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Polisi Diogelu Plant
Child Protection Policy

Concerns should be immediately referred to the **Head teacher, who is the nominated person, or other teaching staff if Mr A. Davies is not available.**

Mrs Geraldine Jenkins Head Teacher

Delegated Person-Mrs E Samson

Mrs W. Smith, Miss J. Jones – other teaching staff

Governor responsible for Child Protection

Mrs Llinos Thomas

Child Protection Policy

Introduction

Promoting the general welfare of every child is a vital part of the ethos of school; it is reflected in all policies, including the important values of self respect and respect towards others.

In particular the school works in accordance with Child Protection arrangements according to the All Wales Child Protection Procedures.

There are three elements to our Child Protection Policy:

- a) Prevention (e.g. positive school ethos and pastoral support programme).
- b) Protection (by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns).
- c) Support (to children who may have been abused).

Prevention

● School Ethos

Our school will:

- a) Establish and maintain an ethos where pupils feel secure and are encouraged to talk and are listened to.
- b) Ensure that pupils know there is an adult in school that they can approach if they are worried or in difficulty.
- c) Include in the PSE curriculum opportunities and activities which give the children the knowledge and skills they need to keep themselves safe from abuse.
- d) Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

Protection

Effective Co-Operation With All The Professional Workers And Agencies

The School does not operate in isolation. The development of appropriate procedures and monitoring of good practice lie with the Area Child Protection Team.

The Social Services has three main areas of responsibility:-

- (a) **Investigate**

Every allegation that a child is in danger will be investigated according to Section 47 of the Children's Act.

(b) Preventing

An investigation can lead to care arrangements or it can reveal a family who need help and support. The Local Authorities have deciding powers and duties to offer services to families and children (or to help volunteering groups who do that) and a duty to promote children's well being. Work involved with preventing abuse has a vital part to play in protecting children.

(c) Children in the Care of Local Authority, or Being Looked After by It

In suitable cases, and on the application of a person with parental responsibilities, the Local Authority provides a refuge service to offer temporary care for children. Children can also be in Local Authority care as a result of a Court Order.

The Role of the Teacher

Teachers have a very important part to play; the LEA has a responsibility to ensure that ALL the employed staff know about, and understand, the Child Protection Procedures. The Local Education Authority has an appointed officer (Mr Emlyn Schiavone) who is responsible for ensuring internal procedures and training about child abuse and liaison with outside agencies.

Our school will ensure that:

- Staff and governors are kept informed about Child Protection procedures through induction, briefings and awareness training.
- Other visiting adults rarely work unsupervised with children, however, should there be a need for this the Head Teacher will ensure they are aware of the Child Protection policy.
- Students in training or on school practice will be made aware of the Child Protection policy.
- All staff and students undertake a Criminal Record Bureau enhanced check.
- Class teachers will ensure every pupil's safety on the internet. School policy for safe internet use will be followed in each class. Parents will be advised on safe internet practices.

Professional Confidentiality

Professional Confidentiality – The need to share information

The root of successful inter-agency co-operation to protect children is exchanging and sharing relevant information. The professional confidentiality rules aren't intended to restrict professional workers from sharing information involved with protecting children. Every professional worker has a duty to share information with the Social Services Department and the Police as investigation agencies in every case where they might think a child has been abused or

is in danger of being abused. This responsibility is also eligible when sharing all the relevant information with other agencies in child protection conferences.

In every case where a child has been abused or is in danger of being abused, there is a duty to share all relevant information. In every situation of that sort the child's protection must have priority.

What to do when Children Claim to be Abused

1. Be aware of pupils' physical condition and behaviour in terms of the signs and symptoms of abuse (Appendix 1).
2. Report any concerns *immediately* to the nominated teachers (Mr A Davies or other teachers). Make a dated note of your concerns and observations.
3. Do not engage the child in a discussion on a suspected problem – this may exacerbate the situation. Direct intervention with a child requires great skill and tact and should only be undertaken by a trained member of the Child Protection Team.
4. You may ask a child to explain an obvious physical injury e.g. a bruise or black-eye as this may have a simple and innocent cause. However, it is crucial that a physical injury is reported if:
 - a) It has a number of similar antecedents.
 - b) The explanation given does not match the nature of the injury.
5. Report the following *immediately* to one of the nominated persons:
 - a) Statements made directly to you by a child which allege or suggest abuse.
 - b) Statements made to you by others, including children, siblings, even members of the public.
 - c) Comments overheard by you made by suspected victims or others.
 - d) Unusual statements made in pupil's written work, e.g. references to close relationships with particular individuals or descriptions of unusual situations.
6. It is possible that (5) above may relate to a member of staff or another person known to you. Under no circumstances should your own relationship influence your response. You are obliged by law to refer any allegation or information on possible abuse to the nominated staff.
7. It is important that if a child reports any form of abuse, that it is believed in the first instance. The NSPCC report that children rarely retract their original disclosures and when they do, it is more likely to be because of pressures upon them. This also applies to reports made by friends.
8. In any interaction with a child, you should never ask leading questions as this can later be interpreted as putting ideas into the child's mind.

9. Treat any information given by the nominated teacher in the strictest confidence – never discuss it with anyone else, including colleagues.

The Role of the Head Teacher and / or Nominated Teacher

1. To be familiar with legislation and LEA policies on Child Protection.
2. Based on (1) above, keep the school's policy and procedures up to date.
3. Provide guidance and training to staff.
4. Represent the school at all meetings and case conferences which deal with Child Protection issues.
5. Keep all reports and records in a safe, secure place and ensure their total confidentiality.
6. Liaise with other agencies, including receiving and preparing reports.
7. Monitor pupils on the Child Protection Register in terms of attendance, behaviour, physical appearance, academic progress and general welfare. This will involve close liaison with Class Teachers.
8. Give teachers the information necessary for them to respond in the most appropriate way to pupils at risk bearing in mind, at all times, the need for maximum confidentiality. Information will only be given on a 'need to know' basis.
9. Children with SEN are particularly vulnerable to abuse. All staff will work closely with the SENCO. This is especially important when children have poor communication skills.
10. In collaboration with class teachers arrange for learning experiences which help pupils acquire relevant information and attitudes to resist abuse in their own lives.

Referring a child: Head teacher or Nominated Teacher (Mr Davies or other Teaching Staff if he is not in school)

In every case where anybody suspects a child is being abused or is in danger of being abused, the following steps should be taken immediately:

1. During Regular Working Hours

Contact the Assessment Team in the Social Services Department who operate in the area where the child was at the time he was supposed to have been abused, and ask for the Social Workers on Duty or the Team Manager.
(see Appendix 2 for the address and the phone number).

Referrals made by professional workers should be confirmed in writing within three working days.

2. **Outside Normal Working Hours**

Contact the Social Workers on duty in the area where the child was at the time he was supposed to have been abused. (See Appendix 2 for phone number). If the Duty Social Worker isn't available, contact the Police immediately.

Referrals made by professional workers should be confirmed in writing within three working days.

3. **In An Emergency**

In every emergency, the issue should be referred to the police immediately. If a child needs immediate medical support, ask for the ambulance service as well. Phone 999 for the Police and for the Ambulance.

Operating At Once When There Are Concerns That A Child Is Being Abused Or In Danger Of Being Abused

- a) After assessing the situation Mr Davies or other teaching staff must contact the Assessment Team Office AT ONCE and ask for the Child Protection Team Manager. If the Team Manager isn't available the Duty Social Worker should be requested.
- b) If the Head teacher is told that a child has said he has been sexually abused, the Head teacher **SHOULD NOT** hold another interview with the child to confirm the teacher's worries.
- c) After letting the Social Services Department know about their doubts, the Head Teacher has to contact the Local Education Office **AT ONCE** and ask for Mr Emlyn Schiavone.
- d) Written confirmation of every referral should be sent to the Assessment Team Office and the Local Education Officer immediately after contacting them over the phone to ensure that written confirmation is received immediately.
- e) If there are suspicions that a child is being abused, the Head teacher will allow the child to be interviewed in the school by the Police and/or Social Services, on the condition that he, or the one that's nominated by him, is present. The Head teacher or the person nominated by her, must read any statement made as a result of an interview held at school, and sign it to testify that it is a correct record of what was said.
- f) If the child is about to leave the school, the Head teacher by consulting with the Team Manager or Social Workers, will decide on the next step to take.

It Is Essentially Important That The Social Services Department Are Told About The Alleged Abuse Immediately

Medical Arrangements

When a child in school has an injury and where there is reason to believe that it was caused by abuse, the following steps should be taken:

- a) If it is a serious injury, and if it's, in the Head teacher's opinion, in need of quick medical attention, the child should be taken to the local hospital's accident department.
- b) The Assessment Team Manager of the Social Services Department must be notified, or the duty social worker if the Manager isn't available, **AT ONCE** if this happens, because there's a possibility that the Social Services Department will organise for the child to be examined by a Paediatrician after arriving at the hospital. The suspicions about the child being abused should be explained.
- c) The Local Education Officer, Mr Schiavone should be notified immediately if these steps are taken.

Following Steps

- a) Written confirmation should be sent for every address to the Social Services Department's Team Office and the Local Education Officer immediately after contacting them over the phone to ensure that written confirmation is received **WITHIN 24 HOURS**.
- b) It's essential that the information involved with the alleged abuse is recorded as fully and as correctly as possible as soon as possible.

Other Professional Workers In The Education Service

Professional workers such as Education Psychologists, Advisory Teachers, Peripatetic Teachers, Home Tutors, Education Welfare Officers, and so on, who work with children, must also follow these guidelines:

- a) If they, whilst visiting the children in school, suspect a child is being abused or in danger of being abused, the Head teacher or one of the other teachers, if the Headteacher is not available, **AT ONCE** and they will follow the steps that have already been identified.
- b) If they, whilst visiting a child at home, suspect he is being abused, the professional workers should note this fact and record any details involved. Then the Social Services Department, Assessment Team Manager or the duty Social Workers, the Head Teacher and the Local Education Authority Line Manager **IMMEDIATELY**.
- c) Written confirmation must be sent for every address to Social Services Department Team Office and the Local Education Officer immediately after contacting them over the phone to ensure that written confirmation is received **WITHIN 24 HOURS**.

Investigating Allegations Of Child Abuse By Professional Workers Who Have Had Professional Contact With Them

In the nature of their work, professionals can come across allegations and child abuse where the person who's being suspected/accused of abuse is a professional from another department or colleague. The professional with the worry must refer every allegation of that kind to the Assessment Team Manager. This reference will be made whilst keeping professional confidentiality.

Records and Monitoring

Well kept records are essential to good child protection practice.

- A file note will be made of any concern raised and action taken. These file notes are kept in a confidential file which is separate to other files in the Head Teacher's office. Notes are kept of pupils who are Looked After or are being monitored for child protection reasons.
- If a pupil transfers these records will be marked confidential and for the attention of the Head Teacher or receiving school's child protection named person. Likewise when a child transfers to secondary school at age 11.

Child Protection Conferences and Looked After Children

Reviews

- The nominated person will attend conferences and meetings called in respect of a pupil. S/he may be accompanied by other relevant staff if this is of benefit to the pupil. Staff attending such conferences will be offered support and access to appropriate counselling if they wish to receive it.

Support

- Our school recognizes that a child / children who are abused or who witness violence may find it difficult to develop a sense of self worth and to view the world in a positive way. The school may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school their behaviour may be challenging and defiant. Some children who experience or witness abuse may in turn abuse others. This requires a considered sensitive approach in order that the child can receive appropriate help and support.
- We will endeavour to support pupils through:
 - a) The PSE curriculum which promotes self-esteem and self-motivation.
 - b) The school ethos which promotes a positive, supporting and secure environment and teaches the children the values of respect.

- c) The implementation of the school Behaviour Policy and Anti Bullying Policy.
- d) A consistent approach which recognises and separates the cause of behaviour from that which the child displays.
- e) Regular liaison with other professionals and agencies that support the pupils and their families.

Safe School, Safe Staff

- All school staff must adhere to guidance provided in physical contact with pupils.
- Staff working in a one-to-one situation with a pupil should ensure that they are positioned so as to be visible and audible to other staff where there may be a possibility of misinterpretation of their interaction with a pupil. All staff should ensure the privacy and dignity of all pupils, especially during the routines of personal care of pupils when/if applicable.
- School staff work hard to maintain effective partnerships with parents and carers, and they should be aware that this policy might affect this working relationship at a given time. However, we will maintain our commitment to working with parents and carers to the benefit of all pupils. Sensitive and supportive handling of these issues, whilst affirming that the pupils in our care are our first priority, will help maintain this working relationship.
- All staff are required to complete a criminal record bureau (CRB) check, which has replaced the Police Records search, prior to taking up their appointment, and to sign a declaration regarding convictions relating to the harm of children during their application process. A member of staff who deliberately seeks to mislead the school in respect of this will be subject to dismissal.
- Where a member of staff is subject to an accusation of abuse, this will be fully investigated under the school's disciplinary procedures. A decision to suspend a member of staff, or otherwise, will be taken by the Head Teacher, in liaison with the LEA personnel advisor for the school, with due regard to the nature of the allegation and the subsequent investigation. Involvement of the police and/or dismissal from the school would follow the school's policy and procedures in light of the outcomes of the investigation.

APPENDIX 1

Addressing and Recognising Signs and Symptoms of Abuse

1. The First Signs of Abuse

A serious injury is not necessarily the first sign that a child is being abused. Concern that a child is being physically abused can be awakened when bruises or marks are seen on a child's body or suspicion of any kind of abuse can be awakened by comments made by a child, his parents or friends, by things that were heard or noticed on the behavior or reaction of the child, or the awareness that the family are under stress and could be needing support with caring for the children or by many other factors.

Even though the situation appears serious it's worth remembering that early support can help prevent a family at risk of early abuse developing into something more serious.

The following is neither a comprehensive nor complete list, but provides leadership to the layman about the more common injuries, which are non-accidental injuries and are a sign of abuse.

2. Physical Abuse

Diagnosis

Professional people without medical qualifications should not try to form a diagnosis of physical injury. Non-qualified personnel's duty is to ensure that the child receives treatment and a specialist medical assessment as soon as possible.

Bruises

- ⊗ It's very rare that a symmetrical black eye is accidental, even though they can happen where the nose or the head bone breaks and blood flows from the injured area to the tissue around the eye. Single black eyes can be a result of abuse or an accident. Serious consideration should be given whenever there is an injury around the eye. It should be informed whether the eyelids are swollen and tender and if there is damage to the eye itself.
- ⊗ Bruising and/or damage in the mouth or around it, e.g. a torn nostril (especially in young babies).
- ⊗ Holding marks on the arms – or on a young child's chest.
- ⊗ Finger marks on the face, arms or the chest of a child (e.g. you could find 3-4 small bruises on one side of the face and one on the other side).
- ⊗ Symmetrical bruising (especially on the ears).
- ⊗ Outlined bruising (e.g. belt marks, hand marks)

- ⊖ Linear bruising (especially on the behind or the back)
- ⊖ Bruising on soft tissue e.g. cheeks, arms, without obvious explanation.
- ⊖ Bruising of different ages (especially in the same place, e.g. the bottom).

The following are uncommon places to have accidental bruises:

- ⊖ Back, back of legs, bottom (except sometimes along the bony intrusions of backbone)
- ⊖ Mouth, cheeks, behind the ear
- ⊖ Tummy, chest
- ⊖ Under arm
- ⊖ Sex organs, anus (only possible if the child is learning to ride a bike)
- ⊖ Neck

Bites

These can leave obvious teeth marks. Human bites are oval or crescent shaped. If the distance is more than 3cm across, they must be caused by an adult or an older child with second teeth.

Burns / Scalds

It can be very difficult to differ between accidental and intentional burns, but as a general guideline, burns and scalds with an obvious outline are suspicious and also burns of the same regular depth over a larger area and also splash marks above the main area of the burn (caused by hot liquid being thrown).

Remember as well:

- ♣ A responsible adult will test the water temperature in the bath before a child goes in.
- ♣ A child is unlikely to sit voluntarily in a bath that's too hot and he couldn't scald his bottom without also scalding his feet.
- ♣ A child who goes in to hot water voluntarily would try his best to get out again and there would be splash marks.
- ♣ Little round burns can be cigarette burns (but they can also be friction burns, and accidental, if they are along the bony intrusions of the spine.)

Scars

Children can have scars, but an unusually large number of scars of a different age should be noticed (especially if there is also current bruising), unusually shaped scars (e.g. round ones of possible cigarette burns), or large scars that are a result of burns or injuries that didn't receive medical treatment.

Broken Bones

Suspicious should be raised if there is pain, swelling and a peculiar colour over a bone or a joint. The most common non-accidental fractures are made to the long bones (i.e. arms, legs, ribs). It's very unusual for a child under two years old to break a bone accidentally. Breaking a bone is also painful, and it's difficult for a parent not to be aware that their child has been injured.

General Points

Some bruises and marks can seem unimportant by themselves but regular injuries, even of an unimportant nature, can indicate a family at risk, and if the correct steps are not taken, the child could be seriously injured.

Body Chart

Common Areas Where Non Accidental Injuries Are Found

Eyes
Ears
Cheeks
Neck
Shoulder
Chest
Upper arm
Inner arm
Stomach
Hands (back)
Reproductive organs

Common Areas Where Accidental Injuries Are Found

Forehead
Crown
Spine bones
Elbow
Iliac Crest (hip)
Hands (palms)
Knees
Front of leg

3. Emotional Abuse

Emotional abuse can be in the form of failing to meet a child's need for love, attention and stimulation (even though he might be getting good physical care), or there is regular verbal abuse, rejection, making the child a scapegoat, threatening violence or trying to frighten the child. On the contrary some parents can be so over-careful and obsessive that they stop the child from having normal social connections or normal physical activity.

The two situations can be difficult to explain or analyze, but they can have long term damaging effect on a child's development. Children who suffer emotional abuse may show the following behavioral symptoms:

- ♣ Sticking close or trying to get too much attention.
- ♣ Low self-esteem.
- ♣ Apathy.
- ♣ Being scared or retreating.
- ♣ Constantly trying to please.
- ♣ Being over-prepared to have relations with anyone, even strangers.

Children who live in homes where there is marital violence, constant arguing, parents separating or running away, can be harmed emotionally and show signs of distress. If children see behaviour of that kind or are dragged in to family disputes they can become playing pieces in their parent's games. Children who see their parent's behaviour when under the influence of alcohol or drugs can be in an emotional distress in the same way, and they might even have to play a part in their families which is unsuitable for their age and therefore damage their chance to develop or have experiences like normal children.

4. Physical Negligence

A child's development and growth can be affected by not having enough food and care, praise and encouragement or symbolism.

A child who is being neglected physically or who doesn't prosper can show some of the following characteristics:

- Being short and under weight for his/her chronological age
- Cold and pale skin with a pink or purple colour around the edges.
- Swollen members with punctured bruises that take a while to heal.

- The skin in a very bad condition around where the nappy is tied, with the skin cut and uncomfortable.
- Thin, dry hair, bald patches and general physical asthenia.
- Large tummy and loose sewage caused maybe by a poor diet, irregular meals and tightness
- Diarrhoea
- Severe appetite
- A child prospering away from home
- Lack of response by a child
- Staying frozen in one spot for an unnatural period of time.

Sexual Abuse

Some cases of child sexual abuse will become evident by agencies such as the police, Social Services, Family Doctors, Schools or other workers who care for children, but in many cases recognizing sexual abuse depends on the response of professional people to peculiar behaviour and physical signs, and being open to the possibility of sexual abuse.

Noted below are some characteristics which can be a sign that a child is being sexually abused. The possibility that a child has been sexually abused increases when many factors are present at the same time.

Physical Signs

Even though some of these are definite signs or possible signs of sexual abuse, others are common injuries, which aren't usually present as a result of sex abuse.

The Sexual Areas And The Anus

- (a) Bruises, scratches or other small injuries, which aren't accidental. Note: bruising around the sexual organs isn't caused when a child masturbates;
- (b) The urethra (the pipe which leads from the bladder to outside of the body), the anus or the vagina abnormally widened;
- (c) Signs of Sexually Transmitted Diseases;
- (d) Semen in the vagina, the anus or on the outside of the sexual organs;

- (e) Things inside the urethra, the bladder, the vagina or in the anus pipe, that shouldn't be there;
- (f) Itching, cut, flow or bleeding that can't be explained;
- (g) Pain when passing water.

General

- (a) Bruises, scratches, bites or other injuries to the breasts, the behind, lower tummy or the thighs;
- (b) Torn, stained or bloody underwear or bed linen, or proof that the clothes have been taken off and put on again, e.g. vest or pants on inside out
- (c) Semen on the skin or on the clothes;
- (d) Pregnancy in teenage children, especially when the father's name is vague or a secret;
- (e) Returning water infections/diseases;
- (f) Difficulty walking or sitting down: complaining about pain in the pelvis
- (g) Psychosomatic tendencies such as tummy ache or headache, and such things that happen time and again or hysterical fits or fainting that may sometimes seem like epilepsy.

General

Many of these are common characteristics in children who suffer emotional abuse, however, they can sometimes be a sign of sexual abuse.

- ⊖ Unable to trust familiar adults, or being blatantly frightened of adults especially children who have been threatened or forced to be abused;
- ⊖ Severely unable to sleep, with fears, phobias, live nightmares or dreams, sometimes containing obvious or hidden sexual aspects.
- ⊖ Children and adults showing improper love towards each other, including behaving sexually playful in front of others as if they were lovers instead of adult and child;
- ⊖ Social separation or the relationship of the child with children of the same age quickly deteriorating. The child will be playing by himself and entering a private, imaginative world.

- ⊖ Behaviour which suggests that roles in the home are being changed, e.g. a girl taking the role of the mother in the family whether the mother is present or not;
- ⊖ Behaviour that suggests that the child is slipping, e.g. beginning to wet the bed suddenly;
- ⊖ Sudden changes in mood or behaviour, e.g. becoming quiet, sad, behaving surly, retreating;
- ⊖ Changes in the eating pattern, like losing appetite for food, being fastidious towards food, overindulging in food;
- ⊖ Disobeying, trying to get attention, being restless and unaware, unable to concentrate;
- ⊖ Lack of self-esteem and trying to be attractive, depressed, responding as an image;
- ⊖ Pretending to act mature or obvious or obeying, often hiding anger and mind pain.

Behavioural Signs

None of the following are particular signs of sexual abuse, they can be signs of normal development or proof of other things that are affecting the child's behaviour. The doubt increases when there are more than one present at the same time, or appear inappropriate for the child's age.

Sexual

- b) A child who suggests sexual activity or information through words, play or pictures, that are improper or that the family is keeping secrets or things that cause mystery or make him uncomfortable at home or at school, but is scared of interference. (Sex education classes can lead some children into asking themselves what has been happening to them, sometimes for many years.)
- c) A child with extreme sexual awareness and confident knowledge of adult sexual activity; one that plays sexual games which aren't proper for his age, with children of the same age, with toys or with himself; or a child who behaves in a sexually tantalizing way with adults. (This is the kind of immature sexual behaviour that can lead to further sexual abuse);
- d) An older child who is fearless towards sexual matters, and behaves often in a way that sets the child apart from the other children of the same age, and who causes adults to judge him or respond by trying to attract him sexually;
- e) Children who are being sexually abused are very unlikely to ask for information on contraceptive methods, but they could be asking for help.

Very Prominent Behaviour In School

- Inability to form relationships with children of the same age or to make friends;

- Inability to concentrate, having learning difficulties or sudden failure in schoolwork. For some children who are being sexually abused, the school can be a refuge – the only place where they can act as a normal child; they may arrive early, be unwilling to leave and produce good work;
- The child (or the parent) is scared of and tries to avoid being medically examined in the school;
- Prominent unwillingness to join in physical activity, or to change clothes for physical activities

APPENDIX 2

SOCIAL SERVICES CARMARTHEN & DINEFWR ASSESSMENT TEAM

The Old Library
Iscennen
Ammanford

Tel: 01558 825475