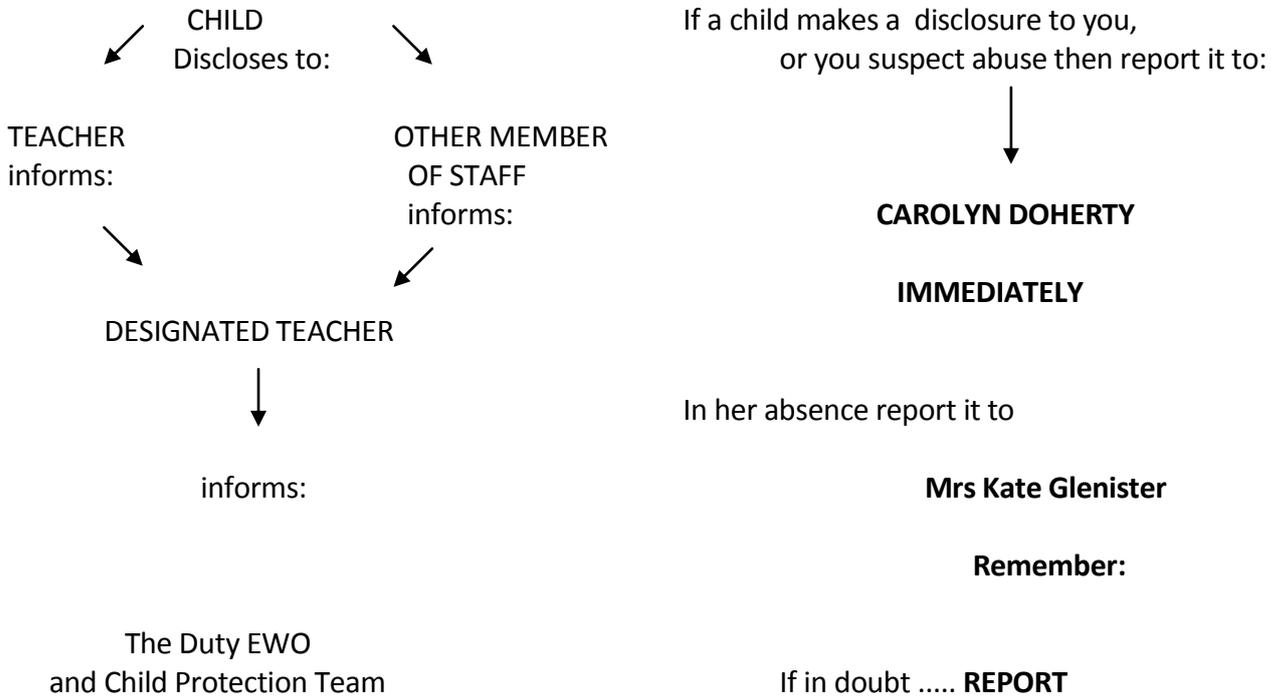




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Procedure for dealing with suspected child abuse



If a child discloses to you, the important DO'S and DON'Ts are:

- | | |
|---|-----------------------------|
| DO reassure the child | DON'T question, just listen |
| DO accept the information freely | DON'T look shocked |
| DO give the child space and time | DON'T make judgements |
| DO tell the child that you must pass on the information | DON'T make promises |
| DO act quickly | DON'T involve anyone else |

**The safety of the child is of paramount importance
and must over-ride ALL other considerations**

A general definition of abuse of a child is as follows:

- making a child feel unwanted, ugly, worthless, guilty, unloved (emotional abuse)
- being physically violent to a child (physical abuse)
- exploiting a child sexually (sexual abuse)
- failing to provide the things needed for a child to grow (neglect)

AIMS OF THE POLICY

For the child:

- To protect the child
- To prevent further abuse
- To provide an atmosphere of support
- To provide learning opportunities for pupils to become equipped with strategies to keep themselves safe
- To teach pupils how to tell an adult if they are suffering abuse or are 'at risk'

For the Staff:

- To ensure all staff are familiar with the procedures
- To ensure all staff understand and support the policy
- To encourage staff to have faith that they have indeed heard what they have been told
- To help staff communicate on sensitive issues.

For the School:

- To have a clear, workable, well communicated procedure which staff feel confident in using and which protects the children.

Child Abuse is Distressing for Everyone Concerned

Introduction

It is important that all staff (teaching and non-teaching) are familiar with this policy.

Every member of staff (teaching and non-teaching) has a responsibility to be alert to the possibility that a pupil may have been, or may be at risk of being abused.

- The safety of the CHILD is of paramount importance and must override all other considerations. If you have cause for concern, it is crucial that you take action which will result in protection for the child.
- All adults have a responsibility to protect each child from abuse; this means that if you have a concern about a child you should talk to the designated teacher for child protection – Carolyn Doherty. In her absence you should talk to Kate Glenister
- That the designated teacher is the person with whom all staff should make direct contact as soon as they have a concern about a child.
- The Bedfordshire and Luton Area Manual of Child Protection Procedures is kept in the Headteacher's room.

See: The appendices Pages 155-158 for Indicators of Child Abuse
Part 1 Section 7 for information about the Child Protection Conference

REMEMBER

- **No child is immune from abuse: physical, emotional, sexual abuse or neglect. Since we all work closely with children, it is important that we are alert to the earliest signs of abuse.**
- **Please respect a child's right to confidentiality so that only the people who need to know are a party to details of any abuse to that child.**

PROCEDURES TO REMEMBER

If you have any reason to suspect that a child has been abused you should:

Report to the designated teacher immediately

Listen and ask only the minimum of questions but note that in the case of child sexual abuse

- NO questioning should take place
- It is the role of all of us to clarify issues - not to establish certainty.

It is the role of Police and Social Services to investigate

We must take care not to ask questions which are not relevant to our role and responsibility for the child and which may also prejudice any action

The Police or others may wish to talk about any offence someone may have committed.

THE CHILD MUST NOT BE QUESTIONED IN DETAIL

Reassure the child it is not his/her fault

Tell the child you need to talk and get advice from someone else

Do not delay talking to the designated teacher about your concern, early referral gives others more time to make good arrangements to protect the child better

Make a written note of the details as soon as possible mentioning any injuries that you became aware of when the child was talking to you - this is likely to ensure accuracy in recalling events later if this should be necessary.

Other adults or children may tell you that a child causes them concern. If this happens, you should still report it to the designated teacher immediately.

What Will Happen Next?

- Although the designated teacher takes overall responsibility for co-ordinating the case within school, the member of staff who first reported the case will be kept as fully involved as possible, and the Headteacher and Class Teacher will be given the necessary information.
- Information about a case of child abuse will be confined to the member of staff who identified the abuse or was the subject of the disclosure and the Designated Teacher initially. The Class Teacher will be kept informed to enable the child to be fully supported. The Designated Teacher will follow the guidance in the 'Manual of Child Protection Procedures'.
- The Designated Teacher will decide on the action to take. This may include a discussion with 'team' members; questioning* the pupil to determine the cause for concern; contacting parents; referral to the Child Protection Team.
- NBquestioning will not take place in cases of suspected sexual abuse
- You may be contacted directly by someone from outside the school.

Do please ensure that the designated teacher for child protection is aware that you have been contacted and seek her guidance before you give information or take action.

Take details of the caller and arrange to phone them back.

Remember to care for your colleagues when they are involved in any way in such a case - you do not need to have access to all the details to care for a colleague who may be under stress.

Interview Principles

- In cases of suspected sexual abuse no interviews are to be conducted by school staff. Interviews in such cases will be carried out by a social worker and/or a police officer after referral to Social Services.
- The decision to interview in cases of abuse other than sexual abuse will rest with the Designated Teacher. In these cases any interview with child or parents should involve two

members of staff.

- Questions must be kept to a minimum and should be limited to establishing cause for concern.

When sexual abuse is suspected or known the child should not be interviewed by a member of staff. Questioning may prejudice a court case. The child should be asked to tell the account as few times as possible.

DEFINITIONS OF CHILD ABUSE

1 Child

For the purpose of the guidelines and procedures for dealing with child abuse, a child is defined as any child or young person under 17 years of age. This age limit is defined by the age at which care proceeding may be initiated. (It may be appropriate to apply the principles of investigation and assessment outlined in these procedures to other vulnerable young people).

The following definitions are taken from the Department of Health documents "WORKING TOGETHER 1991".

2 Child Abuse**a) Emotional Abuse**

Is the persistent or severe emotional ill treatment of a child which has a severe adverse affect on the behaviour and emotional development of that child

b) Neglect

Is the persistent or severe neglect of a child which results in serious impairment of that child's health or development

- i) This may be by exposure to danger or by repeated failure to attend to the physical and developmental needs of the child
- ii) Non-organic failure to thrive may result from neglect of a child but always requires medical diagnosis

c) Physical Abuse

Is a physical injury to the child, where there is definite knowledge, or a reasonable suspicion, that the injury was inflicted or knowingly not prevented

This includes, for example, deliberate poisoning, attempted drowning or smothering

d) Sexual Abuse

Is the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not fully comprehend to which they are unable to give informed consent, that violate the social taboos or family life which has been knowingly not prevented by the carer.

These categories of abuse are not necessarily exhaustive nor are they mutually exclusive, as all of them may result in the failure of the child to thrive.

Organised abuse is any form of planned abuse which involves a group of adults in the abuse of children. It is likely that more than one form of abuse as defined above would be involved. Ritual abuse and Satanic abuse are both forms of organised abuse which are characterised by the development of a belief system which induces children to participate through fear.

The term "Child Abuse" in the guide is intended to cover all these categories. Professional staff need to consider systematically whether all or some of these categories of abuse are present, as well as the degree to which they are present, in the situation faced by each child in the household.

INDICATORS OF CHILD ABUSE

Studies of cases of child abuse have shown that certain factors are frequently found; their presence in any given situation is not "proof" that child abuse has occurred, but it may be an indication of the need for careful assessment.

IN GENERAL

- 1 The explanation given is not compatible with the injury, or the child is said to have acted in a way that is inappropriate to its age and development, or several differing explanations are given.
- 2 There is an unexplained delay in seeking treatment.
- 3 The child is presented for medical treatment by anybody other than its parents without good reason.
- 4 The parents seem uninterested and undisturbed by the accident.
- 5 The child appears frightened of their parents.
- 6 Repeated presentation of minor injuries may represent a "cry for help" which, if ignored, may lead to more serious injury.
- 7 The family has attended clinics or surgeries unusually frequently or the family repeatedly make use of different casualty department or general practitioners.
- 8 Persistent avoidance of child health surveillance services and avoidance of treatment of episodic illnesses.
- 9 Consent for further medical investigation is refused.
- 10 A third party (eg another child) is blamed for the injury.
- 11 The parents cannot be found or the adult with the child is intoxicated or violent, or the child appears to have been abandoned by the parents.
- 12 There is a reluctance to give information or failure to mention previous injuries known to have occurred.
- 13 Attention is sought for other problem unrelated to the injury, or the injury is not even mentioned.
- 14 The child looks underweight or neglected or shows "frozen watchfulness".
- 15 Severe feeding problems (including eating disorders in the mother). A failure to thrive in the child.
- 16 Inappropriate response of parent to persistent crying.
- 17 Concealed pregnancy or the avoidance of an assisted birth.

FRACTURES

A fracture should be suspected:

- 1 If there is failure to move a limb.
- 2 If there is pain, swelling and discoloration over a bone or joint.

A Non-Accidental Fracture should be suspected:

- 3 If an absent or inconsistent history with the type of fracture is given.
- 4 An incidental finding of old fractures is highly suspicious of non-accidental injury.
- 5 The most common non-accidental fractures are to the long bones (such as arms, legs, ribs).
- 6 It is rare for a non-moving child to sustain a fracture accidentally.
- 7 Fractures cause pain and it is difficult for a parent to be unaware that a child has been hurt.

BURNS/SCALDS

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns or scalds with clear outlines are suspicious as are burns of uniform depth over a larger area and splash marks above the main burns area (caused by liquid being thrown).

Remember also:

- * A responsible adult checks the temperature of a bath before a child gets in.
- * A child getting into a bath is unlikely to sit down voluntarily in too hot a bath and cannot accidentally scald its bottom without also scalding its feet.
 - A child getting into too hot water of its own accord will struggle to get out again and there will be splash marks.
 - Small round burns may be cigarette burns (but may be friction burns, and accidental if along the bony protuberance of the spine).

SCARS

All children have scars, but notice should be taken of any exceptionally large number of differing age scars (especially if coupled with current bruising), unusual shaped scars, eg round ones from possible cigarette burns), or of large scars that are from burns or lacerations that did not receive medical treatment.

CHILD SEXUAL ABUSE

Sexual abuse has four main types of presentation:

- 1 Self disclosure.
- 2 Inappropriate sexualized conduct or sexual knowledge for the child's age and understanding.
- 3 Symptoms due to local trauma or infection such as perineal soreness, vaginal discharge and anal pain or bleeding may indicate sexual abuse.
- 4 Sexual abuse may present with emotional effects such as loss of concentration, bed-wetting,

soiling, eating disorders and even parasuicide. Other behavioural problems may also be significant.