

Looking after the welfare of our children

CHILD PROTECTION POLICY

INTRODUCTION

A range of documents, circulars and guidance for good practice governs Child Protection work at St John's College. Key documents, which inform this policy, are:

- LEA Child Protection Procedures.
- DFEE circular 10/95.
- The Children Act 1989.
- Working Together to Safeguard Children 1999.
- Framework for the Assessment of Children in Need and their Families 2000.
- further documents issued by the National Assembly and other agencies from time to time.

The designated teacher for Child Protection is the Head of Pastoral Care Mrs. L. Brown and, in her absence, the Headteacher Dr. Neville. Should both Mrs. Brown and Dr. Neville be absent, a matter of concern should then be referred to another member of the senior leadership team.

AIMS AND OBJECTIVES

St John's College strives to educate all its pupils within an environment where the Catholic traditions of learning, truth, justice, respect and community are promoted. Consequently the overall aim of this policy is to safeguard and promote the welfare of the children in our care. (In situations where child abuse is suspected, our paramount responsibility is to the child).

This will be achieved by:

- Continuing to develop awareness in all staff of the need for Child Protection (particular care should be taken with children with disabilities and SEN) and the responsibilities of teachers in identifying abuse.
- Ensuring that all staff are aware of referral procedures within the school.
- Monitoring a child who has 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.
- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.

SCHOOL PROCEDURES

1. Any member of staff with an issue or concern relating to Child Protection (it should be made clear to students that CONFIDENTIALITY CANNOT BE GUARANTEED IN RESPECT OF CHILD PROTECTION matters) should immediately discuss this with a senior member of staff who will inform the Head of Pastoral Care Mrs. Brown/ or Headteacher. Allegations of child abuse must always be given the highest priority and referred immediately to the Head of Pastoral Care Mrs. Brown/ or Headteacher.
2. The Head of Pastoral Care Mrs. Brown will then decide on an appropriate course of action (based on ACPC guidelines).

3. Information for parents/carers will be published in the school prospectus and in the first termly newsletter telling them that the staff are required to follow the procedures laid down by the Area Child Protection Committee (see Appendix One).

4. Allegations against school staff. Teachers must protect themselves especially when meeting on a one to one basis with students, and staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued (please refer to the Schools Physical Restraint Policy). Teachers who hear an allegation of abuse against another member of staff should report the matter, immediately, to the HEADTEACHER so that ACPC and DFEE circular 10/95 procedures can be followed. If the allegation is against the Headteacher it should be taken directly to the Chair of Governors.

DEALING WITH DISCLOSURES OF ABUSE

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

- remain calm and be available to listen
- listen with the utmost care to what the child is saying
- question normally without pressurising
- avoid putting 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 child that this information will now have to be passed on
- immediately inform the Head of Pastoral Care Mrs. Brown/ or the Headteacher

For types of Child Abuse and their symptoms please refer to Appendix Two.

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 regulations published in 1989 do not authorise or require the disclosure to parents of any written information relating to Child Protection, although the preferred practice is for parents to be informed of and agree to any referral being made (unless it relates to Sexual Abuse).

Staff must keep the Head of Pastoral Care Mrs. Brown informed of:

- poor attendance & 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.

NB Any referral to Social Services by telephone must be confirmed with the specified written form and a copy kept on the confidential school file (another copy should be sent to LEA). A note must be made of the name of the Duty Social Worker and the time at which the call is made. Please also refer to Appendix Three.

If parents have not been informed about (or if they have agreed to) the referral being made, this must be reported to Social Services.

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 Head of Pastoral Care Mrs. Brown is responsible (and in his/her absence the Headteacher) for Child Protection issues.
- To refer promptly all cases of suspected child abuse to the local social services 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 maintain and update as necessary the Child Protection Monitoring List.
- To organise regular training on Child Protection within the School.
- To ensure that all staff know about and have access to ACPC guidelines.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of this 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.

APPENDIX ONE

Information for parents/carers published in the school prospectus and in the first termly newsletter:

“The school is committed to promoting the health and welfare of all pupils and if staff see signs that suggest that one of the pupils may have been the victim of abuse (or is at risk of abuse) staff will follow the procedures laid down by the Area Child Protection Committee. N.B. Such action in no way infers that any parent/carer or other individual is being accused of wrongdoing. A full version of the School’s Child Protection policy is available on request.”

APPENDIX TWO

TYPES OF CHILD ABUSE AND THEIR SYMPTOMS

Child abuse can be categorised into four distinct types, i.e.

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.

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.
- promiscuity or other sexual activity
- 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 preoccupied 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 childlike behaviour;
- inappropriate labelling of child's behaviour as bad or naughty;
- leaving children unsupervised when they are too young to be left unattended.

APPENDIX THREE

USEFUL CONTACTS IN THE LEA

1. Education Officer
2. Head of Teaching Support Services

Head & Senior Leadership Team