CHILD PROTECTION POLICY

The Lord is my rock, my protection, my Saviour. My God is my rock. I can run to him for safety. He is my shield and my saving strength, my defender.

Psalm 18:1-3

DEFINITIONS OF ABUSE

The definitions of child abuse recommended as criteria for registration by the Department of Health, "Working Together under the Children Act 1989" are as follows:

Physical abuse

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

Sexual abuse

Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature. *

**Sexual exploitation represents 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 social taboos or family roles (Kempe and Kempe 1978). Kempe, T.S. & Kempe, C.H. (1978) Child Abuse. London: Fontana/Open Books)*

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 and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

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 abuse involves some emotional ill-treatment. This category is used where it is the main or sole form of abuse.

Organised abuse

Organised abuse is sexual abuse where there is more than a single abuser and the adults concerned appear to act in concert to abuse children and /or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

DETECTING ABUSE

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. The **Designated Safeguarding Lead** is Carol Pearson, Head teacher.

Staff should be familiar with, and be able to look out for signs of abuse as outlined below:

Indications of PHYSICAL ABUSE

- Significant changes in children's behaviour
- Injuries that the child cannot explain or explains unconvincingly
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Bruising which looks like hand or finger marks
- Cigarette burns, human bites
- Scalds and burns
- Becoming sad, withdrawn or depressed
- Having trouble sleeping
- Behave aggressively or be disruptive
- Show fear of certain adults
- Have a lack of confidence and low self-esteem
- Use drugs or alcohol

Indications of EMOTIONAL ABUSE

- Developmental delay
- Deterioration in their general well-being
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment)
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others.
- Comments children make which give cause for concern.

Indications of NEGLECT

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.
Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.
Neglect is often linked to other forms of abuse, so any concerns teachers have should be discussed with the Designated Safeguarding Lead, Carol Pearson, Head teacher.

Indicators of neglect as highlighted by NSPCC as examples of the neglect of children under 12

- Frequently going hungry
- Frequently having to go to school in dirty clothes
- Regularly having to look after themselves or in charge of younger brothers or sisters because of parents being away or having problems such as drug or alcohol misuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the doctor when ill
- Not receiving dental care

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Indications of possible SEXUAL ABUSE

- Any allegations made by a child concerning sexual abuse
- Child with excessive pre-occupation with sexual matters, or showing age-inappropriate awareness, or with detailed knowledge of adult sexual behaviour, or who engages in age-inappropriate, even aggressive, sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Eating disorders – anorexia, bulimia
- Pain, itching, bruising or bleeding in the genital or anal areas
- Genital discharge or urinary tract infections
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections.
- A marked change in the child's general behaviour, for example being unusually quiet and withdrawn, or unusually aggressive, or suffering from what may seem to be physical ailments, but which can't be explained medically.
- Refusal to attend school or difficulty concentrating so that their schoolwork is affected.
- Unexpected fear or distrust of a particular adult or refusal to continue with their usual social activities.
- Describing receiving special attention from a particular adult, or referring to a new," secret" friendship with an adult or young person.

WHO ABUSES CHILDREN/YOUNG PEOPLE

- Very rarely a stranger
- Often someone who knows the child, e.g. parent, carer, babysitter, sibling, relative or a friend of the family. The abuser is most often someone known to the child. This seems to be the case between 75 and 90% of the time. There is growing evidence of abuse amongst siblings
- Sometimes, someone in authority such as a teacher, youth leader, children's worker, or church worker/leader.
- Sometimes, paedophiles and others who set out to join organisations (including churches) to obtain access to children.

Abusers themselves may be in desperate need; abusing parents were often abused as children. The primary concern, however, is for the safety of the child

HOW PAEDOPHILES INVOLVE CHILDREN

- By befriending, spending time with them, and spending money on sweets and presents.
- By targeting vulnerable children and their families, e.g. lone parent families, isolated children who may have been emotionally deprived, neglected or previously abused.
- By "grooming" - gradually introducing a child to physical contact, cuddles and kisses which a parent may feel is quite innocent. Physical contact becomes increasingly sexual over a period of time.
- By taking photographs or videos or by introducing a child to exciting information and material on the internet.
- By saying to a child that what is happening is ok - parents won't mind etc...
- Threatening dire things if a child should "tell".

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is when a child or young person (anyone under the age of 18), engages in sexual activity as a result of receiving something such as food, cigarettes, alcohol, drugs, accommodation, drugs, money, or affection. It's a process of grooming where the abuser targets a child's vulnerability, makes them feel loved or wanted as though the relationship is normal when in fact the child is being controlled through intimidation, fear or violence. It can happen to boys as well as girls, from rich and poor backgrounds, of any ethnicity and anywhere in the world.

SELF HARM

Because self-injury is often kept secret; it may be difficult to spot signs and symptoms.

Indications of SELF HARM

- Cutting, which involves making cuts or scratches on the body with a sharp object.
- Burning
- Poisoning
- Overdosing
- Carving words or symbols on the skin
- Breaking bones
- Hitting or punching
- Piercing the skin with sharp objects
- Head banging
- Pinching
- Biting
- Pulling out hair
- Interfering with wound healing
- Scars, such as from burns or cuts
- Fresh cuts, scratches or other wounds
- Bruises
- Broken bones
- Keeping sharp objects on hand

- Spending a great deal of time alone
- Wearing long sleeves or long pants even in hot weather
- Claiming to have frequent accidents or mishaps

CHILDREN/YOUNG PEOPLE WITH SPECIAL NEEDS

Children and young people who have a disability or special needs can be particularly vulnerable to abuse and can be at greatest risk of sexual abuse. Children with disabilities tend to have more physical contact than those without disabilities (e.g. with therapists, care workers) and may require higher levels of personal care such as washing, dressing, toileting, feeding, mobility etc. The definition of what constitutes abuse is wider for children with disabilities Attitudes can play a part - the belief that a child or young person with a disability can't be sexually abused because they are seen as a-sexual.

There is therefore a need to be extra vigilant in order to protect these children; but there are difficulties: it can be hard to know if a child with a disability has been abused because of communication problems. Children may have difficulty in understanding what is said to them, or in expressing themselves in ways that others understand. The person communicating with a child may not possess the appropriate personal communication skills themselves (e.g. using appropriate spoken and non-verbal communication or using particular forms of communication such as Makaton signs and symbols, British Sign Language etc.). Workers might feel more vulnerable to accusations of abuse as a result of meeting an individual's needs.

RADICALISATION

If there are concerns that a child maybe being radicalised the teacher should talk to the DSL who will consider whether it is appropriate to involve Channel (see also the Safeguarding Policy)

RECOGNISING AND RESPONDING TO ABUSE

The above signs may or may not be indicators that abuse has taken place, but the possibility of abuse should be always considered

Allegations of physical injury, neglect or emotional abuse

If a child has a physical injury or symptom of neglect, the DSL will after consulting with the East Midland Christian Fellowships (school proprietors) DSL , Simon Shaw:

1. Contact Social Services (or Churches' Child Protection Advisory Service, CCPAS) for advice in cases of deliberate injury or if concerned about the child's safety, or if a child is afraid to return home. The parents should not be informed by the school in these circumstances.
2. Where emergency medical attention in necessary it will be sought immediately. The DSL will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer and suggest that medical help/attention is sought for the child. The doctor (or health visitor) will then initiate further action, if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from the Social Services Department.
5. Where the parent/carer is unwilling to seek help, if appropriate, the DSL will offer to go with them. If they still fail to act, the DSL should, in cases of real concern, contact the church DSL again or Social Services for advice.
6. Where the DSL in unsure whether or not to refer the case to the Social Services, then advice from CCPAS will be sought and followed. CCPAS will confirm its advice in writing in case this is needed for reference purposes in the future.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the DSL will after consulting the EMCF DSL:

1. Contact the Social Services duty social worker for children and families or Police Child Protection Team directly. Advice may also be sought from CCPAS.
2. No one should initially speak to the parent/guardian (or anyone else, including the alleged abuser) concerning any allegation of sexual abuse as there is always the possibility that they could be involved. Any communication with the family should in any case be handled by the DSL and advice as to the timing and nature of any communication should be sought (from CCPAS or Social Services) so that any investigation is not jeopardised. The fact that you may feel the child's story is unlikely must not prevent this course of action. It is in the best interests of both parties to involve the child protection authorities from the very beginning.
3. Under no circumstances will the DSL attempt to carry out any investigation into the allegation of suspicions of sexual abuse. The role of the DSL is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department.
4. Whilst allegations or suspicions of sexual abuse will normally be reported to the DSL, the absence of the DSL or the EMCF DSL should not delay referral to the Social Services Department.
5. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the DSL as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.
6. If sexual intercourse is alleged to have occurred very recently (and it has not been possible to get an immediate response from Social Services) then the Police should be contacted urgently so that any physical evidence is preserved. No evidence such as stained clothing should be interfered with. If the allegations concern events more than a week old, then there is less urgency but either the Social Services or the Police must be informed promptly.
7. There should be no discussion of any suspicions of abuse of any kind with anyone other than those nominated above. IN NO CIRCUMSTANCES SHOULD THE ACCUSED BE MADE AWARE OF ANY ACCUSATIONS. (This can avoid an alleged perpetrator being “tipped off” and also helps respect the privacy of the child or young person as much as possible.)

The church leadership will support the DSL in her role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

Third party/anonymous referrals/allegations

Where a third party makes allegations as much information as possible should be gained from the referrer. Unless the person wishes to remain anonymous this should include the referrer's details (name, address, telephone number) and as much factual detail as possible about the child and family concerned (names of family members, address, name/date of birth of subject child, ethnic origin, etc). Information as to the cause for concern/nature of the injuries/observations should be included. It would be advisable to inform the referrer that information relating to any child at risk, or potentially at risk, will be shared with the Co-ordinator and may result in referral to the Social Services Department, and in this event the Social Services Department may wish to interview the referrer (if known) as part of the Child Protection Investigation.

Allegations against children/young people

Children and young people may be curious about the opposite sex and/or experiment sexually. However, where a child is in a position of power and responsibility over another child (as in a babysitting arrangement) and abuses that trust through some sexual activity, then this is abusive.

Where one child introduces another child to some age-inappropriate sexual activity or forces themselves onto a child, then this is not mutual exploration, it is abusive. Such situations should be taken as seriously as if an adult were involved, as the effects on the child victim can be as great. Instances such as these would be investigated by the child protection agencies in the same way as if an adult were involved, though it is likely that the perpetrator would also be regarded as a victim in their own right. The possibility is that they have also been abused by someone else. Since sexual abuse is addictive and other children could be victims now or in the future it is important to take the matter seriously. It cannot be assumed that young people will grow out of it. Most adult sex offenders started abusing in their teens (or even younger).

HOW TO RESPOND TO A CHILD WANTING TO TALK ABOUT ABUSE

The following is given as guidance. The actions that a member of staff should take can be divided into three stages:

Stage 1 Dealing with the disclosure and supporting the child

When a disclosure is made to a member of staff it is most important that they understand that they do not investigate the disclosure themselves. The disclosure must always be taken seriously and dealt with according to procedures even if the truth of the disclosure is uncertain. The member of staff should:

- Listen to the pupil, keeping calm and offering reassurance.
- Describe bruises, their colour and size and mark their location on a body map but do not ask a child to remove or adjust their clothing or photograph the injury.
- Allow the child to lead the discussion and to talk freely if a disclosure is made.
- Listen to the child without investigating.
- Avoid using questions such as 'Is there anything else you'd like to tell me?' (which could be construed as a leading question)
- Accept what the pupil says without challenge.
- Reassure them that they are doing the right thing in telling and that you recognize how hard it is for them to tell.
- Seek support for yourself if appropriate

HELPFUL THINGS YOU MAY SAY

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

Staff should **not:**

- Press for details by asking questions such as 'What did they do next?'
- Lay blame or criticise either the child or the perpetrator.

- Ask the child to repeat what they said to a colleague.
- Promise confidentiality – but they should explain that the child has done the right thing and who will need to be told and why.

GENERAL POINTS

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
- Be honest
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen

Stage 2 Reporting the disclosure

- Concerns must be reported as soon as possible **once the immediate comfort and safety of the child is secured** to the School DSL, 01332 340505 who will then refer to the person who is nominated by the Governing Body and the Church Leaders to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. This person, the EMCF Co-ordinator, is appointed on behalf of East Midlands Christian Fellowships and is currently Simon Shaw, telephone number: 01332 332044
- In the absence of the School DSL the matter should be brought directly to the attention of Simon Shaw.
- If the suspicions in any way involve the DSL then the report should be made to Simon Shaw (see above) or the "EMCF Deputy Co-ordinator"- Jon Giles 01332 332044. If the suspicions in any way implicate all of the Co-ordinators, then the report should be made in the first instance to the Churches' Child Protection Advisory Service PO Box 133, Swanley, Kent, BR8 7UQ, telephone 01322 660011 or 01322 667207 **OR** contact the Local Authority Designated Officer, Social Services, Derby 01332 717818
- Suspicions will not be discussed with anyone other than those nominated above.
- It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies or seek advice from CCPAS, although this is the preferred procedure for members of staff and members of the church. If, however, it is felt that the School DSL has not responded appropriately to the concerns, relevant organisation direct should be contacted directly.

Stage 3 Recording the disclosure and following up

- Make notes as soon as possible (preferably within one hour of the child talking to you), writing down exactly what the child said and when s/he said it. (A pro forma for recording incidents is kept by Mrs Pearson). Include:
    - date and time
    - place
    - important facts provided, e.g. names mentioned.

  Wherever possible, staff should record information as it was told to them using the language of the child. It is important that staff report factual information rather than assumption or interpretation. Intuitive thoughts can be conveyed but these should be recognised as such and should not form part of the record.

- Make notes of what was said in reply and what was happening immediately beforehand/the context (e.g. a description of the activity).
- Keep all hand written notes, even if subsequently typed. Such records will be kept securely (separate to the children's main file) in the school office for an indefinite period.
- In the case of bruises or observed injuries a 'body map' may help. Any records should be copied to the designated person and will be used by them during the referral process.

Once a child has talked about abuse the worker/co-ordinator should consider whether or not it is safe for a child to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action to contact Social Services and/or police to discuss putting into effect safety measures for the child so that they do not return

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are.

- The child should be told what is going to happen next
- The DSL should let the member of staff know what has happened following the report. If they do not receive this information they should be proactive in seeking it out. If they have concerns that the disclosure has not been acted upon appropriately they may ultimately contact the Children's Services Department.
- Receiving a disclosure can be upsetting, so pastoral support should be offered and In some cases counselling might be appropriate

BOUNDARIES and GUIDANCE FOR ALL STAFF, HELPERS AND GOVERNORS

Physical contact between adults and children can be quite healthy and to be encouraged in public places and discouraged in circumstances where an adult and a child are on their own, or where there is the slightest possibility of misunderstanding:

- Keep everything public. A hug in the context of a group can be very different from a hug behind closed doors
- Touch should be related to the child's needs, not the worker's and not attributed to the teaching style.
- Touch should be age-appropriate (there is safety in it generally being initiated by the child rather than the worker)
- Avoid any physical activity that is, or could be construed as, sexually stimulating to the adult or the child
- Children are entitled to privacy to ensure personal dignity
- Children are entitled to determine the degree of physical contact they have with others, except in exceptional circumstances i.e. when they need medical attention.
- Children should be allowed to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.

- Workers should monitor one another in the area of physical contact and should feel free to constructively challenge each other if necessary, helping each other by pointing out anything which could be misconstrued/misunderstood.
- Where possible a teacher should not be alone with a child. Where confidentiality is required you should aim to be visible at all times, e.g. by leaving a door open or using a corner of the room occupied by others.
- Pupils should only be met in closed rooms when senior staff have been made aware of this in advance and given their approval.
- Concerns about possible abuse should always be reported.
- If there are any incidents or issues that might lead to concerns being raised about their conduct towards a child, the adult should inform the Head teacher
- If there is any suggestion a pupil may be infatuated or taking an above normal interest in them, the adult should inform the Head teacher
- E-mail contact with pupils should only be made via the school's system.
- Care should be taken about recording images of children and only done when it is an approved educational activity. This can only be done on a device owned by the school when parents have given their express permission.
- Areas of the curriculum that may involve sexually explicit information should be taught in accordance with school policies.
- Don't allow boundaries to become blurred and unsafe in more informal settings such as trips out, out of school activities etc.
- Physical punishment of any kind should never be used

Teachers will treat all children with dignity and respect in attitude, language and actions. Respect the privacy of children and avoid questionable activity (e.g. rough/sexually provocative games or comments). Consider the level of personal care (e.g. toileting) appropriate and related to the age of the child - accepting that some children have special needs *(see also The Intimate Care Policy)*

Any concerns about another person in school acting in a way that could be misinterpreted should be referred to the individual or the DSL if that is more appropriate. Teamwork and mutual accountability are important.
(*see also the Safeguarding and Acceptable Use Policies and the Code of Conduct)*

This document should be read in conjunction with the School's Safeguarding Policy and the EMCF Safeguarding Policy, a copy of which is available on request from School or the EMCF offices:

The Riverside Centre, Pride Park, Derby, DE24 8HY, 01332 332044.

Reference documents

Working Together to Safeguard Children (HM Government, 2015)
This document is the main national reference for safeguarding. It provides guidance on how agencies should work together to protect children. It covers the roles and responsibilities of all professionals who come into contact with children through their work and describes the child protection process. It replaces the 2010 guidance with the same title.

What to Do if you're Worried a Child is Being Abused (HM Government, 2015)
This practice guidance was updated in 2015. It spells out the processes to be followed when there are concerns about a child's welfare, including their safety.

Keeping Children Safe in Education
(Department for Education, 2015)

Children's Social Care in Derby

Children's Social Care have a duty team to talk about concerns and take action to make children safe. The social care staff can always be asked for advice.
During normal working days between 9 am and 5 pm they can be contacted on the telephone number 01332 641172
At all other times concerns can be discussed with Careline who can be contacted on the telephone number 01332 786968