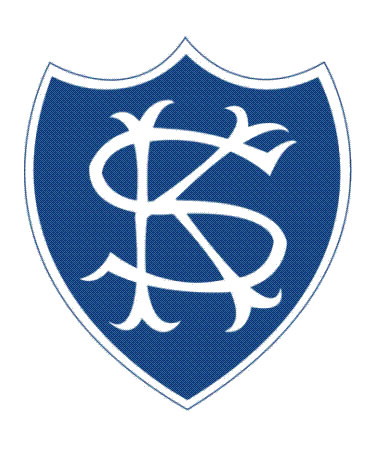
**Knowetop Primary School**

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**Child Protection Policy**

**RATIONALE**

“Every adult in Scotland has a role in ensuring that all children live safely and can reach their full potential. Duties to protect children are enshrined in law for some agencies, particularly the police and social work. However everyone involved in working with children has a fundamental duty of care towards them. Protecting children and young people and meeting their needs is ‘everyone’s job’”

**What is Child Protection?**

There may be many issues which cause staff low-level concern about a child’s welfare. Appropriate care and welfare forms should be completed and shared with your line manager so that appropriate actions can be taken in relation to these. More serious concerns relating to formal Child Protection issues should follow the advice contained within this policy. **Anything that would prevent a child from growing up in a caring and safe environment is considered a child protection issue.** We have a duty to respond to concerns and it is everyone’s responsibility to protect children and young people from physical or emotional harm. There are the procedures we have to follow.

**Grounds for concern - action guide for all staff**

1. Welfare Principle

All actions taken should have best interests of the child or children at their core. Good practice which protects children requires the careful exercise of professional knowledge, judgement and skill.

2. Proof is NOT required.

3. Secrets should not be kept.

4. Grounds for concern

Child protection issues relate to physical abuse/injury, physical neglect, emotional abuse, sexual abuse and non-organic failure to thrive (see Appendix A).

Grounds for concern can arise from a wide range of circumstances and will generally be covered by the following:

* A child states that abuse (physical or emotional) has taken place or that the child feels unsafe.
* A third party or anonymous allegation is received.
* A child's appearance, behaviour, play, drawing, or statement(s) causes suspicion,

**If you don't share your concerns, a child may be harmed.**

5. Action Points for all staff

* Immediately report any grounds for concern to Knowetop Primary School’s Head Teacher (Mrs. Jill Nicholls) or our Child Protection Co-ordinator

(Mr Gordon Murray, Depute Head Teacher).

* Do not wait to gather evidence. Do not keep information secret.
* Do not discuss the matter with others, confidentiality is important.
* Provide a handwritten record of the incident/concern (see Appendices C and D).
* Date and sign the record of the incident/concern.
* Follow the guidance given by the Head Teacher or Child Protection

Co-ordinator.

6. Supporting the Child

When a child is disclosing abuse, a member of staff should respond in the following ways:

* Listen and observe with care.
* Treat the allegation in a serious manner.
* Reassure the child that he/she is right to tell.
* Affirm the child’s feeling as expressed by the child.
* Do not give a guarantee of confidentiality or secrecy.
* Do not ask leading questions.
* Seek clarification using open ended questions only.
* Do not interrogate the child.
* Do not show disbelief.
* Do not introduce personal or third party experiences of abuse.
* Avoid displaying strong emotions.

7. Action Points for Head Teacher/Child Protection Co-ordinator

Heads of establishments should follow the action points below:

* Act promptly.
* Treat the grounds of concern as a priority for action.
* Consider the immediate needs of all children involved.
* Ensure that staff involved record and date all relevant information.
* Gather information and, if appropriate, seek clarification (not proof).
* Contact and advise NLC’s Child Protection Officer (Ms. Lindsay Mitchell).
* Immediately report the grounds for concern to the Duty Senior Social Worker at the area Social Work Office linked to the home address of the pupil or pupils.
* Immediately report a medical emergency to medical services and administer first aid if required.
* If appropriate, contact the police.
* Record (on the same day) the grounds for concern and action taken using the Child Protection Recording Form/Notification of Concern Form.
* Send documentation as detailed on the form.
* Co-operate fully with all statutory agencies who may become involved.
* Support the child or children involved as necessary and appropriate.
* Information should be recorded appropriately and case files should be managed effectively.

*Alleged involvement of school staff in child abuse or a child protection concern (see Appendix B) should be reported to the appropriate Education Officer or Head of Service.*

7.1 Pupil Progress Records

* Significant changes, events and decisions should be recorded and monitored.
* Ensure compliance with Standard Circular SC2.
* At transition stages, all pupil records must be transferred to the receiving school. Confidential files pass from H.T. of the previous school to Senior Management Team member of the receiving school only. These records must not be sent by regular post.

7.2 Shared Knowledge of Process

In the absence of the school’s Head Teacher, Child Protection Co-ordinator or other member of the SMT, staff should know how to initiate a child protection referral. Staff should contact their Education Officer, Additional Support Needs Manager or the NLC Child Protection Officer to seek advice. Staff can seek advice at any time.

8. Co-operation

Education staff should fully co-operate with enquiries, investigations and support plans as directed by the head of establishment.

Staff should provide reports; attend case discussions, case conferences and reviews.

9. What will happen to the child and family?

Once enquiries have been completed, one or more of the following might happen:

* Where Child Protection concerns are identified, a multi-agency meeting will be held to decide the best way to protect the child and support the family.
* No further action may be taken.
* Support or advice may be offered to the family.
* Referral to additional support agencies or services may be made.  ·
* Referral to an appropriate legal agency such as the Children’s Reporter may occur.

\*Child Protection protocols will be shared with all staff at the start of each academic year and with any new members of staff who join the personnel of Knowetop Primary School during the academic year.

**Appendix A**

**Why you might be concerned about a child, Definitions of Abuse and Risk Indicators**

Children may be in need of protection where their basic needs are not being met in a manner appropriate to their age and stage of development and where they will be at risk through avoidable action or inaction on the part of their parent(s), sibling(s) or other relative(s), or carer(s).

In Scotland where a child is considered to be at risk of abuse, their name can be placed on the Child Protection Register.

The Register is a list of children identified by the local authority who require action to protect them. The Register is confidential and can only be accessed by designated staff.

When a child’s name is placed on the Register, their name will go under one of the following five categories:

**Physical Injury**

Actual or attempted physical injury to a child, including the administration of toxic substances, where there is knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented.

Most physical injuries that you might observe in children will be accidental and it’s essential not to jump to conclusions. Being aware of the common sites of accidental and non-accidental injury will help you differentiate between innocent bumps and bruises and injuries that have been inflicted deliberately.

The following indicators should alert workers to the possibility of children having been abused:

Bruises

* Black eyes are particularly suspicious if: Both eyes are bruised (most accidents cause only one). There is no bruise to the forehead or nose or suspicion of skull fracture (Black eyes can be caused by an injury to the brain) .
* Bruising in or around the mouth (especially in small babies).
* Grasp marks on arms – or chest of a small child
* Finger marks (e.g. you may see 3 or 4 small bruises on one side of the face and one on the other)
* Symmetrical bruising (especially on the ears)
* Outline bruising (e.g. belt marks, handprints)

**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, including deprivation of access to health care, may result in persistent or severe exposure, through negligence, to circumstances that endanger the child.

The following indicators should alert workers to the possibility to children having been abused:

* Inappropriate or erratic feeding.
* Hair loss.
* Lack of adequate clothing.
* Circulation disorders.
* Unhygienic home conditions.
* Failure to seek appropriate medical attention.
* General failure to achieve development milestones.

There might be a link between physical neglect and the impact of parent alcohol or drug misuse. It can also be related to mental health difficulties of parents. Physical neglect can be the result of a specific incident or an accumulation of concerns. Staff may notice a deterioration in a child’s physical presentation.

**Emotional Abuse**

This occurs when there is failure to provide for the child’s basic emotional needs which leads to a severe effect on the behaviour and development of the child. It is the persistent failure to show a child love and affection, or at times deliberate emotional cruelty.

The following indicators should alert workers to the possibility of children having been abused:

* A child who is criticised constantly.
* A child who is shown affection only if they behave or achieve to parental expectations.
* A child who is over-protected or not allowed to learn from their own experiences.
* A child who is subjected to verbal hostility: e.g. being told they are useless, unattractive, fat, etc.
* A child who is put in a state of terror by being constantly shouted at.
* A child who is belittled and who has their successes or achievements ridiculed.
* A child who is used as a family scapegoat and blamed for all that is wrong.
* A child who is frequently threatened with severe punishments.
* A child who is subjected to continual teasing.

Any child who is being physically or sexually abused will also experience emotional abuse.

**Sexual Abuse**

Any child may be deemed to have been sexually abused when any person(s), by intention or neglect, directly or indirectly, if they are involved in any activity that exploits the child for the sexual arousal or other form of gratification of that person or any other person(s), including organised networks. This definition holds whether or not there has been genital contact or whether or not the child is said to have initiated or consented to the behaviour.

Children can disclose abuse either spontaneously or in a planned way and often to people who work closely with them. The following indicators should alert workers to the possibility to children having been sexually abused:

* Depression and withdrawal.
* Wetting or soiling day or night.
* Chronic illness especially throat or urinary infections and venereal disease.
* Anorexia or bulimia.
* Unexplained pregnancy.
* Phobias or panic attacks.
* Self-harm.
* Excessive sexual awareness or knowledge of sexual matters inappropriate for the child’s age.
* Acting in a sexually explicit manner.
* Sudden changes in behaviour or school performance, or school avoidance.
* Displays of affection in a sexual way inappropriate to age.

**Non-Organic Failure to Thrive**

This classification is applied to children who significantly fail to reach normal growth and developmental milestones, where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

The following indicators should alert workers to the possibility to children suffering non-organic failure to thrive:

* Diarrhoea.
* Child having little interest in food.
* Child thriving away from home.
* Unresponsiveness in child.
* Staying frozen in one position for an unnaturally long time.
* Poor skin or muscle tone.
* Circulatory disorders.
* Lethargy.

Evidence of any of the above signs or behaviours do not, in most instances, determine that abuse is happening but may indicate the need for further investigation.

**What is Female Genital Mutilation (FGM)?**

Female Genital Mutilation (FGM) is a collective term for all procedures which include the partial or total removal of the external female genital organs for cultural or other non – medical reasons or any other injury to the female genital organs for non-medical reasons, including piercing or pricking. FGM is a harmful practice. It can cause long-term mental and physical harm, difficulty in giving birth, infertility and even death.

FGM is recognised internationally as a violation of human rights and a form of violence against women and girls.

It is essential that staff guide those who may come into contact with any girl or woman who has been affected by or who is at risk of FGM to:

**-** Approach and discuss this sensitive topic confidently

**-** Identify any girl who may be at risk of FGM

**-** Act appropriately in response to this concern

**-** Share information across and within agencies appropriately

**-** Initiate child and/or protection procedures where required

**-** Gather, document and retain information appropriately

**-** Contribute to education about, and prevention of FGM within communities.

**KEY MESSAGE: If you are concerned about significant or imminent harm of a child or adult from FGM, call the police on 999.**

**Child Sexual Exploitation** **(CSE)**

The sexual exploitation of children and young people is an often hidden form of child sexual abuse, with distinctive elements of exploitation and exchange. In practice, the sexual exploitation of children and young people under 18 might involve young people being coerced, manipulated, forced or deceived into performing and/or others performing on them, sexual activities in exchange for receiving some form of material goods or other entity (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual exploitation can occur through the use of technology and without the child’s immediate recognition.

In some cases, the sexual activity may just take place between one young person and the perpetrator (whether an adult or peer). In other situations a young person may be passed for sex between two or more perpetrators or this may be organised exploitation (often by criminal gangs or organised groups).

**Possible Indicators of Child Sexual Exploitation**:

* Staying out late or episodes of being missing overnight or longer
* Multiple callers (unknown adults/older young people)
* Evidence of/ suspicion of physical or sexual assault; disclosure of assault followed by withdrawal of an allegation
* Unplanned pregnancy and/or Sexually Transmitted Infections (STIs)
* Peers involved in sexual exploitation
* Drugs/alcohol misuse
* Isolation from peers/social networks
* Exclusion or unexplained absences from school or college
* Relationships with controlling adults
* Entering/leaving vehicles driven by unknown adults
* Unexplained amounts of money, expensive clothing or other items
* Frequenting areas known for adult prostitution
* Children under 13 years asking for sexual health advice

**Radicalisation**

Some young people may be at risk of radicalisation therefore schools should be aware of the following indicators of risk**:**

- expressing strong beliefs/opinions around terrorism

- having extremist ideas

- interest in locations where terrorists are known to operate

- recent change in dress/appearance

- change of attitude

- vulnerabilities - isolated, unhappy, bullied, disengaged, sense of

injustice, grievances, discrimination,

- social media - can be easily picked up and exploited online

The Scottish Government has published Prevent Duty Guidance to assist local authorities in fulfilling their duty to have ‘due regard to the need to prevent people from being drawn into terrorism’

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445978/3799_Revised_Prevent_Duty_Guidance__Scotland_V2.pdf>

**Appendix B**

**Risk Indicators: why you might be concerned about a colleague**

If any or a combination of the following is noted about colleagues or other adults then this is a cause for concern and indicates the need for action:

* Acting in an aggressive, violent or sexual manner towards a child or young person.
* Misusing alcohol or drugs while caring for a child or young person.
* Leaving a child unattended or with unsuitable carers.
* Presenting as overly or inappropriately affectionate to a child or young person that they are working with or for whom they are providing a service.

Evidence of any of the above signs or behaviours do not, in most instances, confirm that abuse is happening but may indicate the need for further investigation. In some cases other disciplinary or support mechanisms may be triggered by these further investigations.

**Appendix C**

**Guidance on Making Child Protection Notes, Report Writing and Record Keeping**

Professionals should be aware that behaviours which might appear to indicate abuse, may be the result of other factors in a child’s life, and that signs can be inconclusive or ambiguous. If there is not sufficient information to be sure that the child has NOT been abused, it is everyone’s duty to report their suspicions to the Child Protection Co-ordinator. Refer to the advice below when completing the report. Keep matters confidential to yourself and the Child Protection Officer/Head Teacher but remember not to promise to keep a disclosure secret to the child who makes it.

**Guidance on Making Notes:**

As soon as practicable, using the language used by the child or young person, make a handwritten note, in detail, of the information shared with you. Record the date and time of the disclosure and sign the note. Notes should be made carefully, accurately and factually Signs of physical injury and its location on the body should be described in detail and/or sketched. At no time take photographic records. Opinion should be restricted to the demeanour of the child. The personal opinions of members of staff must not be included.

**Guidance on Report Writing and Record Keeping:**

It is vital that procedures are followed precisely and information and events are recorded accurately, factually and in detail. Information gathered may be required for a Child Protection case conference or, less frequently, for court action. It should be noted that the content of reports may be required to be made known to the families concerned and therefore reports must be factual.

Records and reports should be kept in a sealed envelope and filed appropriately Records must be marked and maintained as confidential. Chronologies should be kept up to date.

It is the role of the Police/Social Work to decide whether or not to involve the parent/carers at this stage.

**Appendix D**

**Staff Child Protection Record Sheet**

**School Establishment: Knowetop Primary School**

**Name of Child/Young Person:**

**Date of Birth: Age: Sex: Male / Female**

**Member of Staff Reporting Concern:**

**Concerns (attach additional pages if required):**

**Date of Submission:**

**Report received by: Role:**

**Action (what, when, by whom):**

**Information shared with: Social Work / Police / Other (Please State)**

**Response received from: Social Work / Police / Other (Please State)**

**Filed in Child/Young Person’s File/Other (Please State):**

**Date: Signed:**

**Additional Child Protection Information Sheet:**

**Child/Young Person: Date:**

**Signed:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**