



CHILD PROTECTION AND SAFEGUARDING

INTRODUCTION

The Roman Ridge School fully recognises its legal duty to work with other agencies in protecting children from harm and responding to abuse. All members of staff, including temporary staff and volunteers, are made aware of child protection and safeguarding procedures. All children at The Roman Ridge School are helped to feel secure and know that there are adults in the school whom they can approach if they are worried and know that they will be listened to. As a school, we will ensure that arrangements are in place for all reasonable measures to be taken to minimise the risks of harm to children's welfare.

AIMS

In order to protect our children, we aim to:-

- Create an atmosphere where all our children can feel secure, valued and listened to
- Recognise the signs and symptoms of abuse
- Respond quickly and effectively to cases of suspected abuse and to requests for information from external agencies
- Monitor and support children at risk
- Use the curriculum to raise children's awareness, build confidence and skills
- Work closely with parents/guardians and support external agencies
- Ensure that all adults within our school have been made aware of child protection and safeguarding procedures

We recognise that some children may be the victims of neglect, physical, sexual or emotional abuse. Staff of the school will often, by virtue of their day to day contact and knowledge of the children, be well placed to identify such abuse and offer support to children in need.

The Roman Ridge School ensures that young people are protected from possible abuse from those adults who are responsible for their care in the school, through its procedures for recruitment, through staff training and new staff induction. Our staff are informed of how to recognise child abuse and what to do if child abuse is suspected.

Staff adopt an open and accepting attitude towards pupils as part of their responsibility for pastoral care. Child protection issues may be addressed through the curriculum as appropriate, especially in PSHE and during Circle Time/Form Period. We hope that parents and pupils feel free to talk about any concerns and see the school as a safe place if there are any difficulties at home. Pupils' worries and fears will be taken seriously if they seek help from a member of staff. However, staff cannot guarantee confidentiality if concerns are such that referral must be made to the appropriate agencies in order to safeguard the child's welfare.

Staff who observe injuries, which appear to be non-accidental or significant change in pupil's behaviour, or who are told anything significant related to child protection by a pupil must report their concerns immediately. School staff do NOT carry out investigations themselves, nor decide whether children have been abused. All concerns must be referred to Management.

CHILD ABUSE

Child Abuse is the ill treatment or neglect of a child which causes injury, suffering or distress. It may be PHYSICAL (e.g. hitting, burning, bruising, scalding or poisoning). It may be neglect through lack of proper care, food, shelter or cleanliness. If a child is not properly loved, is excessively teased, over-protected or not allowed to do normal things there may be EMOTIONAL abuse. SEXUAL abuse is the involvement of emotionally immature or dependent children in sexual activity to which they cannot give consent and which they do not understand. It is much more common than was believed and can have serious and long-term damaging effects both emotionally and physically. Most sexual abuse involves an adult male who is very well known to the child, possibly a close relative or family friend.

Anyone who cares for a child may be responsible for abuse. Parents, step-parents, baby-sitters, brothers and sisters, other relatives and people in positions of responsibility have all been known to be abusers. Usually the abuser is well known to the child.

Staff must immediately inform Management if they suspect a child is the victim of abuse, even if there is no proof or evidence. Sometimes children will tell an adult they trust that they are being abused, but will ask that no one else is told. Staff are advised that they must explain to the child that they can only help them by telling Management. Staff are encouraged to always believe the child and inform Management, even if the allegations seem far-fetched.

Dealing with suspicions

Any suspicions that a child has been injured or ill-treated, or is being neglected or otherwise abused, must be discussed with Management at once. Staff are advised that it is always better to share a concern which later proves groundless than to wait for certainty which may mean actual injury to the child.

It may be appropriate to enquire from other members of staff if they have observed anything amiss with the child. Sometimes it will be right to make enquiries of parents about an observable injury or behavioural change. Such enquiries, carried out by Management, are neither investigations nor accusations. Previous schools attended by the child may have helpful information. Brief, but careful notes should be made by whoever is consulted. If possible the actual words used by the parents should be noted, especially when they are explaining the cause of an injury.

These discussions and enquiries may lead to one of these conclusions:

- The suspicion was unfounded, in which case the notes should be preserved and the member of staff asked to come back to Management if there is any further suspicion.
- The suspicion was probably or definitely well founded and the child should receive help.
- The suspicion was probably or possibly well founded but, while concern remains, there is nothing tangible with which to take the matter further. These are the most difficult cases. A close eye should be kept on the child observing any changes in behaviour or any other abnormality. When a child leaves, any notes should be passed on to the next school.

Recognition of Child Abuse

Child abuse to be reported includes abuse of a pupil by a staff member or other adult, abuse at home (which a pupil reports to staff), abuse by a stranger outside school and abuse of one pupil by another. The key issues identifying the problem as abuse rather than an isolated instance of bullying considered within normal bounds in the school community are:-

- The frequency, nature and severity of the incident(s).
- Whether the victim was coerced by physical force, fear or by a pupil or group of pupils

Child abuse can be physical, sexual, emotional or take the form of neglect. Recognition of signs and symptoms is dependent upon professionals being open to the possibility of non-accidental injury or other forms of abuse and sharing possible concerns. It is the responsibility of staff to report concerns, not to decide whether it is child abuse or not. All members of staff should be alert to the possibility of signs of abuse by a parent, sibling, other relatives, carers, acquaintances, strangers and other pupils.

Categories of abuse

i. Physical Abuse- 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.

ii. Emotional Abuse - 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 in so far 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. It may involve serious bullying causing children frequently to feel frightened or in danger (see Anti-Bullying Policy for procedures) 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.

iii. Sexual Abuse- 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 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. The involvement of a child in electronic sexual material.

iv. Neglect- 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 adequate food or clothing, shelter, including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate carers or the 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.

Signs and Symptoms

The following signs may or may not be indications that abuse has taken place, but the possibility should be considered. Many symptoms of distress can point to abuse, but there may be alternative explanations.

i) Signs of Physical Abuse

Some types of bruising are particularly characteristic of non-accidental injury, such as:

- Hand slap marks
- Marks from an implement
- Pinch or grab marks
- Grip marks as this could indicate that the child has been shaken
- Bruising to breast, buttocks, lower abdomen, thighs and around genital or anal area.
- Pattern of timing of bruises, eg after weekend. Bruising may be faint or severe as some children bruise more easily than others.

Some accidental injuries may also be significant if children had had accidents because they have not been provided with a safe environment. This will link with neglect.

Other injuries that may be significant include:

- Burns especially inside the mouth, inside of arms, on genitals
- Scalds especially where child appears to have been 'dipped' in a hot bath
- Cigarette burns or burns with an object, eg iron
- Bite marks
- Evidence of old or repeated fractures
- Unexplained, recurrent injuries even in initially they seem accidental

The parents or child reaction to the injury can also be significant including:

- Refusal to discuss injury or improbable explanation
- Untreated injuries, refusal to accept medical help

The child's behaviour can also be significant including

- Shrinking from physical contact
- Jumping at unexpected loud noises
- Unwilling to undress for PE, swimming etc
- Unwilling to go home at the end of the day
- Panic/fear of school contacting parents if child misbehaves
- Running away from home

ii) Signs of Emotional Abuse

Emotional abuse can occur by itself but physical abuse, sexual abuse and neglect cannot be separated from emotional abuse. A child who is being emotionally abused may show some of these signs:

- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm, mutilation, cutting, biting
- Compulsive stealing / scrounging
- Drug / solvent abuse
- Obsessive rocking / thumb sucking
- Air of detachment, social isolation - no friends. If siblings attend same school they tend to just play with siblings
- Child who doesn't trust anyone
- Desperate attention seeking behaviour, desperate to please / seek approval
- Frightened child, overly compliant or watchful attitude
- Developmental delay
- Eating disorders
- Depression, withdrawn
- Sleep disturbances

Many symptoms are common to all types of abuse. Emotional abuse will always be present with one of the other categories. Some symptoms will be part of children's behaviour - you know your children so look for changes and patterns of change. Talk to other members of staff - gather information and monitor.

iii) Signs of Possible Sexual Abuse

- Any allegations made by a child concerning sexual abuse.
- Child with excessive preoccupation with sexual matters, and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate 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.
- Eating disorders – Anorexia/ Bulimia

iv) Signs of Neglect

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis which draws attention to the family. It is repeated, persistent neglectful behaviour which causes incremental damage.

The most common indicators are:

- The child is left alone or inappropriately supervised
- Failure to provide an adequate diet, eg malnutrition, constant hunger/asking for food at school, binge eating/gorging when food available, stealing/hoarding food, taking food from bins, child is underweight
- Poor parent/child relationship including whether the child's day-to-day life has routines which help them develop security
- Poor peer relationships
- Poor level of stimulation, eg withdrawn/over placid, rocking, poor communication skills, poor attendance or non-attendance to school
- Inappropriate sleeping patterns, eg constant tiredness
- Developmental delay
- Failure to attend routine medical examinations or immunisations
- Failure to attend to child's medical needs particularly in relation to vision and hearing, refusal of appropriate medical treatment
- Frequent accidents caused by inadequate supervision
- Child caring for self, siblings or parents including poor personal hygiene, inappropriate / inadequate clothing

DEALING WITH DISCLOSURE FROM A CHILD

Any adult who has contact with children may receive a disclosure. A disclosure can be deliberate on the part of a child (ie. they intend to tell someone or may be accidental, they reveal something without being aware of the impact.) Whether the disclosure is deliberate or unintentional it is important that whoever hears the disclosure deals with the information in the following way:

Receive	Listen, remain neutral, accept what the child says
Reassure	Stay calm, assure the child they have done the right thing, don't, make promises (including confidentiality), alleviate feelings of guilt and shame, empathise with the child.
React	Use only open questions, don't criticise the perpetrator, explain what happens next, inform Management
Record	Make notes as accurate as possible, write up as soon as possible, keep notes safe, be objective.
Support	Create space and time for child throughout and afterwards process, get support for yourself.

Points to remember

Examples of open questions

- Has something happened to you?
- Can you tell me what happened?
- Where did it happen?
- When did it happen?
- Was anyone else there?
- Tell me about it in your own words

As soon as you put a time, place, person or an emotion into the question, it becomes a leading question.

Examples of leading questions

- Was it your dad that hit you?
- Does your brother bully you?
- Did it happen at home?
- So that must have upset you?

Remember:

- Recording should be verbatim using the actual words of the child and noting any questions the child raises. Make notes as soon as possible.
- Note dates, time, who was present, positions in the room, anything factual about the child's appearance.
- These notes must be kept secure as they may be needed later.
- If possible use a silent witness to record clearly and verify.
- Check notes with the child.
- Always sign and date notes.
- It is the member of staff who writes the notes. The child cannot write the notes.

Never:

- Take photographs
- Arrange medical examination
- Attempt a medical judgement
- Remove clothing
- Tape record or video an interview
- Interview children in groups
- Ask child to write or draw their concerns (unless unable to disclose with you otherwise)

Confidentiality

All members of the school staff must know that they can NEVER promise complete confidentiality to a child. However, that does not mean that people can tell everyone in the school about a disclosure. Staff should only pass any information onto Management but do not tell anyone else. Management will inform other staff IF they NEED to know any information about the child (this is different from people wanting to know).

All children in the school should know that school staff cannot promise complete confidentiality.

It is most important that anyone concerned with a suspected case of abuse maintains confidentiality at all times on a 'need to know' basis. Management should be informed under arrangements outlined below by the person suspecting abuse, who will discuss who else should be informed.

Referring a child who has been abused

If urgent medical assistance is needed, it must be sought through Management as for any other pupil. In doing so, the doctor must be informed that it is believed that the child has been abused. If a medical examination is deemed necessary, the parents should be informed and invited to attend. However, Management may proceed without the parents if they cannot attend or be contacted.

Cases of Sexual Abuse

When a child makes an allegation of sexual abuse he or she must be believed. Evidence clearly points to the veracity of children who make such claims. Even if the allegation seems improbable, it must be treated as if true. When the allegation involves a member of the child's household, it is not appropriate to inform the pupil's parents immediately. To do so may allow the destruction of physical evidence and interfere with any investigation.

Normal protection procedures do not apply and any response should be left to Management. Where necessary as part of the investigation, a medical examination will be carried out by a paediatrician and a police and a police surgeon. Although teachers are not normally involved in this aspect of the procedure, they may be asked to give their support to the child and if possible, should agree to do so. Sometimes a child will disclose sexual abuse but ask that the adult does not tell anyone. That is an untenable position in which responsibility is shared but nothing is done to protect the child or other children. Such a request should be countered with a response that if the child is to be protected it will be necessary to tell others who can help.

Abuse by staff

If any member of the staff, teaching or non-teaching, has reason to believe that a member of the school staff has abused a pupil, that suspicion must be reported to the Principal immediately. Such suspicion may arise from an allegation by a pupil or from observed behaviour. Even though it seems improbable, the risk is too serious for any member of staff to dismiss such a suspicion without informing Management.

SUMMARY OF ACTION IN CASES OF SUSPECTED CHILD ABUSE

1. Introduction

All members of staff should be alert to the possibility of signs of abuse by a parent, sibling, other relatives, carers, acquaintances, strangers and other pupils. Abuse may be by:

NEGLECT

PHYSICAL ABUSE

SEXUAL ABUSE

EMOTIONAL ABUSE

CHILD AT RISK

2. Confidentiality

It is most important that anyone concerned with a suspected case of abuse maintains confidentiality at all times on a 'need to know' basis. Management should be informed under arrangements in sub-section 4 below by the person suspecting abuse, who will discuss who else should be informed.

3. Designated Person

The Principal is the school's contact for liaison with any outside agencies in cases of suspected abuse. All cases should, therefore, be referred to the Principal in the first instance.

4. Initial Actions and Procedural Advice

- a) Whenever any member of the school staff has reason to suspect that a pupil may have suffered abuse, Management **MUST** at once be informed. In general, proceed as below.
- b) In the first instance, the staff member directly involved, has a duty to listen to the child - to provide reassurance and to record the child's statements, in the presence of a second person, preferably Management. They must not probe or put words into the child's mouth. They must respect the confidential nature of this duty and pass the information to Management as soon as possible if the interview takes place without him being present.
- c) Because bruising or other signs may quickly begin to fade, expert diagnosis may need to be arranged urgently. Management will organise this.

5. Review

This procedure will be reviewed annually