

CHILD PROTECTION POLICY

RESPONSIBILITY:	PERSONNEL COMMITTEE
------------------------	----------------------------

PROPOSED BY:	SCHOOL BUSINESS MANAGER
---------------------	--------------------------------

TYPE OF POLICY:	STATUTORY
------------------------	------------------

DATE AGREED BY PERSONNEL COMMITTEE:	15 JUNE 2016
FREQUENCY OF REVIEW:	ANNUALLY
NEXT REVIEW:	JUNE 2017

APPROVED BY:	FULL GOVERNING BODY
DATE APPROVED AND ISSUED:	18 JULY 2016
SIGNATURE:	 CHAIR OF GOVERNORS

In reviewing this policy, the Personnel Committee has taken into account the provisions of the Equality Policy 2015.



Gold Partner
2011/12



Healthy Schools



International
School Award
2009-2012

Commitment

We believe that our school promotes the welfare, health, safety and guidance of every child through its positive, safe and stimulating environment. School Governors and the Leadership Group are responsible for ensuring that the school has a child protection policy and procedures are in place to deal with incidents, consistent with Working Together to Safeguard Children (2015) and Keeping Children Safe in Education (2015 – incorporating the 2016 guidance as issued by the DfE).

Vandyke Upper School fully recognises the contribution it can make to protect young people and support students in school. There are three main elements to our child protection policy:

- (a) Prevention
e.g. positive school atmosphere, teaching, and pastoral support for students
- (b) Protection
e.g. by following agreed procedures and ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns
- (c) Support
e.g. by providing opportunities (including counselling) to staff or students who may have been affected

Aim

The aim of this policy is to create a warm, supportive and secure environment in which:

- students feel safe and secure, their viewpoints are valued, they feel they are listened to and can approach any adult if they are in difficulties
- self-esteem is built
- a senior member of staff has been designated specifically to follow the Local Safeguarding Children Board (LSCB) Manual of Procedures
- teaching and non-teaching staff are aware of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- a systematic means of monitoring students known or thought to be at risk of harm is provided
- a structured procedure is developed within school, which will be followed by all teaching and non-teaching members of staff
- effective working relationships with other agencies are developed and promoted, especially with the police and Social Services
- all adults within the school who have access to students are subject to enhanced DBS checks
- students are helped to avoid being abused through teaching which builds awareness of the dangers of abuse and provides them with a range of contacts and strategies to ensure their own protection and understand the importance of protecting others
- parents are informed of the existence of our policy

Procedures

Our school procedures for safeguarding children will be in line with Bedfordshire's LSCB Working Together (2015). We will ensure that:

- we have a trained, designated member of staff, who undertakes refresher training every two years

- a number of members of staff (including the designated teacher) have specific responsibilities for child protection
- all members of staff are given refresher training annually in child protection issues and procedures, leading to greater understanding of the signs and symptoms of child abuse
- all cases of child abuse or suspected child abuse are reported immediately to the designated teacher/member of staff who has responsibility for referring suspected child abuse cases to Social Services
- Child in Need Concerns are reported to Social Services or other relevant agencies, as appropriate
- all parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures and Safer Working Practice for the Protection of Children and Staff in Education Settings
- all new members of staff including supply staff are given child protection training and receive a copy of our child protection procedures as part of their induction
- through our links to other policies, for example sex and relationships/anti-bullying, we will help to develop self-esteem and self-assertiveness in our students
- our procedures will be reviewed and updated yearly.
- We have developed a protocol in conjunction with the Bedfordshire Police schools protocol for indecent images.

The designated member of staff is responsible for:

- carrying out child protection procedures in accordance with Central Bedfordshire LSCB Manual of Procedures and Working Together (2015)
- keeping written records of concerns about a student, even if there is no need to make immediate referral.
- ensuring that all such records are kept confidentially and securely and are separate from student records
- monitoring the attendance of any student currently on the child protection register, or for whom there is a child protection plan, and referring concerns when appropriate to the Education Welfare Service in the first instance. Where concerns remain, the social worker for the family will be informed
- ensuring that all school staff, teaching and non-teaching, are trained and receive refresher training every three years
- passing on any child protection records/concerns to the receiving school when a child leaves. Disseminating information from external sources and acting upon this, as appropriate

The Governing Body is responsible for:-

- nominating a Governor to have responsibility for child protection who receives training
- receiving a report annually from the school summarising child protection issues, training undertaken and any issues arising
- ensuring child protection is a standing item annually on the agenda for Governors' meetings
- reviewing the policies and procedures annually

- remedying any deficiencies or weaknesses in regard to child protection arrangements that are brought to its attention, without delay
- ensuring that the Chair liaises with the LA/partner agencies in the event of allegations of abuse being made against the Headteacher

Confidentiality

We recognise that all matters relating to child protection are confidential and members of staff are informed on a need-to-know basis (see Safer Working Practices document).

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard young people.

All staff must be aware that they cannot promise any student confidentiality.

Supporting Staff

We recognise that all staff working in the school need to be aware of safeguarding issues, related both to their own behaviour and when working with a young person who has suffered harm, or appears to be likely to suffer harm. All members of staff are issued with the Central Beds "Safer Working Practices for the Protection of Children and Staff in Education Settings". In addition, the main issues are raised in a presentation on the September training day and repeated at the new staff induction and for any trainees joining the school.

Staff may find some situations stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the designated teacher and to seek further support. Regular half-termly meetings take place between Assistant Heads including Child Protection and pastoral staff.

A review of child protection arrangements in school is held at least termly, led by the designated senior staff member and including Heads of Year and Student Welfare Officers.

Allegations Against Staff

There may be times when a student makes an allegation against a member of staff. In such cases, procedures will be carried out in accordance with the school's policy document.

If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.

On all such occasions, the Headteacher will discuss the content of the allegation with the appropriate officer from the Authority.

If the allegation made to the member of staff concerns the Headteacher, the designated teacher will immediately inform the Chair of Governors who will consult with the appropriate officer from the Authority.

If the allegation made to the member of staff concerns a member of the Governing Body, the designated teacher will immediately inform the Headteacher who will consult with the appropriate officer from the Authority.

Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should follow the school's Whistleblowing Policy.

Policies/Guidance

We work in accordance with the school policy and guidance documents on: -

- Physical Intervention
- Health & Safety
- Life Skills
- Behaviour and Attendance
- Drug and Alcohol Education
- Sex and Relationship Education
- Behaviour Support Plan
- Safer Recruitment and Vetting Policy
- ICT, E-safety, photography and mobile phones.
- Educational Visits
- Anti-Bullying Policy
- Equality Policy
- Staff Code of Conduct

Appendix one

Recognising the signs of child abuse**Categories of Abuse:**

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of child abuse

The following non-specific signs may indicate something is wrong:

- significant change in behaviour
- extreme anger or sadness
- aggressive and attention-seeking behaviour
- suspicious bruises with unsatisfactory explanations
- lack of self-esteem
- self-injury
- depression
- age-inappropriate sexual behaviour

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm
- justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- may require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parent/s
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- persistently avoid child health promotion services and treatment of the child's episodic illnesses
- have unrealistic expectations of the child

- frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- be absent or misusing substances
- persistently refuse to allow access on home visits
- be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- the parents/carers are uninterested or undisturbed by an accident or injury
- parents/carers are absent without good reason when their child is presented for treatment
- repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- family use of different doctors and A&E departments
- reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used, e.g. belt marks, hand prints or a hair brush
- bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks on small children
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds that have a line indicating immersion or poured liquid (a child getting into hot water of his/her own accord will struggle to get out and cause splash marks)
- old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate, or no attachment
- indiscriminate attachment or failure to attach
- aggressive behaviour towards others
- scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence
- withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised conduct
- sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- continual and inappropriate or excessive masturbation
- self-harm (including eating disorder), self-mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners
- an anxious unwillingness to remove clothes, e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- pain or itching of genital area
- blood on underclothes
- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information-seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out”, which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression, together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - understanding that is proposed based on age, maturity, development level, functioning and experience
 - knowledge of society’s standards for what is being proposed
 - awareness of potential consequences and alternatives
 - assumption that agreements or disagreements will be respected equally
 - voluntary decision
 - mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses, that is loss

of love, friendship, etc. Some may use physical force, brutality, or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- failure by parents or carers to meet the basic essential needs, e.g. adequate food, clothes, warmth, hygiene and medical care
- a child seen to be listless, apathetic and unresponsive, with no apparent medical cause
- failure of child to grow within normal expected pattern, with accompanying weight loss
- child thrives away from home environment
- child frequently absent from school
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually-transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile), or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults

- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Appendix two

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- preserves a girl's virginity
- part of being a woman / rite of passage
- upholds family honour
- cleanses and purifies the girl
- gives a sense of belonging to the community
- fulfils a religious requirement
- perpetuates a custom/tradition
- helps girls be clean / hygienic
- is cosmetically desirable
- mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- child talking about getting ready for a special ceremony
- family taking a long trip abroad
- child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea, as well as non-African communities including the Yemen, Afghanistan, Kurdistan, Indonesia and Pakistan)
- knowledge that the child's sibling has undergone FGM
- child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- prolonged absence from school and other activities
- behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still and looking uncomfortable
- complaining about pain between the legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinal tract infection
- disclosure

The 'One Chance' rule

As with Forced Marriage, there is the 'One Chance' rule. It is essential that settings/schools/colleges take action **without delay**.

Prevent

The Prevent Strategy, published by the Government in 2011, was part of its overall counter-terrorism strategy. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by stopping people becoming terrorists or supporting terrorism. In the Act, this has simply been expressed as the need to prevent people from being drawn into terrorism. This has been embraced as a form of abuse as part of the school's Child Protection and Safeguarding. Consequently, the school has dedicated colleagues who have completed WRAP (Workshop Raising Awareness of Prevent), facilitated training and all staff receive in-house training as part of their safeguarding update.