

CHILD PROTECTION POLICY AND PROCEDURES

INTRODUCTION

John Whitgift Academy is committed to promoting the health and wellbeing of all students. If academy staff experience any signs that suggest a student may have been the victim of abuse (or at risk of abuse) they will follow the procedures laid down by the Local Safeguarding Children Board.

N.B. Such action in no way infers that any parent/carer or other individual is being accused of wrongdoing.

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

- North East Lincolnshire Local Safeguarding Children Board's Procedures (Amended 2016)
- Working Together to Safeguard Children 2015
- Keeping Children Safe in Education (Draft Guidance 2016)
- Prevent Duty Guidance England and Wales – 2015 (Updated 2016)

The designated teacher for Child Protection is Vice Principal, Miss C Glaves and in her absence Mrs J Rimmer. If both Miss Glaves and Mrs Rimmer are unavailable the matter should then be referred to the Principal, Mr Spendlow.

AIMS AND OBJECTIVES

John Whitgift Academy strives to educate all students within an environment where the moral 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 towards children with disabilities and SEN and looked after children) and their responsibilities in identifying abuse
- Understanding that Prevent is part of our safeguarding duty and that staff remain vigilant to all signs of extremism and radicalisation
- Ensuring that all staff and visitors are aware of referral procedures within the academy
- Monitoring children who have been identified "at risk"
- Ensuring that outside agencies are involved where appropriate
- Ensuring that key concepts of Child Protection are integrated within the curriculum
- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.

- All staff are responsible for upholding the rights of the child allowing them to communicate and be safeguarded from harm and exploitation irrespective of their:
 - Race, beliefs, first language and ethnicity
 - Gender (including gender re-assignment) and sexuality
 - Age
 - Health or disability
 - Residence
 - Criminal behaviour
 - Political or immigration status

ACADEMY 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 ISSUES**) should immediately discuss it with Miss Glaves or Mrs Rimmer. Allegations of child abuse must always be given the highest priority and referred immediately. (See Appendix One – Child Protection What To Do).

2. The Child Protection Officer/Deputy will then decide an appropriate course of action (based on Local Safeguarding Children’s Board guidelines).

3. **Allegations against academy 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. Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the **PRINCIPAL** so that Local Safeguarding Children’s Board Procedures can be followed. If the allegation is against the Principal it should be taken directly to the Vice Principal and through the Chair of the Education Advisory Board. (See Appendix Two – Safeguarding in One to One Situations).

DEALING WITH DISCLOSURES OF ABUSE

If a child chooses to make a disclosure to a member of staff there are a number of things that should be done to support the child.

- Stay calm and be available to listen
- Listen with the utmost care to what the child is saying
- Question normally without pressurising
- Do not put words into the child’s mouth but note the main points carefully
- Do not express an opinion or appear shocked
- Keep a full record – date, time, what the child did, said etc.
- Reassure the child and let them know they were right to disclose the information
- Inform the child that this information will now have to be passed on
- Immediately inform Miss Glaves or Mrs Rimmer

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

MONITORING AND RECORD KEEPING

Staff must keep the Child Protection Officer informed of:

- Poor attendance and punctuality
- Concerns about appearance and dress
- Changed or unusual behaviour
- Concerns about health and emotional wellbeing
- Deterioration in educational progress
- Discussions with parents about concerns relating to their child
- Concerns about home conditions or situations
- Concerns about student on student abuse (including serious bullying)
- Concerns about extreme viewpoints e.g. animal testing, political, environmental, religion, sexuality

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 Children's Social Care Services by telephone must be followed up with a formal written Request for Service within 48 hours, noting the name of the Duty Social Worker and the date and time at which the call is made. A copy will also be kept on the confidential academy file.

Please also refer to Appendix three. **If parents have not been informed about (or if they have not agreed to) the referral being made this must be reported to Children's Assessment & Safeguarding Service.**

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

- Factual (no opinions but express your concern)
- Non-judgmental (no assumptions)
- Clear
- Accurate
- Relevant
- Dated and signed

THE ROLE OF THE DESIGNATED TEACHER

- To ensure that all staff know that Miss Glaves is responsible (and in her absence Mrs Rimmer or the Principal) for Child Protection issues
- To refer promptly all cases of suspected child abuse to the local Children's Assessment & Safeguarding Service or the Police Child Protection Team. If a parent arrives to collect the child before a representative from Children's Services 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 List
- To organize regular training on Child Protection within the Academy.
- To ensure that all staff know about and have access to Local Safeguarding Children’s Board Procedures guidelines
- To ensure North East Lincolnshire’s Children’s Assessment & Safeguarding Service telephone procedures are followed
- To co-ordinate action where child abuse is suspected
- To facilitate and support the development of a whole academy policy on Child Protection
- To attend case conferences or nominate an appropriate member of staff to attend on 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 has a Child Protection file leaves the academy. 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

CHILD PROTECTION – WHAT TO DO

<p>You now hold the information</p>
<p>Do not work alone – Stay calm – Pause – Think</p>
<p>Document, sign and date all information</p>
<p>Consult with Miss Glaves or Mrs Rimmer</p>
<p>If the matter is vague further information may be required</p>
<p>If the matter is serious, Children’s Assessment and Safeguarding Service are contacted without delay</p>
<p>Possible outcomes:</p> <ul style="list-style-type: none">- Parental contact if safe to do so- Concerns remain – academy to follow up in writing within 48 hours. Social Worker and Manager acknowledge receipt of referral and decide course of action within one working day- If concerns about a child’s immediate safety – Emergency action taken- If no further action - Information to be kept on file. Possible referral to other services for support

APPENDIX TWO

SAFEGUARDING IN ONE TO ONE SITUATIONS

Staff working in one to one situations with children and young people may be more vulnerable to allegations.

All staff should recognise this possibility in order to plan and conduct meetings accordingly. Every attempt should be made to ensure that the safety and security needs of both staff and students are met.

Academies need to consider these issues in drawing up any relevant policies and offer guidance for the use of any areas of the academy which place staff or children in vulnerable situations.

The Child Protection Officer should undertake a risk assessment in relation to the specific nature and implications of one to one work.

In addition, each assessment should take into account the individual needs of each student. Any arrangements should be reviewed on a regular basis.

Pre-arranged meetings with students away from academy premises should not be permitted unless approval is obtained from their parents and the Principal or other senior colleagues with delegated authority.

This means that adults should:

- Avoid meetings with students in remote, secluded areas of the academy
- Ensure there is visual access and/or open door in one to one situations
- Inform other staff of the meeting beforehand, assessing the need to have them present or close by
- Avoid use of 'engaged' or equivalent signs whenever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy
- Always report any situation where a child becomes distressed or angry to a senior colleague
- Consider the needs and circumstances of the child/children involved

APPENDIX THREE

TYPES OF ABUSE AND THEIR SYMPTOMS

Child abuse can be categorised into four categories, i.e.

1. **Physical Abuse**
2. **Sexual Abuse**
3. **Emotional Abuse**
4. **Physical Neglect**

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 is reasonable ground 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. N.B. 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. over use 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 a 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 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 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.
- **Excessive loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.**
- **Excessive masturbation is especially worrying when** it takes place in public.
- **Promiscuity**
- **Pregnancy**
- **Sexual approaches or assaults** – on other children or adults.
- **Urinary tract infections (UTI), sexually transmitted disease (STD)** is 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 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 a 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 judgment about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedures in the case of neglect where the child's development is being adversely affected.

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 following page) 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 of exploitation via the Internet e.g. pornographic materials or chat rooms

THE SYMPTOMS OF STRESS AND DISTRESS

When a child is suffering from any one or more of the 'five 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 decline in academic 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 or 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

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 the academy 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 labeling of child's behaviour as bad or naughty
- Leaving children unsupervised when they are too young to be left unattended