



Macduff Primary/Nursery Child Protection Policy

All children have a right not to be abused and to be protected from abuse and neglect; therefore, child protection is the responsibility of everyone.

"It's everyone's job to make sure I'm alright" (Scottish Executive, Nov 2002) underlines the need for us all to take responsibility to protect children.

In our establishment: -

- The well-being of our children takes precedence over any other consideration.
- We are committed to creating an environment where children feel secure, are safe from abuse and in which any suspicion of abuse is responded to promptly and appropriately.
- We ensure that all staff within Macduff Primary/Nursery are aware of our child protection guidelines and are aware of their responsibility to protect our pupils from all forms of neglect, abuse and discrimination.
- We ensure that all staff are aware of the indicators of neglect and the different categories of abuse and are familiar with some common signs linked to the categories.
- We ensure that all staff are aware of the steps that should be taken once issues of neglect and child abuse are recognised or disclosed.
- We ensure that key concepts of child protection are integrated within the curriculum, especially within Health & Wellbeing. e.g. Relationships, Sexual Health, Substance Misuse, Stranger Danger, etc. and children know how they can seek the support of the known adults within school.
- We monitor children who have been identified as 'at risk'.
- No member of staff discusses any disclosure with anyone other than the persons named below.
- We ensure that, where appropriate, outside agencies are involved.
- We ensure that all child protection reports are recorded and stored securely, in accordance with the guidance on record keeping.

Child abuse is a criminal offence.

All staff have an ethical duty to report any reasonable concern that a child may be being abused.

What is child abuse?

The World Health Organisation defines child abuse as the following:

“Child abuse or maltreatment constitutes all forms of physical and or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in the actual or potential harm to a child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

What are the signs of Child Abuse?

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong.

Neglect:

<ul style="list-style-type: none"> • Neglect is the persistent failure to meet a child's basic physical and/or psychological needs in an age and stage appropriate manner and is likely to result in the serious impairment of the child's health or development. • It may involve the failure to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. • In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation leading to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time. 	<p><u>Possible Indicators may include:</u></p> <ul style="list-style-type: none"> • Always hungry • Inappropriate clothing • Constant tiredness • Health needs not being met • Appointments not kept • Poor personal hygiene • Low self-esteem • Social isolation • Left unattended or with inappropriate adults • Poorly supervised • Compulsive stealing or scavenging
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Emotional Abuse:

<ul style="list-style-type: none"> • It may involve conveying to a child that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person. • It may involve the imposition of age/developmentally inappropriate expectations on a child. • It may involve causing children to feel frightened or in danger. • Exploiting or corrupting children. 	<p><u>Possible Indicators may include:</u></p> <ul style="list-style-type: none"> • Sudden speech disorders. • Extremes of passivity or aggression. • Lack of concentration • Low self-esteem - continual self-deprecation ('I'm stupid, ugly, worthless, etc'). • Over-reaction to mistakes. • Extreme fear of any new situation. • Neurotic behaviour (rocking, hair twisting, Self-harm, inappropriate response to pain).
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Physical Abuse:

<ul style="list-style-type: none"> • This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. • It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. 	<p><u>Possible Indicators may include:</u></p> <ul style="list-style-type: none"> • Unexplained injuries or burns • Improbable explanation for an injury • Recurring ‘accidents’ • Untreated injuries • Reluctance to discuss injuries • Fear of medical help or examination • Wearing clothes to cover injuries, even in hot weather. • Refusal to undress for gym. • Bald patches. • Fear of physical contact – shrinking back if touched. • Fear of suspected abuser being contacted. • Fear of returning home or chronic running away
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Sexual Abuse:

<ul style="list-style-type: none"> • Involves any act involving the child or young person in any activity for the sexual gratification of another person or any other persons including organised networks. 	<p><u>Possible Indicators may include:</u></p> <ul style="list-style-type: none"> • Behaviour changes e.g. withdrawn, anxiety, isolation, depression • Developmental regression such as thumb sucking, starting to wet again, nightmares, bringing out discarded cuddly toys • Anxiety associated with certain places or people • Lack of trust or over familiarity and attention seeking • Sexual knowledge and awareness beyond age • Sexualised acting out with other children or toys drawing sexually explicit pictures. • Risk taking behaviours e.g. drug or alcohol misuse • Other extreme reactions, such as depression, self-mutilation, and suicide attempts, running away, overdoses, anorexia • Medical problems such as chronic itching, pain in the genitals, venereal diseases. • Become worried about clothing being removed. • Being overly affectionate or knowledgeable in a sexual way inappropriate to the child’s age.
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Nonorganic failure to thrive:

<ul style="list-style-type: none"> • Children who significantly fail to reach normal growth developmental milestones (i.e. Physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated. 	<ul style="list-style-type: none"> • Constant hunger. • Poor personal hygiene. • Constant tiredness. • Poor state of clothing. • Emaciation. • Untreated medical problems. • No social relationships. • Compulsive scavenging. • Destructive tendencies. • Developmental delays. • Repetitive behaviour, e.g. rocking backwards and forwards.
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What staff should do if they have concerns about a child's welfare or safety

If a child discloses information the member of staff must **RECORD** and **REPORT**

- R** **Respond** without showing any signs of disquiet, anxiety or shock.
- E** **Enquire** how an injury was sustained or why a child appears upset.
- C** **Confidentiality must not be promised** to children or adults in this situation.
- O** **Observe** the demeanour or behaviour of the child.
- R** **Record** in detail what has been seen and heard.
- D** **Do not interrogate or enter into detailed investigations:** rather encourage the child to say what he/she want until enough information is gained. **DO NOT INVESTIGATE- this is the role of social work and the Police.**

Then **REPORT** to the designated Child Protection Co-ordinator without delay.

The designated Child Protection Co-ordinator is **Helen James, Head Teacher** and in her absence, any other member of SLT.

In extreme circumstances, if none of these people are available, you must contact another local Head Teacher or a QIO for advice and guidance.

If appropriate, any adult can contact Social Services on an informal basis.

The designated person will then take appropriate action, as detailed in North East of Scotland Child Protection guidelines. (Available in the school office for anyone who wishes to view them).

Increasingly we are seeing newer forms of child abuse which staff in schools may be well placed to identify and should therefore be vigilant:

- Harmful traditional practices, such as honour-based violence, forced marriage and FGM (female genital mutilation)
- Child Sexual Exploitation
- Children/young people who are missing
- Child trafficking
- Radicalisation
- Online and mobile phone safety

The school is committed to the continuing professional development of staff around child protection issues. We continue to develop awareness in all staff of the need for child protection and their responsibilities in identifying abuse through annual Child Protection training and ensuring that all staff are aware of referral procedures within the school.

REMEMBER - Concerns about a child?

OBSERVE, RECORD, REPORT!

DO NOT TAKE IT HOME!

Flow chart for managing a child protection concern

Source of information

Disclosure from child to staff

Staff observation

Other pupil/person or agency discloses to staff



Immediate Action by Staff

Action by staff: -

- 1) Listen! The first steps are crucial. They may feel frightened, confused and vulnerable.
- 2) Any initial questioning or discussion must be limited to establishing the basic facts.
- 3) A guarantee of confidentiality must NOT be given to the child.
- 4) Open-ended questions must be used: -

What happened? - NOT Did somebody hit you?

Who did it? - NOT Was it mum?

When did it happen? – NOT Did it happen last night?

Where did it happen? – NOT Did she come into your bedroom?

- 5) Make a careful record of what was said – use the child’s words not your own.
- 6) Reassure the child. Affirm whatever feelings the child has and avoid telling the child how they feel.
- 7) The matter must be referred to the CPC (or the SLT) immediately
In exceptional circumstances if none of these people are available report to another head teacher or QIO. **DO NOT TAKE CONCERNS HOME!**
- 8) Update chronology



Action by CPC: -

Ensure child is in a place of safety within the school.
Follow child protection procedures.