Safeguarding Policy (Przepisy Ochrony Dziecka)

Designated Safeguarding Lead: Bożena Dybowska

Headteacher

Secondary Safeguarding Staff Member: Patryk Malinski Designated Trustee for Safeguarding issues: Kinga Kosterska

Date: 15 December 2018

Signed Emilia Piera – Adamczyk Chair of Mikolaj Rej Polish School Date to be reviewed January 2020

Introduction

The Governors and staff of Mikołaj Rej Polish School fully recognise the responsibilities and

duty placed upon them to have arrangements to safeguard and promote the welfare of all

pupils at the school. We recognise that all staff, including volunteers, have a full and active

part to play in protecting pupils from harm.

The aims of child protection are intrinsic to much of the classroom activity in Mikołaj Rej

Polish School. The everyday conduct of school business is based on mutual regard and

respect between members of the school community.

We believe that our school should provide a caring, positive, safe and stimulating environment in which pupils can learn, develop and which promotes the social, physical and

emotional wellbeing of each individual pupil.

The school recognises its responsibilities and duties to report Child Protection concerns to the

social work service within Children's Specialist Services and to assist Children's Specialist

Services in Child Protection enquiries and in supporting Children in Need.

This policy is in line with the London Child Protection Procedures 2010 (4th edition), Working Together to Safeguard Children 2013 and Keeping Children Safe in Education

2014.

The school will raise Child Protection concerns with parents / carers at the earliest appropriate opportunity, and work in partnership with them and other agencies to improve

outcomes.

The school will ensure that all staff are provided with the appropriate training in Child Protection issues, as recommended in the guidance. In particular designated members of staff

will be released to attend the necessary enhanced training courses to enable them to

carry out

their role effectively.

All staff are required to read this policy carefully and to be aware of their role in safeguarding

processes. All new staff will have the opportunity to discuss safeguarding requirements and

this policy during their induction process.

Aims

• To raise awareness of all school staff of the need to safeguard all children and of their

responsibilities in identifying and reporting possible cases of abuse.

• To support the child's development in ways which foster security, confidence and independence. It is central to the wellbeing of the individual and has to be seen as an

integral part of the academic and pastoral activities of the school.

• To ensure that children who are being abused get help quickly. All members of teaching

and non-teaching staff should be familiar with this policy and be prepared to deal with

children's problems

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• It is the moral and legal duty of all adults in charge of children to be ready to protect children in danger of abuse. Education staff have a responsibility to observe, monitor and

refer suspected abuse.

• To emphasise the need for good communication between all members of staff in matters

relating to child protection

- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse
- To provide a systematic means of monitoring pupils known or thought to be at risk of

significant harm

- To work openly and in partnership with parents in relation to child protection concerns
- To promote safe practice and challenge poor and unsafe practice
- To further develop and promote effective working relationships with other agencies involved with safeguarding and promoting the welfare of children
- To ensure that all adults working within our school have been checked as to their suitability to work with children, in line with current guidance
- To integrate opportunities into the curriculum for children to develop the skills they need

to recognise and stay safe from abuse, allowing for continuity and progression through

the key stages

 To take account of and inform policy in related areas, such as anti-bullying; esafety;

discipline and behaviour; health and safety; missing children; child sexual exploitation;

FGM; positive handling and physical intervention procedures; procedures for dealing with allegations against staff and recruitment practice

Additional Child Protection Aims

- To encourage all children towards a positive self-image.
- To equip children with the appropriate tools to make reasoned, informed choices, judgements and decisions.
- To provide a model for open and effective communication between members of the school community.
- This policy aims to fulfil Mikołaj Rej Polish School's statutory responsibilities and obligations that maybe in force from time to time.

Legal

Section 175 of the Education Act 2002 gives schools a statutory duty to promote and safeguard the welfare of children, and have due regard to guidance issued by the Secretary of

State.

The Local Education Authority has a statutory duty to investigate where they:

- a) are informed that a child who lives, or is found in their area
- (i) is the subject of an emergency protection order; or
- (ii) is in police protection; or
- b) have reasonable cause to suspect that a child lives, or is found in their area is suffering, or

is likely to suffer, significant harm.

It is often a difficult task to identify children at risk and not one to be tackled alone. In some

cases, fears will be unjustified, but this should not stop staff expressing concern or seeking

help. In the majority of instances, the task of the teacher will be to identify potential problems

and pass those concerns on to agencies trained to deal with the situation. Under no circumstances should concerns go unreported.

If you consider that a child in your care is in need of protection, report the facts in confidence

to the Child Protection Co-ordinator as soon as possible.

Abuse

The abuse of children is taken to refer to any child under 18 year who, through the actions of

adults (with a caring role for that child) or their failure to act, has suffered or is at risk of

suffering significant harm.

Abuse of children can take many forms, all of which are horrific, and the legacy of which can

affect the remainder of the child's life. It is often not enough to put a stop to abuse, the child

usually needs long term support and rehabilitation. As teachers we may often not be the

agency that can stop the abuser, but we can usually give help and support. The categories of

abuse used by the Department of Health are listed below. The indicators in this document are

those which are likely to be picked up by teaching staff. Some indicators are seen in more

than one kind of abuse. In every case an indicator is not proof positive, but should act as a

warning sign if seen in conjunction with other indicators.

Sexual abuse

Definition: Sexual abuse involves forcing or enticing a child or a young person to take part in

sexual activities, whether or not the child is aware of what is happening. The activities may

involve physical contact, including penetrative (e,g. rape) or non-penetrative acts. They may

include non-contact activities, such as involving children in looking at pornographic material

or watching sexual activities or encouraging children to behave in sexually inappropriate

ways.

Identification: This is the most difficult form of abuse for teachers to become aware of or

identify. The child is unlikely to directly complain and for too many people the symptoms are

never picked up. Any hint of a suspicion should be reported in confidence to the Safeguarding lead. The Safeguarding lead will immediately start an investigation and inform

the appropriate authority. Keep a personal record of events in a secure place. This kind of

abuse can lead to very serious criminal charges. (See record keeping).

Indicators which may be displayed in school:

Physical:

- pregnancy
- ¬ self-mutilation
- ¬ Pain or itching of genital area
- ¬ Injuries or bruising of genital or anal areas
- ¬ Wetting or soiling

Behaviour:

- ¬ running away
- ¬ depression
- ¬ under achieving at school
- ¬ over achieving at school
- ¬ truancy
- ¬ social isolation at school

- ¬ promiscuity
- ¬ low self esteem
- ¬ pseudo-adult behaviour
- ¬ rage attacks
- ¬ drug, alcohol or other substance abuse
- ¬ hysterical attacks
- ¬ poor concentration at school
- ¬ compulsive washing
- ¬ poor emotional control
- ¬ chronic sense of personal injustice

Physical Abuse

Definition: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or

scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm

may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill

health to a child who they are looking after. This situation is now known as illness fabricated

or induced by carer (previously Munchausen Syndrome by Proxy).

Identification: This is often easier to identify, as the child will display physical injuries. In

this case it is important to differentiate between normal "wear and tear" of everyday life and

systematic deliberate injury. Ask the child how it was injured, do not assume all injuries are

accidental. If you are not satisfied with the answers see the Safeguarding lead who will

commence an investigation. If the abuse is the result of bullying in school the school will take

action.

Some of the indicators of this form of abuse are only evident after medical examination.

Those given below are those that might reasonably be picked up in a school. Indicators:

Physical

 \neg Normal bruising occurs over bony prominences of unprotected areas - e.g. forehead,

nose, shins and forearms. Bruising in unusual places are cause for concern – e.g. buttocks,

back, front of chest, abdomen, neck, ear and upper arms.

¬ Bruising in the shape of finger tips.

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 \neg "Purple ear" (bruised ear) is very uncommon in normal accidents BUT commonly found

in child abuse.

 \neg Two black eyes are rarely accidental, and only likely to have been caused by an accident

if the middle of the forehead or the bridge of the nose is also bruised.

 Deliberate burns are likely to have a regular shape with a clearer outline than accidental

burns.

- \neg Burns to the mouth and lips rather than the inside of the mouth.
- Burns on the back of the hand.
- \neg Immersion burns caused by dipping part of a child's body into hot water, this tends to

produce uniform burns with clear demarcation lines.

- ¬ Splash burns caused by hot water or drinks being thrown or poured onto the child.
- \neg Cigarette burns are identifiable as small circular areas of skin loss, almost impossible to

cause by accident.

Behavioural

- ¬ Non-compliant.
- ¬ Expression of more negative emotions than other children.
- ¬ Less interactive, more inhibitive and more aggressive with peers.
- ¬ More likely to self-harm or abuse solvents.
- Language and development delay.
- ¬ Low self-esteem.
- ¬ For children with special needs, a change in behaviour maybe seen.

Neglect

Definition: Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter or

clothing, failing to protect a child from physical harm or danger or the failure to ensure

access to appropriate medical care and treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Identification: The signs of neglect are much more obvious, but are likely to need investigation by Social Services over a period of time. While the reasons for the child's

neglected state may be complex, our response is simple. This should be reported to the

Safeguarding lead who will contact Social Services to investigate.

Indicators:

Physical

- ¬ Child undersized, not eating regular meals.
- ¬ Inappropriate dress for the weather conditions.
- ¬ Clothing smelly or dirty.
- ¬ Reluctance to see School Nurse or other health workers in the school.
- ¬ Child persistently dirty or smelly.

Behavioural

- ¬ Blank facial expression.
- ¬ Weak response to discomfort.

Emotional

Definition: Emotional abuse is the persistent ill treatment of a child, such as to cause severe

and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as

they meet the needs of the other person. It may feature age or developmentally inappropriate

expectations being imposed on children. It may involve causing children frequently to feel

frightened or in danger, or the exploitation or corruption of children. Some level of emotional

abuse is involved in all types of ill treatment of a child although it may occur alone.

Identification: This is a very difficult abuse to define and rectify. It is often difficult for stressed adults to draw a line between the effective and acceptable methods of disciplining

children and emotional abuse. Responsible adults have a duty to apply sanctions to help

children respond properly to the demands of society. Children often feel very aggrieved when

parents and teachers curtail their activities and limit their freedom of action.

However, children should not be frightened of any adult in whose care they fall. If pupils are

scared of reports of minor indiscipline being reported to parents there is a problem. This

should be followed up by the teacher concerned.

Colleagues should remember that the purpose of school sanctions is reform not retribution.

Indicators:

- ¬ Stunted physical development.
- ¬ Disturbed eating patterns.
- ¬ Delayed mental development.
- ¬ Poor social adjustment
- ¬ Lack of alertness and poor response to stimulation.
- ¬ Infrequent vocalisation.
- ¬ Infrequent smiling.
- ¬ Rocking.
- ¬ Self injury.
- ¬ Not seeking comfort.
- ¬ Pseudo-mature behaviour and role reversal.

The above forms of abuse, may be associated with further issues:

Domestic Abuse

It is important to recognise that many children will be living (or may have lived) in families

where Domestic Abuse is a factor, and that these situations have a harmful impact on children

emotionally, as well as placing them at risk of physical harm. The definition of Domestic

abuse is below

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or

family members regardless of gender or sexuality.

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships

where young people receive something (for example food, accommodation, drugs, alcohol,

gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

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Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by

gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the

exploitative relationship develops. Sexual exploitation involves varying degrees of coercion,

intimidation or enticement, including unwanted pressure from peers to have sex, sexual

bullying including cyberbullying and grooming. However, it also important to recognise that

some young people who are being sexually exploited do not exhibit any external signs of this

abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of

FGM, or already having suffered FGM. There is a range of potential indicators that a child or

young person may be at risk of FGM, which individually may not indicate risk but if there are

two or more indicators present this could signal a risk to the child or young person. Victims

of FGM are likely to come from a community that is known to practise FGM.

Professionals

should note that girls at risk of FGM may not yet be aware of the practice or that it may be

conducted on them, so sensitivity should always be shown when approaching the subject. If

you suspect that FGM has taken place it is your responsibility to inform the police of the

matter as well as informing the Safeguarding lead.

Children Who Go Missing from Home or Care are particularly vulnerable and may be at

significant risk at times. The immediate risks associated with going missing include:

- No means of support or legitimate income leading to high risk activities
- Involvement in criminal activities
- Victim of Abuse
- Victim of crime, for example through sexual assault and exploitation
- Alcohol/substance misuse
- Deterioration of physical and mental health
- Missing out on schooling and education
- Increased vulnerability

Longer-term risks include:

- Long-term drug dependency / alcohol dependency
- Crime
- Homelessness
- Disengagement from education
- Child sexual exploitation
- Poor physical and/or mental health.

Handling the immediate situation

The suggestions below are offered as an aid to dealing with a child's disclosure. Circumstances will make some suggestions inappropriate, however staff should try to follow

the spirit of the guidance.

1. Believe the child.

(You're brave and strong to tell me. You're not to blame).

2. Acknowledge the child's distress and agree the next step place / time/ confidentiality /

person.

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(I will have to tell somebody else if somebody is hurting or frightening you or someone

you know. I will tell you what I am going to do).

- 3. Find a safe setting for the conversation where the child feels at ease.
- Workout with the child what they want told to the class as the reason for the distress, if any.

- 5. Be aware that the same lesson topics / activities may prompt disclosure.
- 6. Know where a supportive colleague is.
- 7. Acknowledge with the class that one of the class is in distress at the moment and will be looked after.
- 8. Be aware of the child's and your own gender, race, disability and sexual orientation. Is it necessary to involve an appropriate colleague as soon as possible.
- 9. Acknowledge the wishes of the child with whom they wish to speak.
- 10. Rehearse the words and language you might use in a disclosure situation.
- 11. Record the information fully

Evidence

The collection, recording and storage of evidence is a vital part of child protection. Abuse can

lead to serious criminal charges and a member of staff can be called to give evidence under oath in court.

All evidence and disclosures made by a child should be recorded as soon as possible after the

event. This should be done within 24 hours, preferably before leaving school on the same

day. If staff need cover or support in order to get this task done, contact the senior member of

staff responsible for cover.

The evidence should be passed to the Safeguarding lead, who will store it in a secure file and

take any action deemed necessary (i.e. referral to Social Services). Staff should also keep a

personal copy, in a safe, secure place in case they are required to give evidence at a later date.

NO OTHER COPIES SHOULD BE MADE OR CIRCULATED.

When a child discloses information, it may be tempting to respect the child's request to take

the matter no further. It is not possible for staff to fulfil their obligations under these conditions, ALL abuse must be recorded and reported. It is essential to respect the confidentiality of information received, which should only be passed on to the designated colleagues.

In school follow up

Once a child has been reported via the Safeguarding lead, the Inter-Agency procedures come

into action. The Social Services Department has a statutory duty to intervene in child protection cases. The school will provide evidence and participate in case conferences. In

most cases the child will remain in school and will need support.

Children often feel demeaned by the act of disclosure and believe that the adult in

whom they

confided has lost respect for the individual. This is to be avoided, staff in this position should

make every effort to greet the child and spend time in conversation on unconnected issues to

establish the fact that normal relations continue.

The disclosure of the details of abuse can be very harrowing causing great distress for the

recipient of the information. Staff may choose to share this burden with close friends and

colleagues. This is quite a natural and proper response, provided confidentially is maintained.

Some people may feel it inappropriate to share this burden in this way, but have a need for

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advice and support. The Safeguarding lead can arrange for colleagues to receive professional

advice and counselling.

Colleagues who have reported abuse have a natural concern that the incident is being dealt

with correctly and that their child is being dealt with correctly and that the child is being

protected. It is the duty of the Safeguarding lead to keep referring to staff informed of the

progress of the investigations and actions. The Safeguarding team will decide which members of staff need to be informed. The Safeguarding lead will ensure relevant information is shared sensitively and confidentially.

Who deals with the Abuser?

Abuser Agency

Parents and other adults in the home Social Services

Police

NSPCC

Adults outside the home Police

NSPCC

Other children School

Parents

Police

NSPCC

Adults in school Hounslow Local Authority

Police

Headteacher