



# CHILD PROTECTION

## POLICY, GUIDANCE & TRAINING PACK

Norton Radstock College

2006

## **Rationale**

Child abuse may occur in all sorts of homes and communities. Teaching staff, nursery staff, support workers and other workers in the college are in a strong position to recognise child abuse, which could take the form of neglect, non-accidental injury, or be of an emotional or sexual nature.

Educational establishments, including Colleges of Further Education have a legal duty to promote and safeguard the welfare of their students and play a part in empowering young people to resist abuse. Legislation has been tightened to allow teachers who fail to report evidence of child abuse to be taken to court. Children or young people with special educational needs may be especially vulnerable to abuse. Extra care should be taken to interpret correctly apparent signs of abuse and neglect.

In all cases where abuse is suspected or a sustainable allegation is made, teachers and other members of staff should report the information to a designated member of staff.

The college policy offers a clear model and guidance for responding to disclosure. It has been formulated to address these issues.

## **Definitions**

An abused child is a boy or a girl under the age of 18, or a vulnerable person up to the age of 25 years, who has experienced abuse or is believed to be at significant risk of abuse

Child abuse may be caused by an adult who has a position of trust or authority with respect to a child. These adults may be parents or carers of the child or any other person known to the child or family who may have contact with the child. A child may also be the victim of abuse where the abuser is another child, or a stranger.

Child abuse may be as a result of direct acts towards the child by any of those mentioned above, or by the failure of those who have responsibility for the child to provide reasonable care, or both.

The term '**child**' will be used throughout this policy. However, the procedures apply to all young people under 18 and those students up to the age of 25 who have learning difficulties. The broad definition of a 'vulnerable adult' is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

### **How to handle a disclosure**

**Care must be taken in asking and interpreting child's responses to questions about indications of abuse.** This applies whether a child makes an allegation or volunteers information that amounts to an allegation. Staff need to be aware that the way in which they talk to a child can have an effect on the evidence that is put forward if there are subsequent criminal proceedings.

**If a child confides in a member of staff and requests that the information is kept secret, it is very important that promises about secrecy are not made.** Be honest with the child and do not make promises that you may have to break. Tell the child, sensitively, that you have a responsibility to tell someone else, such as the designated persons or outside agencies, for his/her own sake. The child must be assured that the matter will be disclosed only to people who need to know about it and who can help them.

**When child talks to an adult about abuse, they want them to be supportive, trustworthy and emotionally calm.** Staff should make themselves available to listen, in a suitable place, and demonstrate that s/he is being taken seriously. Let him/her know that what is being said is being accepted without criticism. If a child trusts you enough to tell you something that has happened or is happening to them, then it is a privileged position to be in and it is important that you give them the time and space to do so.

Remember it may take a child many months or years to disclose abuse and they may have tried to tell a number of adults and have been disbelieved or closed down.

**Do not ask children to repeat what they have said to another person or persons.** A child should only have to tell their story in detail once to investigating officers. It is not the responsibility of the College staff to investigate suspected or alleged abuse. Do not ask detailed questions about the allegations. Do not examine the child. Where abuse is suspected in children with special educational needs (or vulnerable adults under 25 years of age), who have difficulties in communicating must be given the chance to express themselves to a member of staff with appropriate communication skills.

**If disclosure is made, please refer to the following guidelines:**

- Allow the child to talk freely and listen uncritically
- Stay calm and reassuring.
- Listen to and believe what you are being told. Tell them that, whatever the circumstances, they are not to blame
- Do not press for details. It is better for the child if s/he does not have to repeat details unnecessarily
- Let the child know that you understand how difficult it is to talk about such experiences
- Ask the child if they have told anyone else
- Only ask open questions and not leading ones
- Be aware of non-verbal messages
- Don't stop disclosure
- Only one person should talk to the child to obtain the details of disclosure
- Written records must include the time, place, date, nature of any injury, people who were present. Record any explanation given by the child verbatim.
- Report all concerns, allegation(s) and information to a College designated Child Protection person
- Keep child protection records securely locked
- Seek support yourself if you are affected by the experience

When handling the initial disclosure it is very important to remember the following points;

- Ask open questions and not leading ones;

Can you tell me how you got that?  
Can you tell me what happened?  
Can you tell more about that?

- If a child discloses that something happened, ask

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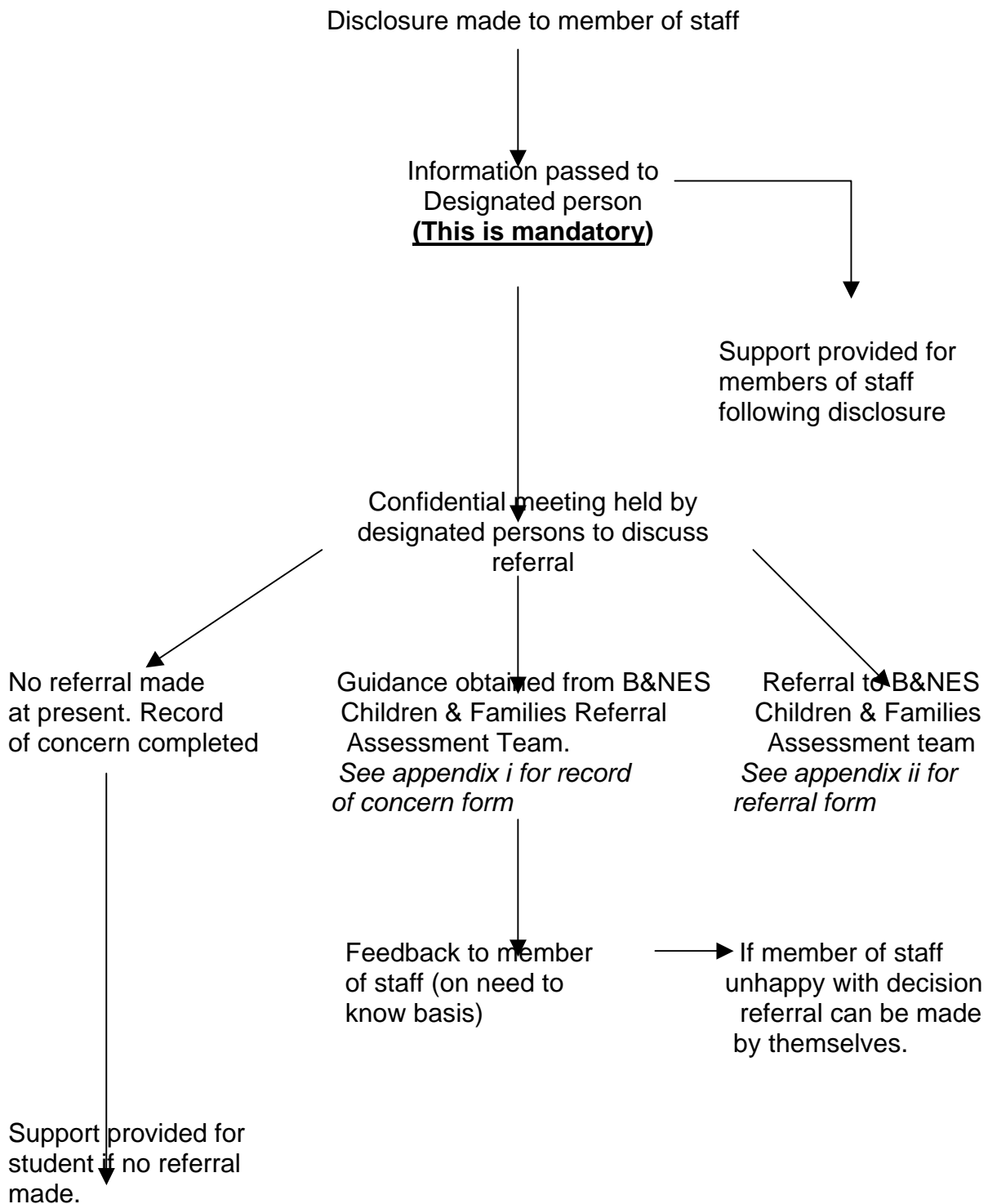
Can you remember/when did that happen?  
Can you tell me who did that?

### **Responding techniques**

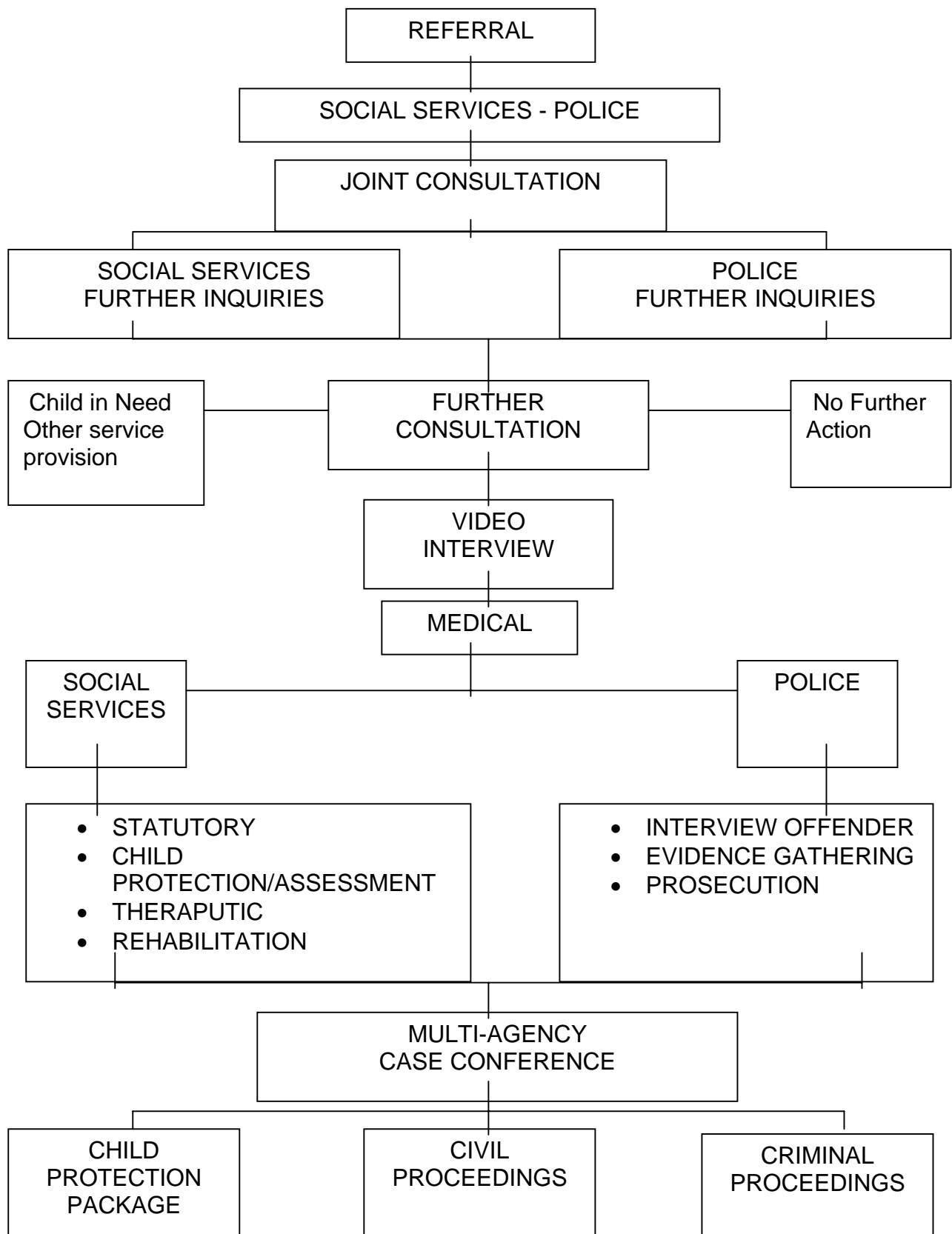
These responses might be useful when talking to children.

1. **General lead / probing** – an open ended, non-directive statement to gain information.
2. **Minimal verbal response**
3. **Questioning/clarifying** – asking a person to explain; getting information and giving direction.
4. **Re-statement of content/paraphrasing** – restating a person's complete idea with no attempt to organize; to convey 'understanding'.
5. **Reflection of feeling / reflecting** – reflecting a person's feelings in order to bring them out or clarify them; to convey 'empathy'.
6. **Information giving** – giving advice or suggestions.
7. **Advice giving** - giving advice or suggestions.
8. **Reassurance** – giving realistic encouragement.
9. **Silence** – verbal silence – may use non verbal communication to end subject, pause to reorganize, bring home emotion, place responsibility on the person , or slow the pace of talk.

**Procedure following disclosure by student.**



**Procedure following referral to Social Services**



### **The Role of the Designated Person.**

The designated persons for Norton Radstock College are:

**David Grant**

**Sally Foster**

**Jayne Olpin** - Responsible for Little Learners Day Nursery

The Designated Person has specific responsibility for the co-ordination of child protection procedures within the school and for liaison with Social Services, and other agencies, e.g. Police, Health Service, and Education Welfare Service. All staff need to be made aware of whom the Designated person is, as all cases of suspected abuse should be reported to him or her in the first instance.

**Any disclosure made must be passed to a designated person.** The role of the designated person is to take the burden of responsibility away from a member of staff. Therefore if a member of staff does have any concerns, queries or is need of advice, they can contact the designated person(s). The Social Services Advice Line is available for the designated person to contact if needed.

The Designated Person must have appropriate, up to date training and should know and understand:

- How to identify the signs and symptoms of abuse and when to make a referral
- The ACPC/LEA procedures and the Designated Person's role within them
- The role and responsibilities of the investigating agencies and how to liaise with them
- The requirements of record keeping and information sharing
- The conduct of a child protection conference and how the Designated Person or another member of staff can make an appropriate contribution to it, including ensuring that a written report is always submitted, that a school representative attends the case conference whenever possible, participating as a member of a Core Group where appropriate
- The role and responsibilities of schools and colleges in contributing to the assessment of children in need

In addition, the Designated Person should:

- Ensure all relevant information about a child is disseminated to appropriate staff within the college on a need-to-know basis and with regard to the child's/family's rights to confidentiality
- Ensure the child is appropriately supported

### **Record Keeping and Making a Referral**

Generally a referral should be made with parental consent. If a child appears to be at risk of significant harm consent should usually be sought before making a referral, but if consent is not given, the referral should still be made. If seeking consent might increase the risk to the child, then a referral can be made without doing so.

On receiving a report of suspected abuse or of a sustainable allegation, the designated member of staff should refer every case to the **Social Services Referral and Assessment Team (Tel: 01225 396313/4)**. This should be done immediately if urgent action is needed to protect the child. If the referral is to be made **outside normal working hours**, it should be made to the **Social Services Emergency Duty Team (01454 615165)**. All referrals should be confirmed in writing within 3 working days (Address: **Social Services Referral and Assessment Child Care Team, 7 North Parade Buildings, Bath**). Referrals need to be documented on the relevant paperwork (*appendix i & ii*)

If the designated worker is unsure about whether a case should be formally referred or has a general concern about a child's health or development, advice should be sought from the Social Services Referral & Assessment team and recorded on the relevant document (*appendix i & ii*)

A child who is not being abused or at risk of abuse may nevertheless be "in need" of local authority services and such cases must be made known to the Social Services. If the child appears to be at risk of significant harm then a referral should always be made.

### **Support for Staff**

#### **Support for staff following a disclosure being made to them**

The designated members of staff are on hand to support members of staff who may need support following a disclosure or reporting suspected abuse. Sally Foster is qualified to OCR level 3 in Counselling Skills in the Development of Learning.

## **Allegations Against Staff**

### **Procedures for managing allegations of abuse by a Teacher or other member of college staff.**

College Staff who hear an allegation of abuse against a member of the College staff, including the designated person(s) should report the matter immediately to the Principal, unless the Principal is the person against whom the allegation is made.

Immediately an allegation is made against a member of staff and is reported to the Principal, s/he must consider whether or not there is sufficient substance in the allegation to warrant an investigation.

A member of staff receiving an allegation of abuse against the Principal should report this immediately to the designated person who should inform the nominated governor. (tbc)

### **Staff development opportunities**

- Designated persons are required to attend an initial training day and it is recommended that they attend up-dating sessions.
- Staff development/training opportunities are available through Bath & North East Somerset Council

Contact designated persons for further advice or [www.bathnes.gov.uk/ACPC](http://www.bathnes.gov.uk/ACPC)

### **Useful Contacts**

- David Grant- 01761 433161, ext 428
- Sally Foster- 01761 433161, ext 388
- Jayne Olpin- 01761 433161, ext 430/432

## **References/Bibliography**

Bath & North East Somerset ; Children in Need handbook  
1.4 Significant harm.

## **Appendix**

Appendix i:	Cause for Concern recording form
Appendix ii:	BANES Referral form
Appendix iii:	Types of abuse
Appendix iv:	Signs and symptoms of abuse
Appendix v:	The main effects of child abuse on children and vulnerable adults
Appendix vi:	What stops children or vulnerable adults telling?
Appendix vii:	Accidental and non-accidental injury sites
Appendix viii:	Skin maps
Appendix ix:	The Children Act 1989 – statutory duties in Child Protection

Appendix i: Cause for Concern recording form

Appendix ii: BANES Referral form

Appendix iii: Types of abuse

There are four recognised types of abuse.

### **Emotional Abuse.**

The Children Act of 1989 defines emotional abuse as the actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional treatment or rejection.

Emotional abuse includes a child being continually terrorized, berated or rejected.

Categories include:

- Rejecting – behaviours which communicate or constitute abandonment of the child, verbal or non-verbal degrading
- Isolating – preventing the child from participating in normal social interaction inside and outside the home
- Terrorising – threatening the child with severe punishment or deliberately cultivating an environment of threat and fear
- Ignoring – where the caregiver is psychologically unavailable to the child and fails to respond to the child's behaviour, denying emotional responsiveness. Ignoring a child's attempt to interact
- Corrupting – caregiver behaviour which encourages the child to develop false social values

### **Neglect**

Neglect is a persistent failure to meet a child's basic physical and/or psychological needs that results in a serious impairment of the child's health or development.

Neglect can be a very insidious form of maltreatment, which can go on for a long time. It implies the failure of the parent/carers to act properly in safeguarding the health, safety and well being of the child. It includes nutritional neglect, failure to provide care or to protect a child from physical and social danger.

The Children Act of 1989 defines neglect as 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.

Definitions of physical neglect include;

- Abandonment

- Inadequate supervision
- Inadequate clothing
- Inadequate shelter
- Inadequate personal hygiene
- Inadequate food
- Malnutrition

Definitions of medical neglect include;

- Failure to obtain emergency care or treatment
- Failure to obtain necessary care or treatment
- Failure to obtain necessary dental care or treatment
- Failure to obtain necessary mental care or treatment

Definitions of mental abuse;

- Failure to thrive

### **Physical abuse**

Physical abuse implies physically harmful action directed against a child: it is usually defined by any inflicted injury such as bruises, burns, head injuries, fractures, abdominal injuries or poisoning.

The Children Act of 1989 defines physical injury as the actual or likely physical injury to a child or failure to prevent physical injury (or suffering) to a child

### **Sexual abuse**

Sexual abuse is defined as 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.

The Children Act of 1989 defines sexual abuse as the actual or likely sexual exploitation of a child or adolescent.

Possible child abuse may come to your attention in the following ways:

Direct disclosure from a child  
Via a third party  
Through the child's behaviour  
Through observations of injury

Injuries should be recorded on a skin map (appendix) and if possible someone else should witness the injury.

Appendix iv: **Child Abuse - Signs and Symptoms.**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

**Emotional Abuse**

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation (I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression
- Self harm

**Neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

**Physical Abuse**

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain the injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back when touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make' him study)
- Fear of suspected abuser being contacted

**Sexual Abuse**

- Being overly affectionate or knowledgeable in a sexual way that is inappropriate to the child's age



Appendix vi: What stops Children or Vulnerable Adults telling?

- Direct threats – Children are taught to obey their parents
- Fear of punishment
- Guilt and shame
- Lack of appropriate vocabulary to describe what is happening
- Children may not recognize the abusive experience as abuse – they may believe sexual abuse is part of the affectionate relationship
- In sexual abuse, the abusive experience may be all they receive in response to their need for love and physical contact
- In sexual abuse children may love the abuser and feel they are special or favoured in some way
- Lack of opportunity to be heard
- Awareness of the possible implications, such as family break up, medical examination. Children may think their silence protects others
- Children 'tell' in a variety of ways – through their behaviour, play and creative work as well as through direct disclosure
- Many children make some attempt to 'tell' but are not heard.

Appendix vii: Accidental and non-accidental injury sites

Appendix viii: School Guidelines on aspects of child abuse/protection

Skin Map

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Record of injury, or injuries, or information giving a degree of cause for concern

- i. This may be a continuous 'monitoring' record or details about one specific 'reported' concern
- ii. The outlines below should be used to indicate by arrow(s) the site and date of injury
- iii. More comprehensive notes should be made overleaf

Staff should not undress or examine children to discover injuries

Appendix ix: The Children Act 1989 – statutory duties in Child Protection