Activities Policy
- Equality and Diversity Policy
- E-Safety and Acceptable Use Policy
- EYFS Policy
- First Aid Policy
- Health and Safety Policy
- Intimate Care Policy
- Looked After Child Policy
- Missing Child Policy
- Safeguarding Policy
- Safer Recruitment Policy
- SEND Policy
- SRE (Sex, Relationships Education) Policy
- Supporting Children with Medical Needs Policy
- Transition Policy
- Whistleblowing Policy



