



# Fettes College

## Child Protection Policy 2021-2022

Updated Sept 2021

Review Date Sept 2022

Responsibility – CMH, Deputy Head Pastoral & CMD, Child Protection Coordinator

## Child Protection Policy

Our **Child Protection Policy** is set in the framework of Scottish Government's *Getting it Right for Every Child* (GIRFEC), the **National Guidance for Child Protection in Scotland (2014)** and **The Children and Young People (Scotland) Act 2014**.

Where a child is thought to be at risk of significant harm, the primary concern will be for their safety and staff should, for Senior School, contact the Child Protection Coordinator Clare McDonnell (CMD) or Deputy Child Protection Officers Clare Mathison (CRM) and Colin Dundas (CD) or, for Prep School, Child Protection Coordinator Emma Davies (ERD) or Deputy Child Protection Officer David Hall (DH) in the first instance. **If in doubt please refer to the Child Protection Coordinators; if in doubt, pass it on.**

The Child Protection Coordinator with the Deputy Head (Pastoral) must consider the immediate needs of a child once a concern about their possible safety is raised, considering the following questions:

- **Is the child at immediate risk?**
- **What is placing this child at immediate risk?**
- **What needs to happen to remove this risk now?**

The staff of a school have an important part to play in the sensitive and delicate work of dealing with known or suspected cases of abuse. In addition to this, they have a role of very particular importance in the identification of the signs of abuse. There are opportunities within the context of school life for observing symptoms which could otherwise well pass unnoticed. However, for advantage to be taken of these opportunities there is a need for some knowledge of those symptoms and an awareness of the action which requires to be taken when they are identified.

In a boarding school we have a particular responsibility to ensure that the children in our care are safe and secure. All staff must be familiar with the content of these guidelines.

### **Signs of Possible Child Abuse – The Four Categories of Significant Harm:**

- **Neglect** – Failure to meet a child's basic/psychological needs, including food, shelter, clothing, emotional support, medical care and protective environment safe from physical harm.
- **Physical Abuse** – This includes hitting or shaking a child, or grabbing a child by an article of clothing.
- **Sexual Abuse** – This includes physical contact, making children look at pornography, grooming or encouraging children to behave in sexually inappropriate ways.
- **Emotional Abuse** – Persistent ill-treatment of a child, which may involve conveying that the child is worthless, unloved, or inadequate. It may also involve the imposition of inappropriate expectations.

It is important to remember that lists such as the one below are neither definitive nor exhaustive. The information has to be used in the context of the child's whole situation and in combination with a range of other information related to the child and their circumstances. Account will be taken of any relevant cultural differences in communication and context when dealing with Child Protection matters.

Children with Additional Support Needs can be especially vulnerable. Disabled and deaf children are more likely to be abused than their peers. These children can face additional barriers when recognising abuse and neglect including:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.

These are general indicators that the child may be troubled but not necessarily about abuse. The child may have some of these problems or none at all. It is the combination, frequency and duration of signs that will alert you to a problem. Try to notice all changes in usual behaviour.

There can be an overlap between all the different forms of child abuse and all or several can co-exist. When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons e.g. genuine accidents or medical disorders.

## **PHYSICAL ABUSE**

Signs of possible physical abuse:

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries, or delay in reporting them.
- Excessive physical punishment.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Aggression towards others.
- Running away.

## **PHYSICAL NEGLECT**

Signs of possible physical neglect:

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Frequent lateness and/or unexplained non-attendance at school.
- Untreated medical problems.
- Low self-esteem.
- Poor peer relationship.
- Stealing.

## **FAILURE TO THRIVE**

Signs of possible non-organic failure to thrive:

- Significant lack of growth.
- Weight loss.
- Hair loss.
- Poor skin or muscle tone.
- Circulatory disorders.

## EMOTIONAL ABUSE

Signs of possible emotional abuse:

- Low self-esteem.
- Continual self-deprecation.
- Sudden speech disorder.
- Significant decline in concentration.
- Socio-emotional immaturity.
- 'Neurotic' behaviour (e.g. rocking, head banging).
- Self-mutilation.
- Compulsive stealing.
- Extremes of passivity or aggression.
- Running away.
- Indiscriminate friendliness.

## SEXUAL ABUSE

Not all children are able to tell parents that they have been assaulted. Changes in behaviour may be a signal that something has happened. It is important to remember that in sexual assault there may well be no physical or behavioural signs.

Signs of possible sexual abuse or child exploitation:

### Behavioural

- Lack of trust in adults or over-familiarity with adults.
- Fear of a particular individual.
- Social isolation - withdrawal or introversion.
- Running away from home.
- Girls taking over the mothering role.
- Reluctance/refusal to participate in physical activity or to change clothes for activities.
- Low self-esteem.
- Drug, alcohol or solvent abuse.
- Display of sexual knowledge beyond child's years.
- Unusual interest in the genitals of adults or children or animals.
- Expressing affection in an age inappropriate way, e.g. 'French kissing'.
- Sleep disturbance (nightmares, irrational fears, bed wetting, fear of sleeping alone, needing a nightlight).
- Fear of bathrooms, showers, closed doors.
- Abnormal, sexualised drawing.
- Fear of medical examinations.
- Developmental regression.
- Poor peer relations.
- Inappropriate or sexually harmful behaviours.
- Compulsive masturbation.
- Stealing.
- Criminal activity.
- Psychosomatic factors, e.g., recurrent abdominal pain or headache.
- Having unexplained/abundance of sums of money and/or possessions.
- Sexual promiscuity.

## Physical/Medical

- Sleeplessness, nightmares, fear of the dark.
- Bruises, scratches, bite marks to the thighs or genital areas.
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis.
- Pain on passing urine or recurrent urinary infection.
- Stained underwear.
- Unusual genital odour.
- Anxiety/depression.
- Eating disorder, e.g. anorexia nervosa or bulimia.
- Discomfort/difficulty in walking or sitting.
- Pregnancy - particularly when reluctant to name father.
- Venereal disease, sexually transmitted diseases.
- Soiling or wetting in children who have been trained.
- Self-mutilation/suicide attempts.
- Physical Abuse.

## Staff Action

In the event of a disclosure, or if a third party expresses serious concern, or if you suspect that a child may have been abused you must follow these guidelines:

If a child chooses to confide in you:

1. **Listen sympathetically and with care**
2. **Reassure the child that he/she is not to blame**
3. **Do not show disbelief**
4. **Do not give a guarantee of confidentiality**
5. **Take the allegation seriously**
6. **Affirm the child's feelings as expressed (don't tell the child how he/she should feel)**
7. **Avoid being judgemental about the information given**
8. **Avoid persistent questioning**
9. **Keep notes and create a concern on the ISAMs Pastoral Manager on the same day**
10. **Refer to the Child Protection Coordinator**

Questioning and testing of evidence is not a matter for school staff; this is the responsibility of the police and social work. Such an approach by staff could prejudice later investigations. The role of school staff is to:

### Observe, Record and Report

- R** Respond without showing signs of disquiet, anxiety or shock
- E** Enquire casually about how an injury was sustained or why a child appears upset
- C** Confidentiality should not be promised to children or to adults
- O** Observe carefully the behaviour or demeanour of the person expressing concern
- R** Record in detail what you have seen and heard
- D** Do NOT interrogate or enter into detailed investigations. Encourage the child to say what he or she wants until enough information is gained to decide whether or not a referral is appropriate.

Then **REPORT** to the Child Protection Coordinator on the same day as the concern arises.

**Seek Help from the Child Protection Coordinator.** The Child Protection Coordinator in consultation with the Deputy Head (Pastoral), the Head and the Houseparent will decide whether further steps should be taken. The first point of referral out with the school is the local Social Work Department Office. The duty Senior Social Worker will, if necessary, inform Police and the Reporter to the Children's Hearing. Decisions concerning when parents are informed will be made by the Social Work Department.

It is the responsibility of the Child Protection Coordinator to ensure that:

1. The student is reassured and supported at all stages.
2. All concerned parties are informed of subsequent decisions and actions.

### **Students' Child Protection Awareness Training**

At the start of each academic year, the Child Protection team visit every vertical boarding house, and talk to the students about:

- Who the CP team are and what we do:
  - Part of the pastoral team of the school, responsible for students' wellbeing
  - How the CP team respond to a safeguarding concern and what the procedure involves
  - Will be present if students have a disciplinary meeting with either the Head or Senior Deputy Head, to make notes and ensure the process is fair
- Information about who can help
  - The roles of different Fettes staff
  - Some external agencies and charities who can provide specialised support
- The school's confidentiality guidelines
- The ICT policy and keeping safe online, including cyber-bullying, sexting, grooming, pornography

### **Staff Child Protection Awareness Training**

The Child Protection Coordinator (CPC) and Child Protection Officers (CPOs) attend relevant updates and training. All new and existing staff are given CP training upon arrival at the College and the Prep School and training is provided for all staff every year by the CPC/CPOs or by external advisors.

### **Monitoring and Complaints**

This policy is reviewed on an annual basis to evaluate its effectiveness and eliminate unlawful discrimination. Anyone who feels that the School has breached this policy should appeal in accordance with the School's Complaints Policy.

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