

## **The Education Network Child Protection Policy**

### **Introduction**

The Education Network is committed to ensuring their work is consistent with safeguarding and promoting the welfare of children. All Staff placed by The Education Network are expected to take all reasonable steps to ensure they are alert to possible child abuse and neglect, and to familiarise themselves with arrangements for safeguarding children in the schools where they are placed.

A glossary of some key terms used in the policy is included at **Appendix 1**.

### **What are my responsibilities?**

When placed in a new setting you should take the following steps as soon as possible:

- ✉ Find out who the designated senior person for child protection is in the school.
- ✉ Ask to see a copy of the school's child protection policy and procedure. Although policies often give similar messages, there may be local variations you need to know about, so it is important that you read and understand it.
- ✉ Find out whether the school has a Code of Conduct for staff. Similarly, it is essential that you have read and understood it.
- ✉ Ask whether there is specific information that you should have about any of the children you may be working with.
- ✉ You should also have read and signed this policy, and read the government guidance 'What to do if you're worried a child is being abused'.

### **Concerns about child abuse and neglect - When might you be worried?**

You may become worried about child abuse during the course of your duties. For example, a child might tell you something directly that indicates the possibility that they have been abused or neglected. Sometimes child abuse comes to light when a child tells a friend that they are being harmed, who then tells a member of staff. Alternatively, you may become concerned about the behaviour of another member of staff or a volunteer. This could be as a result of something that could be poor practice, or a child protection concern. Although the overwhelming majority of staff strive to work safely and professionally, there have been instances where staff have behaved harmfully towards children. If you are worried about possible child abuse you should always talk your concerns through with the designated senior person (formerly known as the designated teacher). You should do this as soon as possible on the day you become concerned. Similarly, if you are worried about the behaviour of a member of staff, whether this is about possible poor practice or abuse, you should talk through your concerns with the designated senior person. If she/he agrees with you that there is a possibility abuse may have happened or is likely to take place, they will contact Children's Social Care the same working day. *N.B: You should make an accurate, detailed record of your concerns as soon as possible.*

## **Allegations against staff**

Schools have a clear duty to take seriously any allegations that a member of staff may have abused or neglected a child. If an allegation is made, the school will initially consult with, or make a referral to Children's Social Care for the Local Authority in which school is located. If an allegation is made against a member of staff placed by The Education Network, we will work together with the school, the Local Authority and the Police Service as required under national and local guidance.

## **Outline of the Child Protection Process**

### **Initial action by Children's Social Care**

Children's Social Care will decide whether the referral information warrants investigation as possible child abuse. If so, they will seek information from other organisations that may have knowledge of the child.

### **Strategy Meeting / Discussion**

This is a key stage in the process. Children's Social Care will meet with the other relevant professionals, including the school, to confirm whether the situation requires (or continues to need) investigation, and if so, plan the next steps. Where the allegation involves a possible crime, the Police will take part in the meeting. In urgent cases, this process can take the form of a strategy discussion by telephone.

### **Investigation**

The strategy meeting (above) decides on the nature and timing of an investigation. The investigation may involve one or more of the following processes, depending on the circumstances:

- Investigation of suspected abuse, which may concern physical, sexual or emotional abuse, or neglect. Children's Social Care have lead responsibility.
- Investigation of a possible crime. The Police have responsibility for investigating crimes, such as suspected physical or sexual assault.
- Disciplinary process. This may be used when the person who is thought to have harmed a child is a paid worker or volunteer in a position of trust.

It may also be necessary for the child to be medically examined, and/or interviewed jointly by the Police and Children's Social Care.

### **Child Protection Conference**

The Child Protection Conference brings together the professionals who have knowledge of the case. The aim is to share information and form a view about the level of risk to the child. If the child is thought to be at continuing risk of significant harm, she/he becomes the subject of a child protection plan. The conference agrees the outline of the child protection plan, and the core group.

## **Appendix 1: Some Key Definitions**

### **Child**

A child is defined in law as a person who has not yet reached the age of 18 years.

### **Designated Senior Person**

All schools are required by law (Education Act 2002) to have someone in this role. In the unlikely event that the school hasn't named someone as designated senior person, the role defaults to the Headteacher. She/he is responsible for ensuring proper procedures and policies are in place and are followed with regard to child protection issues and acts as a dedicated resource available for other staff, volunteers and governors to draw upon. Most schools will have one or more staff who deputise for this role if the designated senior person is off site.

### **Children's Social Care**

This term is used in current government guidance to describe the part of the local authority with responsibility for making assessments of children 'in need' and leading and investigation when there are reasonable grounds for believing a child is at risk of significant harm through abuse or neglect. This is commonly called 'Children's Services' in many local authorities, and was formerly known as 'Social Services'.

### **Child Protection**

The process of protecting individual children is identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

### **Safeguarding and promoting the welfare of children**

The process of protecting children from abuse or neglect, preventing impairment of their health or development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.

### **Well-Being**

Section 10 of the Children Act 2004 requires local authorities and other specified agencies to co-operate with a view to improving the well being of children in relation to the 5 'Every Child Matters' outcomes.

## Appendix 2: Definitions of Child Abuse and Neglect

### Child abuse and neglect

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults or another child or children. The following categories are used to determine, whether abuse has taken place or likely, and to decide whether a child should become the subject of a child protection plan.

**Physical Abuse** - may involve 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.

**Emotional Abuse** - is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental 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 child. It may involve serious 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, though it may occur alone.

**Sexual Abuse** - involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**Neglect** - is the persistent failure to meet a child's basic physical and/or psychological 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 inadequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Appendix 3: Signs of Child Abuse and Neglect

These lists are a guide of some of the common signs that can indicate that a child is being abused or neglected. A child may, however, show none of these signs, yet still have been abused, or, conversely, display one of these symptoms yet not have been abused. If you have concerns that a child may have been abused, or are in any doubt about whether a child is being ill-treated, you should consult with your manager or designated senior person and if necessary follow the child protection procedures for your agency.

### Physical Abuse

- ✦ Injuries that are not adequately explained by the child
- ✦ Contradictory or inadequate explanation of the injury by the child's parent or carer
- ✦ Current bruising/injury, with a long history of bruises and accidents
- ✦ Injuries getting progressively worse, or occurring in a time pattern (for example, every Monday, or after visits to...)
- ✦ Arms and legs kept covered in hot weather
- ✦ Fear of parents being contacted
- ✦ Self-destructive tendencies
- ✦ 'grip' marks on arms (may include severe shaking) or 'slap' markings (especially cheeks, buttocks, arms or legs)
- ✦ Long marks which could be from a belt or cane
- ✦ Stub marks that might be from a cigarette
- ✦ Bruising on both side of the ear.
- ✦ Any 'symmetrical' bruising or suspicious teeth marks from a bite.
- ✦ Scalding to both soles of the feet which may suggest deliberate 'dipping'
- ✦ Bruised eyes, especially if both at once. (A doctor can usually tell whether the bruised eye is spread bruising from an accidental bump to the nose, or if it is more likely to have been caused by the result of a punch)
- ✦ Constant attention seeking
- ✦ Over-pleasing/compliant behaviour/ 'frozen watchfulness'
- ✦ Chronic running away
- ✦ Reluctant to go home at the end of a session, especially at weekends.

### Bruises

A bruise should never be interpreted in isolation and must always be assessed in context  
Bruising that suggests the possibility of physical child abuse includes

- ✦ Babies or children who are not independently mobile
- ✦ Seen away from bony prominences
- ✦ To the face, back, abdomen, arms, buttocks, ears or hands
- ✦ Multiple bruises in clusters
- ✦ Multiple bruises of uniform shape
- ✦ Carry and imprint- of and implement or cord.

### Emotional Abuse

- ✦ Physical, mental and emotional development delays
- ✦ Difficulties concentrating or coping at school
- ✦ Admission of punishment appears excessive
- ✦ Over-reaction to mistakes
- ✦ Sudden speech disorders
- ✦ Fear or new situations
- ✦ Inappropriate behaviour (e.g. rocking, hair-twisting, thumb-sucking)
- ✦ Self-mutilation
- ✦ Fear of parents being contacted extremes of passivity or aggression
- ✦ Alcohol/drug/solvent misuse
- ✦ Chronic running-away
- ✦ Compulsive stealing
- ✦ Scavenging for food or clothes

## Sexual Abuse

- ✦ What the child tells you
- ✦ Young children who 'act out' by behaving in a sexualised way with others (e.g. simulating intercourse, grabbing genitals)
- ✦ Repeated open masturbation
- ✦ Draw sexually explicit pictures depicting some act of abuse, or write about sexual matters
- ✦ Have terrifying dreams
- ✦ Start wetting themselves
- ✦ Have poor self-image, self mutilate
- ✦ Act in a sexually inappropriate way towards adults
- ✦ Running away
- ✦ Unhappy, isolated
- ✦ Aggressive eruptions/tantrums (still occurring after the age of three)
- ✦ Urinary infections
- ✦ Vaginal discharge
- ✦ Pregnancy
- ✦ Presence of sexually transmitted disease on genitals or throat (N.B. cannot be caught from sharing sheets with an infected adult)
- ✦ Anorexia, bulimia, or excessive 'comfort eating'
- ✦ Dislike of specific foods which may remind the child of bodily fluids, or genitals
- ✦ Reluctant to go home at the end of a session or respite, especially at weekends

## Neglect

- ✦ Looks extra thin and poorly
- ✦ Well below average in height and weight; 'failure to thrive'
- ✦ Poor diet (NB this includes over feeding as well as under feeding)
- ✦ Complains of hunger, lacking energy
- ✦ Has untreated nappy rash or other condition/injury which is left untreated.
- ✦ Has repeated accidents, especially burns
- ✦ Left alone at home inappropriately
- ✦ Repeatedly unwashed, smelly
- ✦ Speech delay
- ✦ Destructive tendencies
- ✦ Chronic running away
- ✦ Inability to play
- ✦ No social relationships
- ✦ Neurotic behaviour (for example; rocking, hair twisting, thumb-sucking)
- ✦ Reluctant to go home at the end of a session, especially at weekends.

## Some Pointers on responding to children

- ✦ Accept what is being said without showing shock, or disbelief. Try to remain as calm as possible, particularly with the child.
- ✦ Do not 'interview' the child in detail
- ✦ You should avoid leading questions that could point the child towards giving a particular answer
- ✦ Sometimes children make ambiguous statements and you may need to clarify basic information. It is helpful to clarify what, if anything, the child is saying, and then if appropriate who was involved, as well as when and where did the alleged harm take place.
- ✦ Don't promise confidentiality; you have a duty to refer. Reassure the child, but only so far as is honest and reliable.
- ✦ Make sure you have someone you can talk through things through with. Remember to make sure that the person you speak to should be someone from within your organisation or another agency which has direct involvement with the case, who will maintain appropriate confidentiality.
- ✦ Explain what you have to do next and who you have to talk to.
- ✦ Ask the child if they have any questions or concerns
- ✦ Make an accurate written record as soon as possible. This should clearly distinguish what you saw and heard from your opinion about this information. You should also keep any rough notes you may have made.