

CHILD PROTECTION POLICY

INTRODUCTION

Academics is committed to ensuring their work is consistent with safeguarding and promoting the welfare of children.

All teachers placed by Academics 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.

People working with children should be guided by these four principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

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 Safeguarding Lead 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'.

WHEN MIGHT YOU BE WORRIED?

Concerns about child abuse and neglect

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 Safeguarding Lead. You should do this as soon as possible, the same day you become concerned. This is key to providing effective early help where there are emerging problems. 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 Safeguarding Lead. 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 and the Local Authority Designated officer (LADO) the same working day.

You should make an accurate, detailed record of your concerns as soon as possible.

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.

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 the LADO in which school is located and to DBS. Academics / and/or the School will also consider whether to refer the case to the Secretary of State, as required by sections 141D and 141E of the Education Act 2002.

If an allegation is made against a member of staff placed by Academics, we will work together with the school, the local authority and the Police Service as required under national and local guidance.

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 Safeguarding Lead

Governing bodies, proprietors and management committees should appoint an appropriate **senior member** of staff, from the school or college **leadership team**, to the role of designated safeguarding lead. The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection. This should be explicit in the role-holder's job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

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'.

KEY TERMS IN WORKING TOGETHER 2015

Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Safeguarding and promoting the welfare of children

Defined for the purposes of from the guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and

- taking action to enable all children to have the best life chances.

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, as well as including protection from harm.

APPENDIX 2: DEFINITIONS OF CHILD ABUSE AND NEGLECT

Types of abuse and neglect

Abuse: A form 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse: a form of abuse which 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: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyberbullying), 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, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears

consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect: 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, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or

Young carer A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

Parent carer A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

Education, Health and Care Plan A single plan, which covers the education, health and social care needs of a child or young person with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25 (2014).

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, information for schools and colleges can be found on the TES, MindEd and the NSPCC websites. Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- child sexual exploitation (CSE) – see also below
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also below
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation
- sexting
- relationship abuse
- trafficking
- missing children and adults
- hate
- child missing from home or care
- children missing education

Further information on Child Sexual Exploitation and Female Genital Mutilation

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour or the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Indicators

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of [the Multi-agency statutory guidance on FGM](#) (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the [Multi-agency guidelines: Handling case of forced marriage](#).

Prevent

From 1 July 2015, specified authorities, including all schools (and, since 18 September 2015, all colleges) as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015. Paragraphs 57-76 of the Revised Prevent duty guidance: for England and Wales are specifically concerned with schools (but also cover childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board. Effective engagement with parents / the family should also be considered as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms. Schools should also discuss any concerns in relation to possible radicalisation with a child's parents in line with the individual school's safeguarding policies and procedures unless they have specific reason to believe that to do so would put the child at risk.
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff

in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to staff on protecting children from the risk of radicalisation.

- Schools should ensure that children are safe from terrorist and extremist material when accessing the internet in schools.

The department has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

The Government has launched educate against hate, a website designed to equip school and college leaders, teachers and parents with the information, tools and resources they need to recognise and address extremism and radicalisation in young people. The website provides information on training resources for teachers, staff and school and college leaders, such as Prevent e-learning, via the Prevent Training catalogue.

Online safety

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material;
- contact: being subjected to harmful online interaction with other users; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

Filters and monitoring

Governing bodies and proprietors should be doing all that they reasonably can to limit children's exposure to the above risks from the school or college's IT system. As part of this process, governing bodies and proprietors should ensure their school or college has appropriate filters and monitoring systems in place. Whilst considering their responsibility to safeguard and promote the welfare of children, and provide them with a safe environment in which to learn, governing bodies and proprietors should consider the age range of their pupils, the number of pupils, how often they access the IT system and the proportionality of costs vs risks.

The appropriateness of any filters and monitoring systems are a matter for individual schools and colleges and will be informed in part by the risk assessment required by the Prevent Duty.

The UK Safer Internet Centre has published guidance as to what "appropriate" might look like:

- UK Safer Internet Centre: appropriate filtering and monitoring

Guidance on e-security is available from the National Education Network-NEN. Buying advice for schools is available here: [buying for schools](#).

Whilst filtering and monitoring are an important part of the online safety picture for schools and colleges to consider, it is only one part. Governors and proprietors should consider a whole school approach to online safety. This will include a clear policy on the use of mobile technology in the school. Many children have unlimited and unrestricted access to the internet via 3G and 4G in particular and the school and college should carefully consider how this is managed on their premises.

Whilst it is essential that governing bodies and proprietors ensure that appropriate filters and monitoring systems are in place, they should be careful that “over blocking” does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

Staff training

Governors and proprietors should ensure that, as part of the requirement for staff to undergo regularly updated safeguarding training (paragraph 64) and the requirement to ensure children are taught about safeguarding, including online (paragraph 68), that online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

Information and support

There is a wealth of information available to support schools and colleges to keep children safe online. The following is not exhaustive but should provide a useful starting point:

www.thinkuknow.co.uk

www.disrespectnobody.co.uk

www.saferinternet.org.uk

www.internetmatters.org

www.childnet.com/cyberbullying-guidance

www.pshe-association.org.uk

educateagainsthate.com

www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

APPENDIX 3: SIGNS OF CHILD ABUSE AND NEGLECT

The following lists are intended as 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 Safeguarding Lead 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 – some new research

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.

Welsh Child Protection Systematic review group, April 2005

Emotional Abuse

- Physical, mental and emotional development delays
- Excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons
- Difficulties concentrating or coping at school
- Admission of punishment appears excessive
- Over-reaction to mistakes
- Sudden speech disorders
- Fear of 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
- Use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or lay sexual games
- 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.

Sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;

- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

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)
- Living in a home that is indisputably dirty or unsafe
- Left without adequate clothing, e.g. not having a winter coat
- Living in dangerous conditions, i.e. around drugs, alcohol or violence
- Fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured
- Reluctant to go home at the end of a session, especially at weekends.

THE NEGLECTED CHILD

Sometimes one becomes worried that a child's appearance indicates that they are being physically neglected. In deciding what action should be taken it helps to consider the impact and suboptimal care is having on the child together with what else one knows about the family.

Are the children showing signs of distress?

Is their appearance or smell causing other children to avoid or bully them?

Are they coming to school hungry and/or late?

Has there been a recent change in the quality of care?

Does the mother also look neglected?

Could it be that the parents have learning disabilities and are in need of support and guidance?

Margaret Lynch, 2007

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.

MAIN REFERENCES

Working Together to Safeguard Children HM Government, August 2018

What to do if you're worried a child is being abused HM Government, 2015

London Child Protection Procedures (5th Edition) London Safeguarding Children Board, 2017

Keeping children safe in education – Department for Education – September 2018