
EDUCATION SOLUTIONS DIRECT CIC

CHILD PROTECTION POLICY

INTRODUCTION

The introduction of this Child Protection Policy should highlight the fact that Education Solutions Direct Community Interest Company (CIC) are determined to ensure that all necessary steps are taken to protect from harm, those children and young people who participate in activities and services provided by the company. This policy establishes the company's position, role and responsibilities and clarifies what is expected from everybody involved within the company. It highlights the importance placed by Education Solutions Direct CIC in the protection of children and young people.

Every child and young person who participates in activities provided by the company should be able to participate in an enjoyable and safe environment and be protected from abuse. This is the responsibility of every adult involved in this organisation. We recognise however, that child abuse is a very emotive and difficult subject. It is important to understand the feelings involved but not to allow them to interfere with our judgement about any action to be taken. Education Solutions Direct CIC recognises its responsibility to safeguard the welfare of all children and young people by protecting them from physical, sexual or emotional abuse, neglect and bullying. It is determined to meet its obligation to ensure that Education Solutions Direct CIC provide opportunities for children and young people to do so, with the highest possible standard of care.

This policy is written in line with Basingstoke & Deane Borough Council's Child Protection Procedures

A range of documents, circulars and guidance for good practice governing Child Protection inform this policy. These include:

- Basingstoke & Deane Borough Council's Interim Corporate Child Protection Policy
- The Children Act 1989 and 2004

The designated officer for Child Protection is Dr Ken Brown and in his absence Annie Noble.

Education Solutions Direct CIC will ensure that:

- The welfare of the child is paramount
- All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All staff (paid/unpaid) working in this organisation have a responsibility to report concerns to Dr Ken Brown.

KEY PRINCIPLES

Education Solutions Direct CIC will take responsibility for

- Respecting and promoting the rights, wishes and feelings of children and young people
- Recruit, train and supervise all volunteers and staff members to adopt best practice to safeguard and protect children and young people from abuse
- Recruit all employees and volunteers to adopt and abide by the appropriate codes of conduct and the Child Protection Policies and Procedures outlined within this document
- Respond to any allegations appropriately
- Regularly review the policy.

DEFINITION OF A CHILD

A child is defined as a person under the age of 18 (The Children Act 1989) and, when working within the Basingstoke & Deane Borough Council area, vulnerable adults up to the age of 25.

PROMOTING GOOD PRACTICE

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take.

Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. There are some people in this organisation who will have regular contact with young people and be an important link in identifying cases where they need protection. All suspicious cases of poor practice should be reported to Dr Ken Brown and the guidelines in this policy should be followed.

GOOD PRACTICE

Good Practice means:

- Always working in an open environment, where possible, avoiding private or unobserved situations and encouraging open communication
- Treating all young people equally with respect and dignity
- Always putting the welfare of each young person first
- Maintaining a safe and appropriate distance with service users
- Building balanced relationships based on mutual trust and empowering children to share in decision making
- Keeping up to date with training, qualifications and insurance
- Involving children/young people/ parents/carers wherever possible
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people
- Giving enthusiastic and constructive feedback rather than negative criticism

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- Recognising the developmental needs and capacity of young people
 - Keeping a written record of any injury that occurs, along with the details of any treatment given
 - Requesting written parental consent if staff take young people off-site for any purpose or if photographs or video/film is to be taken which includes young people.

WHAT YOU SHOULD DO IF A YOUNG PERSON REPORTS ABUSE TO YOU

a) When ESD CIC is the prime delivery agent and operating at ESD offices or within the Basingstoke & Deane Council area.

If someone discloses that they are being abused, whether in the home, school, training or activity setting, then upon receiving the information you should:

- React calmly
- Reassure the child that they were right to tell and that they are not to blame and take what the child says seriously
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said. Don't ask about explicit details
- Reassure, but do not promise confidentiality, which might not be feasible in the light of subsequent developments
- Inform the child/young person what you will do next
- Make a full and written record of what has been said/heard as soon as possible and don't delay in passing on the information.

The report will include the following:

- The child's name, age and date of birth
- The child's home address and telephone number
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times and special factors and other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes
- Details of witnesses to the incidents
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred
- Have the parents been contacted?
- If so what has been said?
- Has anyone else been consulted? If so, record details
- Immediately pass the report to the ESD officer responsible for child protection (Dr Ken Brown)
- The ESD child protection officer (or his deputy) must report concerns to the designated CPO at the earliest opportunity. If the CPO cannot be contacted within 24 hours you must contact: Children's Services Tel: 01256 362000 Fax: 01256 320884 email: ssba0101@hants.gov.uk

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- Any contact with Children's Services, either direct or via the designated CPO, must be followed up in writing by completing the Child Protection Incident Report Form (Appendix 2) within 48 hours.
 - If it is believed the child is in immediate danger, contact the Emergency Team
Tel: 0845 600 45 55.

(For types of Child Abuse and their symptoms please refer to Appendix 1)

b) Where ESD CIC is operating on behalf of another organisation (such as a school) and on their premises:

If someone discloses that they are being abused, whether in the home, school, training or activity setting, then upon receiving the information you should:

- React calmly
- Reassure the child that they were right to tell and that they are not to blame and take what the child says seriously
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said. Don't ask about explicit details
- Reassure, but do not promise confidentiality, which might not be feasible in the light of subsequent developments
- Inform the child/young person what you will do next
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- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes
- Details of witnesses to the incidents
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred
- Have the parents been contacted?
- If so what has been said?
- Has anyone else been consulted? If so, record details
- Immediately pass the report to the host organisation's officer responsible for child protection
- Record the date and time of passing the report on to the responsible officer and that officer's name.

(For types of Child Abuse and their symptoms please refer to Appendix 1)

Services for Children and Young People, Children's Social Care, have a statutory duty under The Children Act 1989 to ensure the welfare of a child. When a child protection referral is made, they have a legal responsibility to investigate and all agencies have a duty to co-operate with those investigations. This may involve talking to the child and their family, and gathering information from other people who know the child. Enquiries may be carried out jointly with the police. Clearly then concerns about children must not be taken lightly.

RECRUITMENT AND TRAINING

Recruitment

Through the company's recruitment procedures, all staff who work directly with children, or may come into regular contact with children during the course of the work, must have:

- a Criminal Records Bureau (CRB) check
- their experience of working or contact with children fully explored, prior to appointment
- two references obtained from people who have had experience of the applicant's work with children (paid or voluntary)
- training in recognising the signs of child abuse, in reporting procedures, and in good working practice.

Training

The company recognises that it has a commitment to ensure that all staff have a clear understanding of their roles and responsibilities when working with children. The training process will help staff to:

- have an understanding of the potential risks to themselves, and ensure good practice is adhered to at all times
- recognise signs of improper behaviour from other staff, and take appropriate action
- be able to recognise the different signs of abuse, and what appropriate course of action should be taken in these circumstances.

APPENDIX 1

TYPES OF CHILD ABUSE AND THEIR SYMPTOMS

Child abuse can be categorised into four distinct types:

- 1 Physical abuse
- 2 Sexual abuse
- 3 Emotional abuse
- 4 Physical neglect

Signs/indicators of abuse and neglect are helpful if they are used with some caution. They are not necessarily evidence of abuse or neglect. However, if you are concerned about a child or young person they can help you think about why you have that concern.

1. Physical Abuse

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- Bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- Slap marks — these may be visible on cheeks or buttocks.
- Twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- Bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- Grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- Black eyes – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- Damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- Bite marks
- Fractures
- Poisoning or other misuse of drugs – e.g. overuse of sedatives.
- Burns and/or scalds – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In

contrast a child who has been deliberately ‘dipped’ in a hot bath will not have splash marks.

2. Sexual Abuse

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- A detailed sexual knowledge inappropriate to the age of the child.
- Behaviour that is excessively affectionate or sexual towards other children or adults.
- Attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- A fear of medical examinations.
- A fear of being alone — this applies to friends/family/neighbours/baby-suffers, etc
- A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- Excessive masturbation is especially worrying when it takes place in public.
- Promiscuity
- Sexual approaches or assaults - on other children or adults.
- Urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- Bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- Discomfort or pain particularly in the genital or anal areas.
- The drawing of pornographic or sexually explicit images.

3. Emotional Abuse

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

4. Physical Neglect

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child’s health or development, including non-organic failure to thrive. Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with Physical neglect. However, typical signs of Physical Neglect are:

- **Underweight** — a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.

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- **Inadequately clad** - a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child' from thriving.

The Symptoms of Stress and Distress

When a child is suffering from any one or more of the previous four 'categories of abuse' he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in performance;
- Aggressive or hostile behaviour;
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- Difficulties in relationships with peers;
- Regression to more immature forms of behaviour, e.g. thumb sucking;
- Self harming or suicidal behaviour;
- Low self esteem;
- Wariness, insecurity, running away - children who persistently run away from home may be escaping from sexual physical abuse;
- Disturbed sleep;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- A sudden change in performance.

Appendix 2

Child Protection Incident Report Form (page 1 of 2)

Date:

Time:

Venue:

Name of child:

Age:

Date of birth:

Male/Female*

Address:

Postcode:

Telephone:

Name of parent/carer (where known):

Address (if different from above):

Postcode:

Telephone (if different from above):

Has a disclosure been made, or are you reporting your own concerns? Give details:

Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents:

* delete as necessary

Child Protection Incident Report Form (page 2 of 2)

Any physical, behavioural or indirect signs?

Have you spoken to the child? If so, what was said?

Have you spoken to the parent/carer? If so, what was said?

Has anybody been alleged to be the abuser? If so, give details.

Have you consulted anybody else? Give details.

If you need to provide further information, please indicate here how many additional sheets accompany this form:

Your name and position:

Signature:

Date:

To whom reported and date:

This form must now be given to the Child Protection Officer in a sealed envelope marked 'confidential'.