

## **CHILD PROTECTION POLICY**

*Last update: November 2010*

This policy should be read in conjunction with the school's Safeguarding Policy. It is inevitable that there will be some overlap between these two policies.

The overall aim of this policy is to safeguard and promote the welfare of the children in our care. Our policy includes the whole school community; all staff, governors, parents and volunteers working in the school. In situations where child abuse is suspected, our paramount responsibility is to the child.

This will be achieved by:

- Developing and maintaining awareness in all staff of the need for Child Protection (particular care should be taken with children with disabilities and SEN) and their responsibilities in identifying abuse.
- Ensuring that all staff are aware of referral procedures within the school.
- Monitoring children who have been identified as 'at risk'.
- Ensuring that outside agencies are involved where appropriate.
- Ensuring that key concepts of Child Protection are integrated within the curriculum especially via PSHE.
- Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children. (ref, Safeguarding policy)
- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to
- Ensuring that children know that there are adults in the school who they can approach if they are worried.
- Ensuring that our anti-bullying policy is regularly updated and communicated to parents and children
- Physical Contact policy is understood by all staff
- Whistle-blowing procedures are understood by pupils and staff (separate policy)

*The designated teacher for child protection is Miss Khan, Deputy Headteacher. In her absence, issues should be referred to the Headteacher. If both Miss Khan and the Headteacher are absent, the issue should be referred to Mr Mann, Deputy Headteacher or Mr Warren, Assistant Headteacher.*

Any member of staff with an issue or concern relating to Child Protection should discuss it with the designated teacher as soon as possible. It should be made clear to the child that confidentiality cannot be guaranteed in respect of child protection issues. Allegations of child abuse must always be given the highest priority and referred immediately to the designated teacher.

The designated teacher will then decide on an appropriate course of action.

### **Roles and Responsibilities**

We will follow the procedures set out by Gloucestershire Safeguarding Children's Board and take account of guidance issued by the Department for Education to:

- Ensure we have a designated person for child protection who has received appropriate training, which is refreshed every 2 years, and support for this role.
- Ensure we have a nominated governor responsible for child protection.
- Ensure every member of staff, volunteer and governor has access to training every 3 years and knows who the designated person responsible for child protection is and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person responsible for child protection.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters.
- Ensure that staff can be released to attend Child Protection case conferences.

- Keep written records of concerns about children, even where there is no need to refer the matter immediately and ensure all records are kept securely, separate from the main pupil file, and in locked locations.
- Ensure that record keeping procedures on staff and volunteers are in place.
- Ensure that referrals are completed in writing and submitted to the Social Care Duty Officer within 24 hours of the initial phonecall
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment and selection practices are followed. Identity checks should be carried out, including CRB and List 99. References should be verified.

### **Dealing with Disclosures of Abuse**

If a child chooses to tell a member of staff about possible abuse (see appendix) there are a number of things that should be done to support the child:

- inform the child that this information will have to be passed on
- do not give guarantees that parents or other agencies will not be informed
- stay calm and be available to listen
- listen with the utmost care to what the child is saying
- question normally without pressurising
- don't put words into the child's mouth but note the main points carefully
- keep a full record – date, time, what the child did, said, etc
- reassure the child and let them know they were right to inform us
- inform the designated teacher, or when absent, the Headteacher, as soon as possible

*When the member of staff has informed the designated teacher, she takes on responsibility for dealing with the issue.*

### **Monitoring and Record Keeping**

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files, which are separate from the child's school records. It is important to recognise that current regulations do not authorise or require the disclosure to parents of any written information relating to Child Protection. However, the preferred practice is for parents to be informed of and agree to any referral being made (unless it relates to Sexual Abuse).

Indicators of issues which may indicate that a child is at risk include:

- poor attendance and punctuality
- concerns about appearance and dress
- changed or unusual behaviour
- concerns about health and emotional well being
- deterioration in educational progress
- discussions with parents about concerns relating to their child
- concerns about home conditions or situations
- concerns about pupil on pupil abuse (including serious bullying)

When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- factual (no opinions)
- non-judgemental (no assumptions)
- clear
- accurate
- relevant

## The Role of the Designated Teacher

- To ensure that all staff know that the Designated Teacher is responsible (and in her absence, the Headteacher) for Child Protection issues.
- To refer promptly all cases of suspected child abuse to the local Social Care department or the police child protection team. If a parent arrives to collect the child before the social worker has arrived then it must be remembered that we have no right to prevent the removal of the child. However, if there are clear signs of physical risk or threat, the Police should be called.
- To organise regular training on Child Protection within the school.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole school policy on Child Protection.
- To attend case conferences or nominate an appropriate member of staff to attend on his/her behalf.
- Maintain records of case conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a “need to know basis”.
- To pass on records and inform the key worker when a child who is on the Child Protection register leaves the school. The custodian of the register must also be informed.
- To raise staff awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible.
- Liaise with other agencies that support the pupil such as social care, Child and Adult Mental Health Service, education welfare service and educational psychology service

## APPENDIX

### Types of Child Abuse and their Symptoms

Child abuse can be categorised as follows:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Physical Neglect
5. Grave Concern/at risk — this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories
6. Witnessing harm to a third party

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail.

### 1) Physical Abuse:

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child’s explanation does not match the nature of injury or when it appears frequently.
- slap marks — these may be visible on cheeks or buttocks.
- twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.

- bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- black eyes – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- bite marks
- fractures
- poisoning or other misuse of drugs – e.g. overuse of sedatives.
- burns and/or scalds – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

## **2) Sexual Abuse:**

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- a detailed sexual knowledge inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual towards other children or adults.
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- a fear of medical examinations.
- a fear of being alone — this applies to friends/family/neighbours/baby-sitters, etc
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- excessive masturbation is especially worrying when it takes place in public.
- promiscuity
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas.
- the drawing of pornographic or sexually explicit images.

## **3) Emotional Abuse:**

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

## **4) Physical Neglect:**

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect. However, typical signs of Physical Neglect are:

- Underweight — a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.

- Inadequately clad - a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

#### **5) Grave Concern/at risk:**

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- there is a known child abuser in the family;
- another child in the family is known to have been abused;
- the parents are involved with pornographic material to an unusual degree;
- there is an adult in the family with a history of violent behaviour;
- the child is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

#### **The Symptoms of Stress and Distress:**

When a child is suffering from any one or more of the previous four 'categories of abuse', or if the child is 'at risk', he/she will nearly always suffer from/display signs of stress and distress.

An abused child is likely to show signs of stress and distress as listed below:

- a lack of concentration and a fall-off in school performance;
- aggressive or hostile behaviour;
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- difficulties in relationships with peers;
- regression to more immature forms of behaviour, e.g. thumb sucking;
- self harming or suicidal behaviour;
- low self esteem;
- wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual physical abuse;
- disturbed sleep;
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- a sudden change in school performance.

#### **Parental Signs of Child Abuse:**

Particular forms of parental behaviour that could raise or reinforce concerns are:

- implausible explanations of injuries;
- unwillingness to seek appropriate medical treatment for injuries;
- injured child kept away from school until injuries have healed without adequate reason;
- a high level of expressed hostility to the child;
- grossly unrealistic assumptions about child development;
- general dislike of child-like behaviour;
- inappropriate labelling of child's behaviour as bad or naughty;
- leaving children unsupervised when they are too young to be left unattended.

*Approved by full Governors – 8 December 2010  
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