

Child Protection Procedures

School procedures follow the *London Child Protection procedures, 5th Edition, 2017* (this document can be found online and undergoes 6 monthly updates and these updates can also be found online)

Who is responsible for child protection procedures in school?

The Designated Safeguarding Staff are Angela Eberle (Deputy Headteacher - Lead Designated CP officer), Other designated safeguarding team members: Rebecca Southgate (Senior Deputy Head), Cresha Walkinshaw (Deputy head), Hilary Ballantine (Headteacher), Vicky Brown, Lesley Simmons and Jenny Masini (Learning Mentors).

The school's Child Protection Governor is Phil Page.

The designated team meet on at least a half termly basis to discuss all Child Protection (CP) /Safeguarding concerns, updating the records where appropriate.

The Child Protection Governor attends some of the team meetings, reviews the impact of child protection cases on a yearly basis, ensures that all members of the team attend the relevant training. The Child Protection governor also ensures the team disseminated the child protection policy and procedures regularly and any other appropriate child protection issues that arise.

For Looked After Children there is a virtual school, the head of this school is Suzanne Rowson.

The Designated teacher for Looked After Children in School is: Angela Eberle

Any concerns at all regarding pupils should be referred to the Designated Safeguarding Team.

What is child abuse?

- Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or another child or children.

"*Keeping children safe in Education*" (September 2018) sets out definitions and examples of the four broad categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories overlap and an abused child does frequently suffer more than one type of abuse.

Physical Abuse

- This is a form of abuse which may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. This includes Female Genital Mutilation (FGM).

Emotional Abuse

- The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's development capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

- Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in a sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

Neglect

- The persistent failure to meet the child's basic physical and/ physiological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are other specific safeguarding issues that can occur and all staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but is not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

Other specific safeguarding issues include children missing in education, child sexual exploitation (CSE), domestic violence, drugs, fabricated illness, faith abuse, female genital mutilation (FGM), breast ironing, forced marriage, gangs and youth violence, gender-based violence/violence against women and girls, hate, mental health, private fostering, preventing radicalization, relationship abuse, sexting and trafficking.

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. More details can be found about the specific forms of abuse in the document **"Keeping children safe in Education"** (September 2018) & **"Working Together to Safeguard Children 2018"** (DCFS 2018) found on the 'T' drive in the Child protection file or online via TES, MindEd and the NSPCC websites as well as the gov.uk website.

Online Safety

The use of technology has become significant component of many safeguarding issues. Child sexual exploitation; radicalization; sexual predation- technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school to protect and educate the whole school in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- Content: being exposed to illegal, inappropriate or harmful material
- Contact: being subjected to harmful online interaction with other users
- Conduct: personal online behavior that increases the likelihood of, or causes, harm.

Sexting

Sexting is defined as images or videos generated by children under the age of 18 or of children under the age of 18 that are of a sexual nature or are indecent. These images are shared between young people and/or adults via a mobile phone, handheld device or website with people they might not even know.

- If you are approached by a child regarding sexting deal with it sensitively, seize the device and seek advice - refer to the safeguarding team who will then follow the appropriate procedures.

Recognising Abuse

- **What are the signs and indicators of abuse?**

Risk indicators

The following factors 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 staff
- May require consultation with and /or referral to Enfield Children's Services (Social Care)

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 his/her age and development (although 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
 - Be misusing substances
 - Persistently refuse to allow access on home visits
 - Be involved in domestic violence
- Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household. (If known by the CP team)

Recognising physical abuse

- See diagram on the Child Protection Record for common sites for non-accidental injury.
- 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 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 and 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:
 - Any bruising to a pre-crawling or pre-walking baby
 - Bruising in or around the mouth, particularly in small babies which may indicate force feeding
 - 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 a 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.
 - 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 its 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
 - Scalds to the buttocks of a small child, particularly in the absence of burns on the feet, are indicative of dipping into a hot liquid or bath

Fractures

- Fractures may cause pain, swelling and discolouration over a bone or joint
- Non mobile children rarely sustain fractures
- 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 pain, swelling 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

Honour Based Violence (HBV) includes:

- Forced marriage
- Female Genital Mutilation
- Procedures such as 'Breast Ironing'
- Honour killings

All forms of HBV are abuse (regardless of the motivation) and should be handled within child protection procedures.

Female Genital Mutilation

Indicators that FGM may be about to happen soon:

- The majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.
- Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
- Parents seeking to withdraw their children from learning about FGM.

Indications that FGM may have already taken place:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

If you suspect or know a child has had or will have FGM performed on them then it is YOUR duty of care to report it straight to the police.

Breast Ironing (also known as breast flattening)

- This is the pounding and massaging of pubescent girls breast using hard or heated objects to try to make them stop developing or disappear.
- Typically it is carried out by the girl's mother who will say she is trying to protect the girl from sexual harassment or rape, to prevent early pregnancy would tarnish the family name, or allow the girl to pursue education rather than early marriage.

Peer on Peer Abuse

- All staff should recognize that children are capable of abusing their peers. All staff should be clear about their schools policy and procedures in regards to peer on peer abuse. At George Spicer we would follow the policy we have in regards to bullying.
 - the abuse can take different forms such as : sexual violence and harassment, physical abuse, sexting and initiation/hazing type violence and rituals.

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 or parent/carer e.g. anxious, indiscriminate or no attachment
 - Indiscriminate attachment or failure to attach
 - Aggressive behaviour towards others
 - Being scape-goated 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 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 indication are likely to be emotional/behavioural
- Some behavioural indicators associated with this form of abuse are:
 - Inappropriate sexualized 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 for e.g. 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

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

For more information on any of the above and other CP matters please look in the child protection folder on the T drive for various documents related to CP.

Any concerns at all regarding pupils should be referred to the Designated Staff.

How do I respond to a child who discloses abuse?

- Remain calm
- If they ask you to 'keep it a secret' you must say to that child, "that if it is something that you tell me which makes me concerned for your safety then I will not be able to keep it secret and I will have to tell someone who can help."
- Listen quietly and encouragingly
- Allow the child to do the talking
- Allow the child to finish
- Clarify the concerns
- Ask open, rather than leading questions or phrases e.g. "Tell me what has happened" rather than "Did x do this to you?" Remember the responsibility to make enquiries and investigate allegations lies with Children's Services and CAIT (Child Abuse Investigation Team), along with other relevant agencies.
- If there are marks on the body that they show you please record on the body map on Safeguard but **do not** take any photos of the marks/injuries as this is in breach of data protection.
- Explain you may have to tell someone/ what action will be taken
- Offer reassurance about how she/he will be kept safe
- Ask the child what they would like to happen
- If the child can understand the significance and consequences of making a referral to Child Services she/he should be asked her/his view
- Allow the child private access to a telephone help line, if desired
- Record the discussion as soon as possible using Safeguard (the electronic recording system that everyone has access to - if any issues speak to a member of the designated Safeguarding team) taking care to record the time, date, place, personnel present as well as what was said
- Send the record through Safeguard and a member of the Designated Safeguard Team will pick up the referral and deal with the concern.
- Be aware notes may be used in any subsequent court proceedings

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well intentioned actions could prejudice police investigations, especially cases of sexual abuse.

Whilst the child's view should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and of any other children.

Records

All paper records and witness statements relating to child protection concerns and cases will be kept in A4 Files marked CHILD PROTECTION in a locked filing cabinet in the Assistant/Deputy Headteacher's room at Sketty Road. Everything else will be recorded electronically on the Safeguard system.

Parents

Parents will be informed about child protection procedures through the school policy. A copy of the policy will be available in the office and online.

Review

These procedures will be reviewed annually alongside the Child protection policy.

September 2018