



# Child Protection Policy

September 2008

## **Contents**

- Safeguarding children – Principles of Good Practice
- Definitions of Child Abuse
- Responsibilities of the School
- Referral Process
- Contact List
- Appendix 1 Information for staff – handout from INSET

## Safeguarding Children: Principles of Good Practice

All children deserve the opportunity to achieve their full potential and the purpose of all intervention is to safeguard and promote the welfare of the child. For those staff who engage with students who experience discrimination in their daily lives or who are from cultures different to those of the professionals, assumption and stereotyping must not be part of our practice and every effort must be made to ensure that cultural issues are understood and that each individual case is dealt with on its own merits.

Teachers and those working in school have day – to – day contact with students in their classes and around the school buildings and have knowledge of child development and behavioural norms. This places these professionals in a unique position to identify and help abused children. However teachers do not decide if something is or is not a child protection issue.

All persons who have any contact with students at the school have a full CRB check prior to working at the school.

## Responsibilities of the School

### Part 1

1. If there are reasons to suspect that a child has been abused or neglected the member of staff must report it to the *Designated Teacher* – **Mrs Irene Forster. In her absence Ms Yassamin Sheel is the Designated Teacher. If neither of these members of staff are available then any concern should be reported to the Headteacher.** At this point nothing should be written down – staff should only make a written account of their concerns on the advice of the *Designated Teacher*.
2. The *Designated Teacher* will in the first instance discuss the concern with the School Based Social Worker and act on the advice given. If the *Designated Teacher* in discussion with the School Based Social Worker are in any doubt as to whether their concerns provide sufficient grounds for a child protection investigation they must consult with the Duty Team leader (Social Services) at the relevant Borough\*
3. The *Designated Teacher* should only inform the parents / carers of the student of any concerns once the Duty Team leader has been consulted and their advice sought.
4. If the child discloses sexual abuse or sexual abuse is suspected the child must not be questioned and the parents must not be informed until Social Services and the Police Child Protection team has been informed and advice given.
5. Information will be shared on a 'need to know' basis and must be treated in absolute confidence. Staff must not discuss the allegation with the student, family members or colleagues.
6. The *Designated Teacher* must keep a written record of all contact with other agencies.
7. All paperwork relating to child abuse must be kept in a locked cabinet.

## Part 2

1. The *Designated Teacher* is fully trained and aware of all issues relating to the allegations of child abuse.
2. Training is provided for all staff at the start of the academic year and updated for new staff during the year. All NQT's will receive an Induction Session as part of their NQT Training Programme.
3. The *Designated Teacher* maintains the child protection register and the Directors of Learning are informed of all matters relating to students in their year groups.
4. Where there is the need to monitor a student more closely, a student will be placed on the school's cause for concern register.
5. Supervision is made available to those staff that are involved in the management of allegations of child abuse.

### ***Dealing with Disclosure***

Teachers and school staff whom the child sees every day may be selected by an abused child as the person to whom they will make their disclosure.

Some points to bear in mind if a child discloses to you:

- listen carefully to the child and do take her / him seriously
- be open minded but do not question the child nor provide possible interpretations, as this could prejudice evidence that may be needed later for Police / Social Services investigations
- do not make promises you cannot keep e.g. I will keep this secret. It is your duty to pass on information given to the *designated teacher* who will discuss it with the appropriate authorities
- reassure the child that she / he was right to tell you
- ensure that you inform the designated teacher as soon as possible after the disclosure

### ***Monitoring Students***

- All students who are on the Child Protection Register will have Core Group meetings and Case conferences organised by Social Services. The designated teacher or Director of Learning will attend these on behalf of the school. Students are aware that these meetings take place and that the school will be presenting a report at the meetings. The Designated Teacher, Director of Learning, and the School based Social Worker monitors students on the Child Protection Register.
- The Designated Teacher, Director of Learning and School Based Social Worker also monitor students who are on the Cause for Concern register.

## Definitions of Child Abuse

### 1. *Criteria for Registration and Categories Abuse*

All children have certain basic needs, which include:

- Physical care and protection
- Affection and approval
- Stimulation and approval
- Discipline and control that is consistent and appropriate to age
- The opportunity to gradually acquire self-esteem, confidence, independence and responsibility that are age appropriate.

Individual cases must always be treated on their own merits however in general terms the following definition should provide the bases for action under these guidelines: -

“A child is considered to be in need of protection when the basic needs of that child are not being met through avoidable acts of either commission or omission”.

Before a child is placed on the Child Protection Register a conference must decide that there is, or is a likelihood of significant harm leading to the need for a child protection plan.

The following are used for the register. They are intended to provide definitions as a guide; in some instances more than one category of registration may be appropriate.

**Neglect:** The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out an important aspect of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

**Physical Abuse:** Physical injury to a child including, deliberately poisoning, where there is definite knowledge, or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

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

**Emotional Abuse:** Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All forms of abuse involve some emotional ill treatment.

This category should be used only where it is the sole form of abuse.

## NEGLECT

Severe neglect is associated with major retardation of cognitive functioning as well as growth. It is recognised through a typical pattern of poor growth, poor hygiene, withdrawal and in extreme cases a pseudo-autistic state, all of which can rapidly reverse in alternative care.

Although neglect has one of the most pervasive effects on development and is one of the most frequent forms of abuse, it is an area, which is frequently neglected by professionals. Like

parents, professionals can feel overwhelmed and hopeless by large families living in squalid conditions.

### ***Signs to look out for:***

- dirty unkempt appearance of child, in overall poor condition
- thin wispy hair. Underweight child, diarrhoea may indicate poor nutrition
- an undernourished child may be unduly solemn or unresponsive, or may be overeager to obtain food
- an under-stimulated child may not reach expected milestones
- behaviour and developmental difficulties that cannot be explained by clinical factors

### ***Associated factors***

Neglected children frequently come from homes where there is:

- a parent who is lonely, isolated, unsupported or depressed
- poor inter-parental relationship / domestic violence
- a parent who is abusing drugs or alcohol
- a large number of children living in cramped or very poor conditions

### ***Action to be taken***

If a teacher has concerns about the well being of a child in his / her class, a discussion should take place with the *designated teacher*, records should be kept, and when appropriate Social Services staff are informed by the *designated teacher*.

## **PHYSICAL ABUSE (Non-Accidental Injury)**

### ***Location of injury***

It should not be assumed that an injury to a part of the body normally vulnerable to accidental injury has necessarily been caused accidentally – it could be non-accidental. All injuries to children, which do not easily come into the category of normal bumps and scrapes, should be seen by a doctor.

Certain parts of the body are more commonly subjected to non-accidental injury. These include the upper arm, where a child may be gripped or shaken, the back, and the buttocks. Multiple injuries of various types, ages and location are common features of physical abuse.

Most non-accidental injuries leave marks on the body. PE teachers and swimming instructors are therefore key people in the identification of this form of abuse, as they regularly see the children partially dressed.

### ***Signs to look out for:***

- children who show a reluctance to undress or to expose parts of their bodies should be monitored as children who may have suffered physical injury
- unexplained absences
- physical signs of injury
- unexplained or confused accounts of how an injury occurred
- explanation of an injury which appears to be inappropriate to the nature and age of the injury.

### ***Common Medical / Physical Injury Associated with Physical Abuse***

#### a) Bruising

- facial bruising around the mouth and ears
- groups of small bruises
- black eyes without a forehead injury, particularly if both eyes are affected
- weal marks or outline of bruising (e.g. hand mark)
- bruising of soft tissue with no obvious explanation (most bruises occur on bony protuberances such as the temple or shin)
- bruises on the back, back of legs, stomach, chest or neck
- bruises or cuts to mouth or tongue (e.g. split frenulum)
- pinch marks are found in pairs and may be seen on the back, buttocks, arms or cheeks

#### b) Bites

- bites leave clear impressions of teeth and some bruising
- parents sometimes claim that bites have been made by other children or animals. It is therefore important to check the size and shape of the injury. If the impression is more than 3cms across it will have been caused by an adult or adolescent
- bites can be inflicted almost anywhere on the body
- **bites** are never accidental

#### c) Burns and Scalds

- children will sometimes suffer minor burns through hot irons etc, but it is uncommon for multiple burns to be caused accidentally
- a cigarette burn is characteristically round, but may have a tail when dragged against the skin, and is surrounded by an area of inflamed skin
- cigarette burns can be found in groups and can be found on any part of the body
- scalds from boiling water may result from lack of supervision, or non-accidentally
- a child is very unlikely to sit down willingly in very hot water; therefore he cannot scald a bottom accidentally without also scalding the feet
- burns and / or scalds are particularly worrying as a degree of sadism may be involved when such injuries are inflicted

### ***Associated Factors***

- injuries not consistent with explanation given by parent (even if agreed by the child)
- circumstances where parent delays seeking medical advice
- a history of repeated injuries or presentation to the Accident & Emergency Department
- consent for a medical refused by parent
- desire of a parent to attribute blame elsewhere
- distant or mechanical handling of the child by the parent

### **Action to be taken**

If a teacher has concerns that a pupil in her / his class may be suffering from physical abuse, *the designated teacher* should be informed, and detailed records kept (including dates **injuries** noted). The designated teacher will decide if concerns should be shared with parents, and when appropriate, Social Services staff and a designated doctor should be informed.

### **SEXUAL ABUSE**

The traumatic effects of child sexual abuse can be far-reaching and enduring, impacting on a child's cognitive, behavioural and social development. The earlier the abuse occurs, the more adversely subsequent stages of development may be affected. The longer the abuse continues, the more extensive it is e.g. involving penetrative abuse, the greater the number of developmental stages that abuse continues through, the more disturbed the child is likely to be. Children who have suffered chronic long-term sexual abuse tend to have very negative feelings about themselves and all aspects of their relationships.

### **What is sexual abuse?**

Sexual abuse can be one or more of the following:

- rape – genital and / or oral intercourse
- digital penetration or penetration with an object
- mutual masturbation
- inappropriate fondling
- taking pornographic photographs or exposing the child to pornographic materials
- forcing the child to observe others involved in sexual activities
- sadomasochistic activities

Both boys and girls can suffer from sexual abuse. Both men and women can be perpetrators – boys and girls who disclose sexual abuse from a female perpetrator are often met with disbelief. It is therefore important to listen to what a child says without being judgemental. Abusers can be parents, friends, teachers, child-care workers, clergymen or strangers. Warning children about *Stranger Danger* should only form part of the child protection programme.

### **Signs to look out for:**

- a child who demonstrates inappropriate sexual interest and activity, through play or drawings
- sexualised behaviour, masturbation and sex play which often leaves the peer group confused or embarrassed
- a child having excessive preoccupation with, or precocious knowledge of adult sexual behaviours
- a child who shows a marked fear of adults, usually men, but occasionally men and women
- a child who presents as depressed and where there may be instances of drug or alcohol abuse, suicide attempts or running away
- a child who suddenly starts to wet or soil

- a child who takes over the role of wife / mother within the family
- a child whose concentration and academic performance suddenly deteriorates
- a child who avoids medical examination or is reluctant to change for PE
- a child who has low self esteem and few friends
- aggressive behaviour from a normally quiet child, or withdrawn behaviour from a normally boisterous child
- frequent unexplained absences or lateness
- a child who talks of nightmares and being unable to sleep; a child who may be excessively tired
- fire raising
- pregnancy in young teenagers where the identity of the father is vague or unknown
- recurrent urinary tract infections
- signs of sexually transmitted infections and overall dishevelled appearance

### ***Action to be taken***

If any teacher has concerns that a child in her / his class may be suffering from sexual abuse in any form, they must discuss this with the *designated teacher*, who should then discuss it with Social Services personnel. Parents should not be informed at the early stage of what action has been taken, as this may serve to quieten the child, putting her / him at even greater risk. Detailed records should be kept, including dates and circumstances surrounding discussions.

### **EMOTIONAL ABUSE**

Emotional or psychological abuse can be defined as the destruction of the child's competence to be able to function in a social situation. The child may be denied appropriate contact with peers within or outside of school, and be forced to take on a particular role in relation to parents, which is detrimental to the child's ability to function appropriately in social contexts. This type of abuse is very difficult to identify as there are no physical signs – symptoms are usually apparent via a child's behaviour and demeanour.

It is important to note that the emotional / psychological abuse is present in all other forms of abuse, but this category is only used when it is the sole form of abuse.

### ***Signs to look out for:***

- a child may be inducted into a parental care-taking role and not be encouraged to be involved with appropriate play
- a child may be used as a parent's confidant to a degree that is harmful to the child's psychological development
- a child may be ignored, rejected or denigrated by a parent
- a child may be terrorised by a parent or others so that she / he is overly fearful and watchful
- a parent who is unable to be responsive to a child's emotional needs, who may be emotionally distant and / or excessively negative and hostile
- a child (usually of a mentally ill or disturbed parent) who is inducted into a parent's delusory state or paranoid beliefs
- a child who is cripplingly over-protected and not given freedom to act at an age appropriate level
- a parent who provides only conditional love with threats of withdrawal of love

Behavioural definitions are very difficult to quantify because a) most children experience some of these acts from time to time, and b) because the impact of a single or seldom occurring act of abuse will not have severe and harmful effects. The harm of emotional maltreatment results from the cumulative effects of repeated acts of psychological abuse.

### ***Associated Factors:***

Children who suffer from emotional abuse frequently come from homes where there is:

- a mentally ill or disturbed parent
- drug or alcohol abuse
- a parent who is socially isolated, unsupported or depressed, or conversely, a parent who has a very active social life with very little time or energy to give to child care
- a parent who has poor social skills, who may have learning difficulties and lack of knowledge about children's age appropriate needs
- a parent who has suffered severe abuse within her / his own childhood
- a household where there is 'adult on adult' domestic violence

Many parents who emotionally abuse their children are unaware that what they are doing is harmful. Because of their own life experiences they may have a distorted view of parenting and their role as a mother / father.

### ***Action to be taken***

If a teacher is concerned that a pupil in her / his class is being emotionally maltreated, it should be reported to the *designated teacher*, detailed records should be kept, and when appropriate, Social Services staff informed by the *designated teacher*.

### **Non Westminster Contact List**

	West End Lane	020 7974 6600
	Gospel Oak	020 7974 1058
		020 7974 1125
Barnet		020 8359 6287
Kensington and Chelsea		020 7361 3083
Brent		020 8937 4800
Centrepont		020 7700 7541 (staff)
		0800 389 2168 (students)

## Appendix 1

### CHILD PROTECTION – INFORMATION FOR STAFF

Below is a set of guidelines that staff should take on board when dealing with individual/small groups of students. It is important to be mindful at all times of your behaviour in relationship to individual/small groups of students and of the potential risk of an allegation. Staff should take necessary precautions in order to minimise the opportunity for an allegation to be made against them.

- Whenever possible try not to be alone in a room with a student, regardless of gender. If you are on your own with a student, leave the door open and inform a colleague if possible. Always keep a safe distance between you and the student.
- Do not engage in conversations about your personal life with students.
- Keep boundaries very clear between you and students, particularly if the conversation involves relationships, emotions, and sexual content.
- Do not exchange mobile phone numbers with students. If possible do not have your mobile phone out when dealing with an individual student.
- Do not accept students as 'friends' on face book or my space.
- If a student wishes to disclose personal information to you, ensure that they understand that you cannot guarantee confidentiality. Do not probe a student about their personal life unless they approach you. Avoid giving advice to students about their relationships.
- Do not teach small groups of students/ individuals outside of normal lessons unless there is another member of staff in the Dept at that time.
- Be aware of students forming attachments to you as a teacher and keep your distance if they appear particularly needy of your attention. It is imperative that you do not appear to be encouraging the relationship, as this can often lead to misunderstandings.
- Be aware of conversations that you have with students and the need to avoid sexual innuendo at all times. Older students are particularly conscious of staff making sexual inferences and this can place you in a very vulnerable position.

Please discuss with me if at any time you are concerned about a situation and wish to seek advice.

Irene Forster

September 2008