



CHILD PROTECTION POLICY

This policy describes Monkton Combe School's approach to child protection and associated issues, at Senior, Prep and Pre-Prep. There are three elements:

- 1 The development of decision-making strategies for all pupils;
- 2 The development of staff skills;
- 3 The procedures to be followed if problems arise.

Philosophy

Monkton Combe School aims to provide a full, varied, academic and all-round education based on Christian foundations.

Pupils are encouraged to discover their abilities and then to develop and use them to the full.

The framework provided is an ordered, purposeful, happy and caring community. Pupils are encouraged to develop moral discernment. High standards of behaviour are expected and young people are asked to treat others with courtesy and respect. The School sets out to create a secure basis for living in community and to achieve a balance between thoughtfulness towards others and freedom for the individual to develop his or her own personality. Good pastoral care is central to the life of the School, through the Principal/Heads, Houseparents, Tutors, the Chaplain, the Medical Centre Sister and other members of staff.

Rationale

Parents have the primary responsibility for the care and protection of their children. Some, however, are unable to fulfil this role for a variety of reasons. Those of us who have contact with children have a responsibility to be aware of, and to show concern for, families who are experiencing difficulties. There is a particular need for the children to feel that they are cared for, protected and valued. We have an important role in the support of these children within the community we serve.

Specific Objectives

At Monkton, through awareness and concern for all children, we aim to:

- be aware of the needs of all children in our care
- provide security and stability for all children in our care
- handle any concerns confidentially, sensitively and through the correct channels.

This is achieved through the following specific objectives. The emphasis of the different objectives varies between the schools, but all objectives apply to all three schools.

- 1 To foster pupils' educational development through all areas of the curriculum so that their self-esteem is raised, enabling them to acquire skills, attitudes and coping strategies which will help them to make reasoned decisions based upon sound judgement and valid information.

- 2 To provide a variety of opportunities for discussion with their peers and teachers in which the ground rules of confidentiality, tolerance and trust are observed.
- 3 To teach problem-solving techniques, assertiveness skills and respect for themselves and for other people. To encourage them to be responsible members of the school community, who will develop into caring adults with regard to their families and to society.
- 4 To maintain links with parents and representatives of outside agencies.
- 5 To view seriously any instances of bullying and to deal with them effectively.
- 6 To ensure that all members of the school staff understand Child Protection procedures and are alert to signs of potential or actual abuse in the categories of physical injury, neglect, emotional or sexual abuse.
- 7 To have in place effective reporting and action procedures, as required by the Children Act 1989 (Pupil > Member of Staff > Designated Teacher > Principa/Head > School Medical Officer (where appropriate) > Social Services). These are set out in more detail below.

Realisation of Objectives for Pupils and Staff

- 1 Through education and discussion in the PSHE and lecture programmes.
- 2 Through the relevant sections of the School Rules, available to all staff, pupils and parents.
- 3 Through specific written policies for staff, published in the Staff Handbook.
- 4 Through specific written polices, for example, on Relationships, Bullying, Stealing, Illegal Drugs and Use of Alcohol as published in the Staff Handbook and from time to time updated, and also sent to parents and published to pupils.

CHILD ABUSE/PROTECTION

All staff should familiarise themselves with the information and advice given in this section.

What is Child Abuse and Neglect?

There are many components in child abuse and neglect. Whilst one may try to define them individually, often there is an overlap and one child may be subjected to one or more of the different forms of child abuse and neglect.

1. Physical Abuse

This is where the carer deliberately inflicts an injury on the child. Some of the more common injuries encountered are caused by punching, slapping, kicking and shaking the child. The child may also be injured by hitting him/her with some implement like a stick or a belt. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly

described using terms such as factitious illness by proxy or Munchausen syndrome by proxy.

2. **Neglect**

This includes emotional deprivation and is where a child, over a long period of time, does not have his/her needs met. All children need love, protection, security, food, warmth, education and medical care. If these are not supplied on a regular basis, there could well be neglect. Neglect is a very insidious form of maltreatment, which can go on for a long time. It implies the failure of the parents to act properly in safeguarding the health, safety and wellbeing of the child. It includes nutritional neglect, failure to provide medical care or to protect a child from physical and social danger.

3. **Sexual Abuse**

This is where an adult, or even an older child or adolescent, uses a child (under 16) for his/her own sexual gratification or profit. This can take many forms which include obscene telephone calls, exposure, fondling, masturbation, sexual intercourse and showing or taking of pornographic photographs/videos. It is important to warn children about the possibility of stranger abuse, but it should be remembered that 85% of children who are abused are assaulted (often regularly and frequently) by someone they know. For some this is the father or mother.

4. **Emotional Abuse**

Emotional abuse is the persistent emotional ill treatment 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. It may involve 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 ill treatment of children, though it may occur alone.

Incidence

Child abuse and neglect is not rare and is present in every strata of society. It is estimated that 0.5 - 1% of all children are abused or neglected.

How to Recognise Child Abuse

There are many ways in which child abuse may come to your notice:

- The child may tell you.
- A child's friend or relative may tell you.
- You may notice injuries.
- You may notice signs of neglect.
- The child may behave in a very sexually explicit manner.

These are some examples of signs which should cause concern:

- Repeated injuries such as burns, bruises, etc., which you feel do not have a satisfactory explanation.
- Children who appear regularly as being dirty, smelly, poorly clad or hungry.
- You are aware that a young child in the family may not be properly supervised.

- A child who is very depressed and might even be speaking about attempting suicide.
- A child who becomes involved with other children in explicit sexual play or who uses very explicit sexual language.
- A child who does not want to go home after school.
- A child who runs away from home.

More detailed signs are attached.

What Action Should be Taken?

All staff should be aware of difficult marital situations especially if one parent is denied access to a child (photograph of that person should be at the school if possible/appropriate). Staff must be told if someone other than apparent or regular childminder (i.e. someone who is not known by the teacher) is collecting a child. No child should be allowed to go home with a stranger unless the parents have notified the staff. If such a situation occurs, then appropriate phone calls should be made before the child leaves the building.

If a child behaves in an unusual way for longer than normal, the “Child Protection Recording Form” (also known as “Concern Sheets” in some parts of the school) should be filled in. If three forms are filled in for one child, then the following procedures should be followed. These procedures should also be followed if there is concern that there is any form of abuse, regardless of whether any previous forms have been completed.

If a child is disclosing information it is important that you do not promise to keep secrets, but to:

- listen carefully to what the child is saying.
 - do not ask leading questions – staff should be aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings. Care must therefore be taken in asking and interpreting children’s responses to questions about indications of abuse. This applies whether the child is making an allegation or volunteers information which amounts to an allegation.
 - believe the child. Demonstrate that s/he is being taken seriously and that what is being said is being accepted without criticism.
 - be calm and supportive.
 - reassure the child.
 - whilst you should not promise to keep the information confidential, you can promise to support that child throughout any ensuing action that may have to be taken.
 - remember that if a child trusts you enough to tell you something that has or is happening to them, then it is a privileged position to be in and it is important that you give them the time and space to do so.
 - you are not expected to make a diagnosis, but only to alert the appropriate authorities, as detailed below. (It may be useful to keep brief notes of conversations.)
1. In the first instance, a verbal report should be made to the “Designated Child Protection Officer (CPO)” (see below) who will inform the Principal/Head and School Medical Officer. Note - if the allegation concerns the Designated CPO, the verbal report should be made initially to the Principal/Head.
 2. If necessary the Designated CPO will contact the Children and Families

Referral and Assessment Team at Social Services for “consultation” to share concerns and identify appropriate action.

3. If the present need meets the Children and Families Service eligibility criteria, a formal “referral” will be made and a “child in need” category will be assigned to the case along with an accompanying priority.
4. The Designated CPO has a duty to inform parents of concerns if appropriate and obtain consent if a referral is made. It is recognised that pupils aged 16 and over may not wish to involve their parents.

What is the Procedure for Cases Requiring Referral which are brought to the Attention of the Principal/Head (and School Medical Officer, if appropriate)?

1. The referral will be made to the Manager, Referral and Assessment Team at BANES Social Services Department, using Form C2.
2. If a child is to be medically examined by a specialist, the School Medical Officer (or Designated CPO) is responsible for advising parents. The parents should be invited to attend the medical examination. For day pupils, the School Medical Officer will also inform the patient’s general practitioner.
3. If there is concern about the suspected abuse of a child who has failed to attend school, the Social Services Department will be contacted by the Designated CPO.
4. The Principal/Head, the Designated CPO and the School Medical Officer are therefore responsible for child protection and welfare issues within the School.

Designated Child Protection Officers

Senior – Ros Garrod

Prep – Vicky Mansell

Pre Prep – Kathryn Morrell

Detailed Notes on Signs of Child Abuse

Signs of Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears to be excessive
- Fear of parents being contacted
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered in hot weather
- Fear of returning home
- Fear of medical help
- Self destructive tendencies
- Aggression towards others
- Chronic running away.

Signs of Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour (e.g. rocking, hair twisting , thumb sucking)
- No social relationships
- Chronic running away
- Compulsive stealing or scavenging.

Signs of Sexual Abuse

- Hints about secrets they can not tell
- Saying a friend has a problem
- Asking if you will keep a secret if they tell you something
- Lying, stealing, blatantly cheating in the hope of being caught
- Having unexplained sources of money
- Terrifying dreams
- Wetting themselves
- Sudden inexplicable changes in behaviour e.g. becoming aggressive or withdrawn
- Ceasing to enjoy previously liked activities, such as music, sports, art, scouts or guides, going to summer camp, gym club
- Reluctance to undress for gym
- Fearful of/refusing to see certain adults for no apparent reason
- Dislike of a particular babysitter, relative or other adult
- Act in a sexual way inappropriate to their age
- Draw sexually explicit pictures, possibly depicting an act of abuse
- Seem to be keeping secret something which is worrying them
- Urinary infections, bleeding or soreness in the genital or anal areas
- Soreness or bleeding in the throat
- Chronic ailments such as stomach pains/headaches
- Seem old beyond their years

- Eating disorders such as anorexia or bulimia
- Severe depression, even attempting suicide
- Poor self image
- Self harm/mutilation
- Constant running away
- Regression to younger behaviour, such as thumb sucking, cuddly toys
- Show discomfort when walking
- Saying they are not good/dirty/rotten
- Being unusually wary or watchful
- Repeating obscene words or phrases (which may have been said during the abuse)
- Attempting to sexually abuse another child
- Talking or writing about sexual matters
- Finding lots of excuses not to go home/to a friend's house after school (possibly places where abuse may be happening)

Signs of Emotional Abuse

- Physical, mental and emotional development lags
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm/mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing/scavenging.