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Penn Hall School

Tel: 01902 558355
Headteacher: Mr A. J. Stoll

Child Protection Policy Document

Review Date: March 2007

Reference: Mrs J Smith

1. Preface

It is important that ALL members of staff are aware of the contents of this document and adhere to the procedures within it.

All new members of staff to Penn Hall will be made aware of our policy on Child Protection and the general ethos of the school.

Every pupil will be encouraged to have positive feelings of self-worth and self-confidence and be assertive and communicative thus assisting them to resist abuse.

The designated teacher for all child protection matters in the school is:

Mrs J. Smith

The lead officer for child protection with the Local Education Authority is:

Mr B. Whitney: Team Leader (Pupil Attendance and Child Welfare), Access and Inclusion, Jennie Lee Centre. Tel: 01902 555250

ADOPTED BY THE GOVERNORS ON:

REVIEW: March 2007

2. Introduction

There is a legal mandate for Child Protection. Central government guidance, Wolverhampton LEA Policy and Procedures and the school policy provide the framework for the action to protect children from abuse. All members of staff have a part to play in putting these into practice.

‘Section 175 of the Education Act 2002 – requires local education authorities and the governing bodies of maintained schools and further education institutions to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children. In addition, these bodies must have regard to any guidance issued by the Secretary of State in considering what arrangements they need to make for that purpose of the section.’

Safeguarding Children in Education – DfES Sept 2004

The role of the education service is outlined in the Children Act 1989:

“The Education Service does not constitute an investigation or intervention agency, but has an important role to play at the referral and recognition stage. Because of their day to day contact with individual children during school terms teachers and other school staff are particularly well placed to observe outwards signs of abuse, changes in behaviour or failure to develop.”

Working Together to Safeguard Children – HMSO 1999

The DfES Circular 0027/2004 is clear about the duty of all staff in schools to be aware of their central role in identifying the abuse of children:

Everyone in the education service shares an objective to help keep children and young people safe by contributing to:

- *Providing a safe environment for children and young people to learn in education settings; and*
- *Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and at school.*

Achieving these aims requires systems designed to:

- *Prevent unsuitable people working with children and young people;*
- *Promote safe practice and challenge poor and unsafe practice;*
- *Identify instances in which there are grounds for concern about a child's welfare, and initiate/take appropriate action to keep them safe;*
- *Contribute to effective partnership working between all those involved with providing services for children.*

The DfES carries overall responsibility for all Children's Services, including social work, not just education. The Director of Children's Services Mr Roy Lockwood and a Social Safeguarding Children Board (LSCB) will replace the current Wolverhampton Area Child Protection Committee (ACPC) and should be fully in place by April 2006.

Framework for the Assessment of Children in Need and their Families DoH 2000

Local Authority Social Services Departments will be required to use new guidelines for all assessments of risk and need, in relation to children. This guidance is published by the Department of Health, the Department for Education and Skills, and the Home Office.

In the 1989 Children Act a Child in Need is defined as a child:

- who is unlikely to achieve or maintain..
A reasonable standard of health or development without the provision for him of services by a local authority
- whose health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services;
or
- who is disabled

3. The Framework for the Assessment of Children in Need

The assessment outlines a framework for use by all those who work with children and families in determining whether a child is in need under the Children Act 1989 and deciding how best to provide help, with parent's consent. It is not only relevant to those delivering social services to children in need and their families. Early identification, difficulties and real improvements in outcomes for these children can only be achieved by close collaboration between all the individuals and agencies involved.

3.1 The assessment Framework

There are three inter-related systems or domains –

- Child's Developmental Needs
 - Parenting Capacity
 - Family & Environmental Factors
- Each of these have a number of critical dimensions

The analysis of the child's situation will inform planning and action to secure the best outcomes for the child.

This three dimensional process will form the basis of the new Common Assessment Framework for use by all professionals, not just social workers. For details see Wolverhampton Policy and Procedures for Schools and LEA services – Feb.05

All Staff at Penn Hall have a commitment to the care and welfare of all children, with child protection given a high priority. Everyone is encouraged to adopt an open and accepting attitude towards pupils and to promote a listening climate within the school environment. The school has a clear commitment to working closely with other agencies involved in the protection of children.

Further and more detailed information can be obtained from Safeguarding Children in Education – DfES. This can be downloaded from www.teachernet.gov.uk/childprotection.

4. Aims

- Ensure that the school's statutory duties are fulfilled
- To ensure all staff are aware of the agreed policy and procedures
- To provide training for staff to be able to identify signs and symptoms of abuse
- To provide a regular update of procedures through school based INSET and to inform new staff of the school's policies and procedures
- To develop effective channels for communication and consultation within the pastoral framework
- To develop and maintain a confidential record system on children protection issues
- To develop, within the curriculum, aspects of the school's Child Protection Policy
- To ensure that school is represented at case conference, core groups and related meetings
- To review the child Protection Policy regularly
- To encourage the implementation of School Statement of Pupil's Rights
- To ensure that all adults who have contact with children at Penn Hall School are suitable and safe to do so.

5. Areas of Responsibility

5.1. The Role of the Governing Body

The Governing Body will fulfil its duty to “safeguard and promote the welfare of children” under section 175 of Education Act 2002 Paragraphs 31-33

The Governor with responsibility for Child Protection is Mr D. Traxon

5.2. The Role of the Headteacher

The Head Teacher has overall responsibilities for the management of child protection procedures related matters in school. He will actively support the Designated Person for Child Protection.

5.3. The Role of the Designated Person for Child Protection

5.3.1. Referrals

Refer cases of suspected abuse or allegations to the relevant investigating agencies.

Act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies.

To co-ordinate support for a child about whom a referral has been made and share information with staff on a ‘need to know’ basis.

Liase with Headteacher regarding any issues and ongoing investigations.

5.3.2. Training

To recognise how to identify signs of abuse and when it is appropriate to make a referral.

(See yellow Child Protection file in each department of school for categories of abuse/signs and symptoms).

Have a working knowledge of how ACPCs operate, the conduct of child protection case conference and be able to attend and contribute to these effectively when required to do so.

Ensure each member of staff has access to and understands the school's child protection policy especially new or part time staff who may work with different educational establishments.

Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.

Be able to keep detailed accurate secure written records of referrals/concerns.

Obtain access to resources and attend any relevant or refresher training courses.

5.3.3. Raising Awareness

Ensure that Penn Hall's child protection policy is updated and reviewed annually and reports are made to the Governing Body.

To encourage the development of the 'key concepts' of child protection within the whole-school curriculum.

To ensure that parents receive a resume of the school's child protection policy, which alerts them to the fact that the school has a duty to make referrals if necessary.

Where children leave the school ensure their child protection file is copied for new establishment as soon as possible but transferred separately from main pupil file.

5.4. The Role of the Staff

The term “Staff” includes all persons whether permanent, temporary or volunteer who work with, or come into contact with, any child at Penn Hall School.

Visiting students and volunteers will be closely supervised by full time members of staff at all times.

All staff have a responsibility to promote the welfare of children in their care by providing a safe environment in which students feel secure and valued. This environment should provide an atmosphere of trust in which children have the confidence to share problems.

Schools have a statutory duty (DfES – Safeguarding Children in Education) to promote and safeguard children’s welfare. Although the Headteacher, Governing Body and the Designated Person share ultimate responsibility for practice and decision-making, all teaching and non-teaching staff should expect to take responsibility for child protection in their own right as the professionals who have most day-to-day contact with the child.

Failure by a member of staff to report actual or reasonably suspected physical, sexual or emotional abuse or neglect of a child is a disciplinary offence.

Central education staff who visit the school should acquaint themselves with the school policy and procedures, and the identity of the designated teacher. Normally a referral for a child in the school would only be made in consultation with the designated teacher, (unless it is out of hours, an emergency or a school holiday).

Direct contact can be made by staff and pupils to the Commission for Social Care Inspection if they wish to raise any concerns they have about practices in the school, which put children at risk of abuse or serious harm.

‘Whistle-blowing’ i.e. reporting on significant concerns, allegations, suspicions or bad practice is considered as a reasonable professional response and in the best interests of children. It will not be seen as underhand if reported in good faith.

It is the responsibility of all staff to be aware of the possible signs and symptoms of abuse, it is not the responsibility of staff to interrogate or investigate at length (See Referral Procedures).

6. Referral Procedures

Rarely is child abuse of any kind clearly presented but tends to be recognised by signs or suspicions such as unexplainable marks or bruises or changes in behaviour. For this reason it is often people who have regular or familiar knowledge of the child who are able to detect it. **It is the responsibility therefore of all staff to be vigilant.**

The safeguarding referral procedures apply in all cases of concern about significant harm in relation to those under 18, including pre-birth concern, children attending day care facilities for pre-school age children, and young people attending youth groups or clubs that operate on the premises of educational establishments, as well as those children of compulsory school age and Further Education colleges.

In cases where a formal referral is not made, there may be a need to monitor the child (School's 'Physical and Social Observational' sheets). In other instances it may be possible for the child to be assisted as a child 'in need' under other multi-agency procedures.

7. Concern Raised

A concern may be raised:

- by the child themselves
- by another member of staff
- by signs or symptoms observed personally
- by another child/student

8. Responding to Child Initiated Concerns

- Should a child confide in a member of staff it is essential to treat the information seriously.
- If the child requests confidentiality it is important NOT to promise that any information given will be kept confidential. This may need to be explained clearly but without losing the trust of the child.
- Listen carefully to what the child has to say and reassure them that they have done the right thing in talking to you.
- Do not interview or interrogate the child. Record the information divulged. Inform the Designated Senior Person for Child Protection.
- If the child is an Alternative and Augmentative Communication (AAC) user, it may be necessary to seek advice from staff familiar with the child's form of communication. The Speech and Language staff have a range of symbols and techniques that may be helpful to achieve accurate understanding.
- Staff training will take place regularly and new members of staff informed of policy and procedures.

There is currently a single referral procedure for all concerns about children and young people where a social care professional may need to become involved, or a concern needs to be shared. It involves a single point of contact known as the Assessment and Child Protection Service and using one referral form SC1.

Details of Wolverhampton LSCB referral procedures –

www.wolverhampton.gov.uk under 'revision 2006'.

9. Recording Incident/Information

It is essential to inform the designated teacher of all concerns, however small, and record them on the school's individual 'Physical & Social Observation Sheets' kept in the yellow Child Protection file in the appropriate department of school (monitored by TA4's). A small incident may be part of a greater concern that could be emerging from these records. These records must be passed on as the child moves through school.

All referrals must be made in consultation with the designated teacher (unless it is out of hours, an emergency or a school holiday).

10. Collating Evidence

It is the role of the Designated Senior Person for Child Protection to collate any information and make decisions about referral in consultation with the Headteacher or other senior staff.

The decision to contact parents/carers will be made by the Designated Person and Headteacher.

Evidence may constitute a referral being made (form SC1) whereby Wolverhampton ACPC procedures will be implemented. A referral has to be made within 24 hours (in writing or with written confirmation of telephoned referral) of allegations or suspicions of abuse, or other actual or likely significant harm to a child, to the local social services department, rather than investigation by the school.

In rare cases of serious physical injury and there is suspicion of abuse, this should be made known to the Senior Registrar. Once a decision has been made to make a referral, the Social Services Assessment and Child Protection Team, regardless of where the child lives should be informed.

If a referral needs to be made and the child resides out of the borough, contact will be made with the appropriate Duty Officer. In the rare case of immediate medical treatment being required, we will follow the Wolverhampton City Council procedures regardless of where the child lives (from p.22 of new policy and procedures).

It may be necessary for the Designated Senior Person and Headteacher to consider measures to protect the individual child following an allegation or suspicion of abuse being made.

Prompt notification of the initiation and outcome of any child protection enquiries involving the school, must be made to the Commission for Social Care Inspection.

All information regarding Child Protection records will be stored securely within the school.

Physical Handling and Intimate Care of Pupils

The very nature of the care many of the pupils at Penn Hall need involves much physical handling, often in intimate situations. This is regularly, on a one to one basis, and preferably so and offers pupils opportunities to discuss personal matters and express concerns with someone familiar to them.

Physical touch is an integral part of many therapies children receive at Penn Hall. Children with complex learning disabilities need to develop their sensory and body awareness, tolerance to touch and relaxation. This is achieved by - Sensory Integration, massage, sensory swimming, tactile therapy (TAC PAC), physiotherapy, speech therapy, hand-over signing and sighted guiding.

Instances may arise where physical restraint is deemed necessary for the safety of the child or others – see Behaviour and Restraint Policy.

In one to one situations it is accepted that both parties can be vulnerable – the child to abuse and the carer to false accusations. By acknowledging these risks, we create an awareness of the importance of maximising safety for all concerned and promoting the best interest of the child.

It may be necessary for intimate care procedures to be carried out in a variety of settings and by a variety of carers, such as teachers and support staff in school, escorts, residential social workers or health professionals.

Children requiring intimate care will vary in age, background, ethnicity, level of dependency and communication skills. They may have physical disabilities, learning difficulties or sensory impairment or a combination of these conditions. What they have in common, however, is the right to be treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.

It is important that we rely on professional trust and a consistent approach to care routines. Staff will be supported and trained so that they feel confident in their practice.

Guidelines

- It is recognised that under ideal circumstances a pupil's intimate care needs should be carried out by a member of staff of the same sex as the pupil. However, under present circumstances this is not possible and male pupils do not have the opportunity of being cared for at such times by male staff.
- Male staff should not be solely involved in the intimate care routines of female pupils
- Privacy to carry out such routines is considered very important and is actively encouraged despite the argument that such situations may increase the opportunity for possible abuse or accusations of abuse. Staff are supported in, and trusted to carry out intimate care routines alone.
- Pupils should be encouraged to be as actively involved in their care routines as possible. Staff are encouraged to help pupils realise and understand bodily changes that occur during puberty (see Sex and Relationship Education Policy).
- It is important that a consistency of approach is established.

- Examination of rectal/genital areas should only be carried out by nursing/medical staff. Any concern about, or accidental injury to these areas must be reported immediately.
- Advice must be sought from medical staff regarding procedures e.g. catheterisation and tube feeding which may need to be carried out off site.

Partnership with Parents

We recognise that partnership with parents is very important but particularly so in relation to a child with disabilities. Much of the information required by the school to make the process of intimate care as comfortable as possible for the child is available from the parents. They should therefore be closely involved in the preparation of individual care routines.

Consultation and liaison with parents will also be sought if a child needs specific handling/restraint due to behaviour difficulties, in order to develop consistent strategies.

Examination and Treatment

Pupils under the age of 16, and those with appreciable lack of understanding over the age of 16 should have the consent of a parent for examination or treatment by a doctor. It is expected that a parent should be present at the appointment.

Confidentiality should be maintained following the Fraser Guidelines

“The law does not require school nurses to inform the parents of young people who ask for contraceptive advice or treatment. The NMC Code of Professional Conduct allows them to give such advice and/or treatment in confidence, provided the Fraser Guidelines are followed.”

Privacy should be maintained throughout any procedures whether medical or personal and the student should be informed of what is to happen, is happening and what is required of them and acknowledgement given for their co-operation.

Written consent is required from the child's parent for a child to be given medication in school.

Medication may only be administered by school staff with written instructions from the prescriber of the medication. "Over the counter" medications cannot be given. At Penn Hall School all medication is checked by the nurse on site before administration. (This statement is currently under review – Jan. 05).

Close liaison is encouraged between parents and staff about the care of their child.

Confidentiality Statement For Young People Accessing The School Nursing Service

- The service is here to provide confidential help, information and support.
- We will not pass on any information about you to anyone, unless you ask us to do so or you are thought to be in considerable danger.
- If this is necessary, the nurse must tell you first, before passing on any information

For further advice see the School Nursing Service.

Statement of Pupil's Rights

A pupil at Penn Hall School will be:

- Valued as an individual
- Treated with dignity and respect
- Cared for sensitively and appropriately as a child or young adult
- Kept safe from abuse or unnecessary risk

To achieve this we will:

1. Treat every pupil as unique
2. Foster a feeling of self-worth by encouraging and praising all efforts and successes made by pupils however small
3. Encourage every pupil to be themselves and to do things for themselves
4. Develop appropriate communication to enable each pupil to understand and be understood
5. Talk to or about each pupil with respect as a person with a name and not as their
—
 - disability (a CP, a dystrophy, an athetoid etc)
 - needs (a feeder, a nappy etc)
 - equipment (a wheelchair, a shunt, a catheter etc)
6. Respect every pupil's privacy at all times and in all places
7. Ensure physical comfort and high standards of personal hygiene through a consistent caring, sensitive and dignified physical management programme
8. Ensure pupils are aware what is happening or about to happen (where they are going or having something taken out of their bag)
9. Treat all information about pupils, especially of a sensitive nature, with complete confidentiality. Never discuss one pupil in the presence of another

10. Involve pupils in conversations about themselves and not talk as though they were not present (“has he been to the toilet?”)
11. Involve pupils in decisions that affect them e.g. care programmes, food likes and dislikes, future placements etc
12. Respect and celebrate cultural and religious diversity
13. Actively support each pupil as part of a family, involving their parents/carers fully in any planning for them and acknowledge their ultimate responsibility for their child
14. Provide opportunity for play and socialisation and Personal, Health & Social Education (including Sex Education)
15. Keep pupils safe by not exposing them to unnecessary risks and protecting them from physical, emotional and sexual abuse

Child Protection Issues Within the Curriculum

The non-statutory framework for Personal, Health and Social Education provides opportunities for children to learn about keeping safe. The school PHSE policy recognises the importance of developing a healthy and safe lifestyle and children shall be taught, for example:

- To be aware of behaviour towards them that is not acceptable and to give them strategies for dealing with it
- To recognise and manage risks in different situations and then decide how to behave responsibly
- To judge what kind of physical contact is acceptable and unacceptable
- To recognise when pressure from others (including people they know) threatens their personal safety and well being.
- To use assertiveness techniques to resist unhealthy pressure

To assist children with communication difficulties there are appropriate symbol boards around the school by which they can initiate a desire to talk.

Additionally schemes of work throughout the curriculum establish ideal opportunities for the key concepts of child protection to be integrated.

The key concepts are:

- Feelings & Emotions
- Touch
- Secrets
- Assertiveness (problem solving & making judgements)
- Self-esteem
- Trust

School Policies related to Child Protection

- Anti Bullying
- Equal Opportunities
- School Visits
- Race Equality

Allegations Against Staff

Allegations or concerns against a member of staff are infrequent but need to be treated as seriously as any other concern.

Staff who hear/suspect an allegation of abuse against a member of staff or volunteer should report the matter immediately to the Head teacher.

Where the abuse is alleged to have been perpetrated by a member of staff of the educational establishment, or a volunteer, the threshold for action and the inter-agency procedure to be followed remain the same, unless the Head teacher is satisfied that the allegations are trivial and/or demonstrably false, with no apparent harm to the child. The legitimate use of force or restraint under agreed DFES guidelines does not automatically require external investigation. Issues may be resolved through complaints procedures.

However, if the allegation amounts to actual or potential physical or sexual abuse, or if the child has suffered harm, there must be no formal investigation by the Head teacher at this stage and no suggestion should be put to children or their parents which might suggest pressure to agree to an inappropriate alternative explanation.

School staff should not act in isolation. **Advice must be sought from the Education lead officer, especially before deciding that referral is not required.**

Allegations against the Headteacher

Allegations should be referred through the Deputy Headteacher to the Chair of Governors and the LEA Lead Officer: Team Leader (Pupil attendance and Child Welfare) Tel. 555250.

Staff guidance on avoiding false allegations of abuse can be found in the yellow Child Protection folders available to staff in all departments of the school. A copy of the West Midlands Police policy and procedure for investigation allegations against staff employed by the Education Authority can be found on the Child Protection notice board in the staff room. Further information can be found in:

‘Joint NEOST/Teacher Union Guidance on Education Staff and Child Protection: Staff Facing an Allegation of Abuse – Guidelines on Practice and Procedure’

(Copy available from Designated Person or www.teachernet.gov.uk .

REFERENCES

Introduction –

Education Act 2002

Working Together

Children Act 1989

DfES – Circular 0027/2004

www.wolverhampton.gov.uk

Safeguarding and Protecting Children – Wolverhampton City Council Policy &
Procedures

DfES – Safeguarding Children in Education

DfES – Circular 10/98

National Minimum Standards For Residential Special Schools

Joint Neost/Teacher Union Guidance On Education Staff And Child Protection

Protecting Children – A handbook for teachers & school managers – Ben Whitney

What To Do If You're Worried A Child Is Being Abused - DoH

Protecting Children Update – Optimus Publication