



## Child Protection Standard Operating Procedure

### Objective(s)

To ensure appropriate responses are made to any child protection issues

### Scope

N°	What	How	When	Who
1	Ensure school has a designated senior person and a governor for child protection	Headteacher appointment	Every year	Headteacher
		Publicise in publications and on website		
2	All staff receive appropriate CP training	Input at staff inset	Beginning of each year	Designated teacher/ CPD Manager
		LSCB training for key care and guidance team		
3	CP and safeguarding to be included within induction for new staff	As one of many structures sessions	Soon after the start of the year	Manager of CPD

4	Be alert to signs of abuse and refer any concerns on to designated senior person responsible for child protection	Contact through care and guidance managers	Immediately	All staff
5	Notify appropriate agencies where there is concern about the needs or safety of students	Phone call to DAT and follow up with written letter	At once if danger	Care and guidance staff
6	Notify social services if there is an unexplained absence of any student on the CP register	Phone call to DAT	After 2 days absence at most	Attendance administration
7	Keep written records of concerns about children and ensure these are kept separate from the main student file and in locked locations	Either paper files in locked cabinet or password protected computer files	As situations occur	Care and guidance staff under supervision of designated teacher

### Other Useful Information

See Guidance on Supporting Evidence

**Audit**

**Review**

**Author**

David Brown  
Assistant Headteacher - Induction Intervention & Inclusion

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## Appendix i

### Identifying possible signs of abuse

Even experienced professionals working in child protection do not always find it easy to recognise the signs of abuse. When you start to have suspicions, your first reaction may be shock, anger or disbelief. You may also feel unhappy about reporting a case if you fear there may be an innocent explanation after all. But remember, it is not your direct responsibility to determine whether a child has been abused or not or whether someone poses a real risk to children. Your responsibility is to act on your concerns, or those raised with you, by passing them on to the designated teacher or the care and guidance team so that action can be taken if necessary.

Don't forget that once you have reported your suspicions, professionals trained in identifying child abuse will carry out many other checks. The authorities will not blame you, or be annoyed that you have wasted their time, if your suspicions turn out to be groundless - they would far rather you alerted them unnecessarily than fail to protect a child who was being abused.

If you are concerned about a child you need to consider both of the following points. Firstly, there are physical signs and behavioural signs. If you are in regular contact with a child, your knowledge of them over time will help you assess whether a change in behaviour or physical appearance is significant - and you should not ignore what your judgement is telling you. Secondly, you also need to consider the child's age and understanding, particularly in regard to sexual abuse.

If a child is showing several of the signs listed on the following pages, you should seriously consider the possibility that abuse or exploitation is taking place and follow Ratton's procedures.

### **Physical abuse**

Bruising is strongly related to mobility. Most children other than babies collect cuts and bruises quite routinely, as part of the rough and tumble of daily life. This makes it difficult to spot cuts and bruises that are not accidental. There are some patterns of bruising that may mean abuse has taken place - for example, bruises on soft parts of the body, bruising to the head and defensive bruises. Physical abuse may have occurred when the injuries fall into one or more of the following categories.

#### **Physical signs**

- injuries which the child cannot explain, or explains unconvincingly
- injuries which have not been treated or have been treated inadequately
- injuries on parts of the body where accidental injury is unlikely, such as the cheeks, chest or thighs
- bruising which reflects hand or finger marks
- cigarette burns
- human bite marks
- broken bones (particularly in children under the age of two)
- scalds, especially those with upward splash marks where hot water has been deliberately thrown over the child, or 'tide marks' - rings on the child's arms, legs or body where the child has been made to sit or stand in very hot water.

Disabled children are more vulnerable to having the signs and indicators of abuse missed because their disability may be used as an explanation. For example, a child who uses a wheelchair may have extensive bruising, but this may be explained away

by the fact they fell out of their chair when actually they have been beaten.

### **Behavioural signs**

- reluctance to have their parents contacted
- aggressive behaviour or severe temper outbursts
- running away or showing fear of going home/attending childcare or education setting
- reluctance to approach staff in the setting
- flinching when approached or touched
- reluctance to get undressed for sporting or other activities where changing into other clothes is normal
- covering arms and legs even when hot
- distress, depression or moods which are out of character with the child's general behaviour
- unnatural compliance with parents, carers or staff.

### **Sexual abuse**

Girls and boys of all ages can be victims of sexual abuse. Several factors combine to make this type of abuse difficult to identify. Most acts of abuse (but not all) are likely to happen in private and child abusers go to incredible lengths to prevent discovery. The child is often threatened to keep silent, and many children feel such a strong sense of guilt and shame that they are reluctant to speak about what has happened to them. Children forced to take part in the production of abusive images or into prostitution will be most susceptible to these forces. Nevertheless, there are some clues to sexual abuse which need to be considered in light of the age and developmental understanding of the child.

### **Physical signs**

- pain, itching, bruising or bleeding in the genital or anal areas
- any sexually transmitted disease
- recurrent genital discharge or urinary tract infections without apparent cause
- stomach pains or discomfort when the child is walking or sitting down

- pregnancy.

### **Behavioural signs**

- sudden or unexplained changes in behaviour
- an apparent fear of someone
- running away from home
- nightmares or bedwetting
- self-harm, self-mutilation or attempts at suicide
- abuse of drugs or other substances
- eating disorders such as anorexia or bulimia
- sexualised behaviour or knowledge in young children
- sexual drawings or language
- possession of unexplained amounts of money
- taking a parental role at home and functioning beyond their age level
- not being allowed to have friends (particularly in adolescence)
- alluding to secrets which they cannot reveal
- telling other children or adults about the abuse
- reluctance to get undressed for sporting or other activities where changing into other clothes is normal.

With babies, young children or disabled children - who have little, or different, means of communication - it may be much more difficult for you to recognise indicators of sexual abuse. And they may not have the understanding to know that what is happening to them is wrong or have the language to communicate this.

### **Neglect**

Neglect is a very difficult form of child abuse to recognise. It is often seen as less serious than other forms of abuse, but its effects can be very damaging. Children who are neglected often develop more slowly than others and find it hard to make friends and/or fit in with their peer group.

A child suffering from neglect may show any of the following signs -

### **Physical signs**

- being constantly hungry and sometimes stealing food from others
- being in an unkempt state; frequently dirty or smelly
- loss of weight or being constantly underweight
- being dressed inappropriately for the weather conditions
- untreated medical conditions - not being taken for medical treatment for illnesses or injuries.

### **Behavioural signs**

- being tired all the time
- frequently missing day care/school or being late
- failing to keep hospital or medical appointments
- having few friends
- being left alone or unsupervised on a regular basis
- compulsive stealing or scavenging, especially of food.

### **Emotional abuse**

As with sexual abuse, emotional abuse is hard to identify with certainty. Some children are by nature shy and find it difficult to be outgoing and confident, and this does not mean that they are being abused.

### **Physical signs**

- a failure to grow or to thrive (particularly if the child thrives when away from home)
- sudden speech disorders
- delayed development, either physical or emotional.

### **Behavioural signs**

- excessive crying which is out of character with a baby's general behaviour
- compulsive nervous behaviour such as hair-twisting or rocking
- an unwillingness or inability to play
- an excessive fear of making mistakes
- self-harm or self-mutilation
- reluctance to have parents contacted
- an excessive deference towards others, especially adults
- an excessive lack of confidence
- an excessive need for approval, attention and affection
- an inability to cope with praise.

### **Bullying**

Bullying may present as a problem in its own right or it may exist as a factor within a broader picture of concern. When considering allegations that bullying may be taking place within an educational or care setting, the perception of the child or children is an important reference point. The following may lead you to believe bullying has taken place.

#### **A child may:**

- be frightened of walking to and from school
- change their usual route
- not want to go on the school bus
- beg to be driven to school
- be unwilling to go to school (or be 'school phobic') or go to their childcare setting
- feel ill in the mornings
- begin truanting
- begin doing poorly in their school work
- come home regularly with clothes or books destroyed

- come home starving (bully taking dinner money)
- become withdrawn, start stammering, lack confidence
- become distressed and anxious, stop eating
- attempt or threaten suicide
- cry themselves to sleep, have nightmares
- have their possessions go missing
- ask for money or start stealing (to pay the bully)
- continually 'lose' their pocket money
- refuse to talk about what's wrong
- have unexplained bruises, cuts, scratches
- begin to bully other children, siblings
- become aggressive and unreasonable
- give improbable excuses for any of the above.

## Appendix ii

### How to respond if a child confides in you

It can take a great deal of courage for a child to talk to an adult about their abuse because the child is telling on someone who is more powerful than he or she are. The child often learns to be very good at covering up the abuse and is able to give plausible explanations for what has happened. The child may be risking a great deal in the hope that you will believe what he or she says.

### **These are some helpful responses**

- Remain calm, accessible and receptive.
- Listen carefully, without interrupting.
- Be aware of your own non-verbal messages.

- Make it clear that you are taking him or her seriously.
- Acknowledge the child's courage and reassure he or she that they are right to tell.
- Reassure the child that he or she should not feel guilty and that you're sorry that this has happened to him or her.
- Let the child know that you are going to do everything you can to help him or her and what may happen as a result.
- Be clear that you will have to share what he or she has told you with specific others but that everything will be done to maintain confidentiality.
- Make a note of what was said and who was present.
- Use the child's actual words wherever possible.
- Ensure that an appropriate person is found to help him or her communicate if a child has a different first language or communication difficulties.

**These are things to avoid. Do not -**

- allow your shock or distaste to show
- probe for more information than is offered
- speculate or make assumptions
- make negative comments about the alleged abuser
- make any promises that you cannot keep - eg, promising that 'everything will be alright'
- agree to keep the information a secret
- express disbelief in what the child is saying
- try to investigate or question the child, except to clarify what you have heard - particularly important in cases of sexual abuse.

After discussion with the child, follow the actions set out in the safeguarding policy and procedures but, remember, never delay emergency action to protect a child.