



Fettes College Preparatory School

Child Protection Policy
2020-2021

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 contact the Child Protection Coordinator, Clare McDonnell (CMD) or Clare Mathison (CRM) and Sam Shelley (SWAS), Child Protection Officers in the Senior School and Child Protection Coordinator, Emma Davies (ERD) or David Hall (DGH), in the Prep School 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 Head of Pastoral Care 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. But in addition to that 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 his/her 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 three times 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 exploitation, 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 or 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, nightlights)
- 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

If staff suspect a child may have been abused or is at risk of abuse or significant harm, or if a child discloses abuse, or if a third party expresses concerns, staff should:

1. Respond without showing signs of disquiet, anxiety or shock.
2. Listen sympathetically and with care.
3. If necessary enquire about how an injury was sustained or why a child appears upset by using the 'W' Questions – What happened? Where did it happen? Who did It? When did it happen?
4. Do not interrogate or enter into detailed investigations; rather encourage the child to say what he or she wants to establish the basic facts.
5. Observe carefully the behaviour or demeanour of the child or the person expressing concern.
6. Reassure the child that he/she is not to blame.
7. Do not show disbelief.
8. Do not give a guarantee of confidentiality.
9. Take the allegation seriously.
10. Affirm the child's feelings as expressed (don't tell the child how he/she should feel).

11. Avoid being judgemental about the information given by the child.

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 recognise, respond, report and record (the 4 Rs):

1. Recognise when the child's behaviour and demeanour is a cause for concern or they have told you something that suggest that they may be at risk of harm.
2. Respond by following the guidance below.
3. Report their concerns as quickly as possible and on the same working day to the Child Protection Co-ordinator.
4. Record in detail on the Child Protection Concern Form on iSAMS – what they have seen and heard, and when they did so. Signs of physical injury should be described in detail. Any comment by the child concerned, or by an adult who might be the abuser, about how the injury occurred should be recorded, preferably quoting words actually used, as soon as possible after the comment has been made.

Seek Help from the Child Protection Coordinator.

The Child Protection Coordinator in consultation with the Head of Pastoral Care, the Head and the Housemaster or Housemistress 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:

- The pupil is reassured and supported at all stages
- All concerned parties are informed of subsequent decisions and actions

Pupils' Child Protection Awareness Training: At the start, and throughout the academic year, pupils are reminded within Tutor and PSHE sessions, ICT lessons and whole school assemblies about:

- Who the CP team are and what we do:
 - Part of the pastoral team of the school, responsible for pupils' wellbeing
 - Will be present if pupils have a disciplinary meeting with the Headmaster, 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
- What to do if you have a worry/Pupil Complaints and the school's Confidentiality Guidelines
- The ICT policy and keeping safe online, including cyber-bullying, sexting, grooming, pornography

Staff Child Protection Awareness Training: The CPC and CPO attend relevant updates and training. All new and existing staff are given CP training upon arrival at the College and annually within the Prep School by external advisors.