

Child Protection Guidelines



**Learning through Landscapes Trust
Learning through Landscapes Ltd**

The Designated Safeguarding Leads for LtL are:

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Learning through Landscapes

Child Protection Policy

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Policy produced by Learning through Landscapes

Child protection policy

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Child Protection Policy and Guidelines

Policy produced by Learning through Landscapes

At Learning through Landscapes we all share a commitment to:

- provide adults whom children can approach for help when needed
- recognise signs and symptoms of suspected abuse
- have clear procedures and lines of communication
- work closely with schools and other agencies
- provide child protection training to staff

Disclosure and Barring checks

At Learning through Landscapes all new employees and volunteers are checked for criminal records every three years. In England, on-line Disclosure and Barring applications are processed through CRB Disclosure Services and in Scotland the governing body is Disclosure Scotland. The Office Manager and the Scotland Director are counter-signatories for criminal records checks applications. Disclosure certificates are filed securely at the LtL office, separately from Personnel files.

The work of LtL and GfL is sometimes carried out by accredited facilitators, known as the LtL network. It will be the responsibility of the school or setting to ensure that network members selected from the LtL website's on-line directory to work with them, have a valid disclosure certificate.

When LtL employs a sub-contractor for a specific project, the sub-contractor will be expected to provide details of their DBS/disclosure certificate and to advise LtL immediately if they are charged with a criminal offence (other than a road traffic offence).

Child Protection Guidelines

Role of the Designated Safeguarding Lead

Learning through Landscapes has senior members of staff appointed as Designated Safeguarding Leads. The names of these DSL's are on the front page of this document. It will be the DSL's duty to:

- act as the focal point for reference and advice to staff
- be the first line of discussion of reported concerns from staff
- to liaise and advise with the school or other agencies on any matters in respect of reported or suspected abuse
- to provide training to all staff on procedures to be followed in cases of child abuse
- to provide information to all staff on the identification of child abuse

The welfare of the child is paramount. You should not delay in making a referral.

Version: 15.0

Procedures

All staff have a duty to report suspicious, concern or disclosures of abuse to children directly to the DSL.

Concerns or suspicions should be discussed with the DSL. A decision will be made to report the matter to the school DSL or social services.

The LtL DSL will report a disclosure or clear evidence of abuse directly to the school DSL or social services. If it is an emergency and the child is in immediate danger, the police will be informed.

If a child makes a disclosure of abuse to a member of staff it is important that you record this at the earliest opportunity (within 24 hours)

If a child makes a disclosure of abuse, or through comment suggests that there may be abuse, this should be reported to the DSL immediately. The conversation should be recorded in writing (preferably immediately or at the latest within 24 hours). Care should be taken with questioning to avoid leading the child. Avoid comments like:

'Tell me what happened'.

'What happened next?'

It is ok to clarify details

'Where did this happen?'

'When' but not 'Why'

When the incident is referred if appropriate the child will be interviewed by trained staff. Do not 'interview' the child, listen to them and only ask questions to clarify your understanding or a specific detail. "so I understand you said this happened at home two nights ago"

Key points to remember during a disclosure.

Remain calm

Try and remember as much detail about the conversation as possible

Clarify that you will have to speak to another adult about what they have told you,

You can not keep it secret.

Do not make promise you can not keep

If you feel the child is in immediate danger do not let them leave, refer to the Ltl DSL, the Schools DSL, a local MASH team or if appropriate the police

Confidentiality: Do not discuss the disclosure with any other colleague other than members of the CP management.

When writing up the incident use direct quotes from the child, do not interpret their words into your language.

It is the role of the police and social services to investigate.

What constitutes abuse?

There are four main categories of abuse:

Neglect

The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Physical Abuse

Actual or risk of physical injury to a child, or failure to prevent physical injury (or suffering) to a child including deliberate poisoning, suffocation and Munchausen's Syndrome by Proxy.

Sexual Abuse

Actual or risk of sexual exploitation of a child or adolescent.

Emotional Abuse

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Actual or risk of severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection.

All of the above categories of abuse involve some emotional ill-treatment and this category should be used when it is the main or sole form of abuse.

If you have been required to report a disclosure to a schools or settings DSL, please inform the LtL CEO within five days of this. Details of the case do not need to be shared but LtL can then offer support.

Appendix 1

Child protection referral form

Child Protection Referral form		Learning through Landscapes		
Name:	School	DOB		
Area for concern: (delete as necessary)	Physical	Sexual	Emotional	Neglect
Outline concerns		Previous information		

Appendix 2

Recognition of Child Abuse

Neglect and emotional abuse

Neglect and emotional abuse occur when a child's need for security, love, praise and recognition are left unmet. Basic needs such as food, drink and warmth may not be provided. Slower growth without a medical cause may indicate emotional abuse and occurs even when a child is not deprived of food. However, the weight may remain appropriate for the height but disproportionate for age.

There is usually a dramatic increase in growth following the removal of an abused child from home.

Physical abuse

It is important that a professional who sees an injury on a child takes careful note of how the injury allegedly happened, including the informant, the date, time, place, sequence of events, nature of injury, etc. The assessment of plausibility of the explanation should be a medical judgment - other professionals should not make this decision.

Although children do have a variety of accidents, the most common types of injury they sustain are usually different from the injuries caused by abuse. The differences in the sites of the injuries are illustrated on the skin map.

The following situations, in cases of physical injury, should cause concern about the possibility of physical abuse:

- no explanation
- inappropriate explanation, description of a minor accident with a major injury
- different explanations given to different enquiries
- parents touchy or defensive, compared with genuine accidents when parents are usually distressed and blame themselves
- delay in seeking treatment
- child states that a particular adult hurt him or one parent accuses another

The following injuries should cause concern about the possibility of physical abuse because they are classic sites, or fit recognisable patterns (e.g. human hand marks, human bite marks)

General

Multiple injuries of various types and ages.

Bruising and skin marks

- Black eyes - these cannot be caused by a fall on a flat surface - two black eyes are particularly suspect, especially if the lids are swollen and tender or there is no bruise on the nose or forehead.
- Bruised ears, sometimes with bleeding from the ear canal from a ruptured ear drum.
- Bruises of upper lip, torn frenulum of upper lip and injuries under the tongue.

- Bruising around the mouth or chin - may have finger bruises, up to three or four on one side and one on the other.
- Flat hand marks, particularly on cheeks, buttocks and lateral thighs.
- Bruises on scalp and 'bald patches'.
- Finger bruises on shoulders, upper arms or on the trunk or legs of babies.
- Linear marks or bruises - often seen on buttocks or backs of thighs.
- Bruises or weals curving around the body. Sometimes buckle or loop marks noted.
- Bizarre shaped bruises with sharp borders, eg., from hair brush, comb or slipper.
- Bruises on abdomen - unlikely to be accidental.
- Ligature and choke marks - red mark or bruising around wrist, ankles or neck (in the latter area may be due to sudden pulls on T shirt).
- Bite mark - two crescent shaped marks or bruises - if more than 3 cm apart they may be caused by an adult or an older child.
- Human nail marks - these show piled up skin at end of marks and are unlike abrasion from falls on rough surfaces or may just be linear bruises.

Burns

- Scalds - glove or stocking scalds to hands and/or feet caused by dunking in water.
- Scalded buttocks - children cannot scald their buttocks accidentally without also scalding their feet and legs.
- Splash marks - look at directions of splash to see if it is compatible with story or might indicate hot liquid being thrown at a child.
- Cigarette burns - small circular burns most typically on the back of hands or forearms seen in clusters and often of different ages.
- Contact burns - child held against heaters, irons, cookers - well demarcated burn following contours of hot objects.

Bone and joint injuries

These can be caused by direct blows, twists (from swinging a child round by one limb) or from being thrown against hard objects.

Poisoning

Non-accidental poisoning should be suspected in bizarre episodes of ill health and unconsciousness or when poisoning involves more than one child.

Other injuries

Certain injuries may only be detected on special examination by doctors.

Sexual abuse

Children of all ages, boys and girls can be sexually abused.

This abuse often comes to light in a veiled way, because children are reluctant to tell and many kinds of sexual abuse do not leave any signs of physical injury.

Children may try to tell others that they are being sexually abused. They may do this by hinting in words, play or drawings of sexual activities to 'test the water'. If the adult response is emphatic they may wish to reveal more but if the response is angry or evasive they may remain silent and not try again.

If a child exhibits several signs of types of behaviour as listed below, or a pattern emerges of when or how a child exhibits such signs, the possibility of sexual abuse should be considered. But it must be emphasised that the following behaviours are descriptions of some very common conditions of childhood which indicate the child is distressed, but only rarely will it be caused by sexual abuse.

- Sudden change in mood or behaviour
- Changes in eating patterns: loss of appetite, faddiness or excessive preoccupation with food.
- Severe sleep disturbance with fears, vivid dreams or nightmares, sometimes with overt or veiled sexual content.
- Withdrawal and depression, learning failure, mutism, self injury, suicide attempts.
- Temper, aggression, disobedience and attention seeking anxiety or restless behaviour.
- Lack of trust in familiar adults.
- Girl takes over the 'mothering role' in the family whether or not the mother is present.
- Absconding, requests to leave home.

Sexualised conduct or inappropriate sexual knowledge in children may be due to direct sexual abuse or other forms of sexual abuse, such as from observing others or watching pornographic videos. The following are possible indications of sexual abuse.

- Continual open masturbation, aggressive, inappropriate and explicit drawing and sex play (masturbation and some exploration are a normal part of growing up but it is the type of persistence of these activities that cause concern)
- Precocious knowledge of adult sexual behaviour
- A boy or girl behaves in a sexually precocious way
- Inappropriate displays of affection between parent and child behaving more like lovers.
- Marked fear of men.
- Fear of undressing.

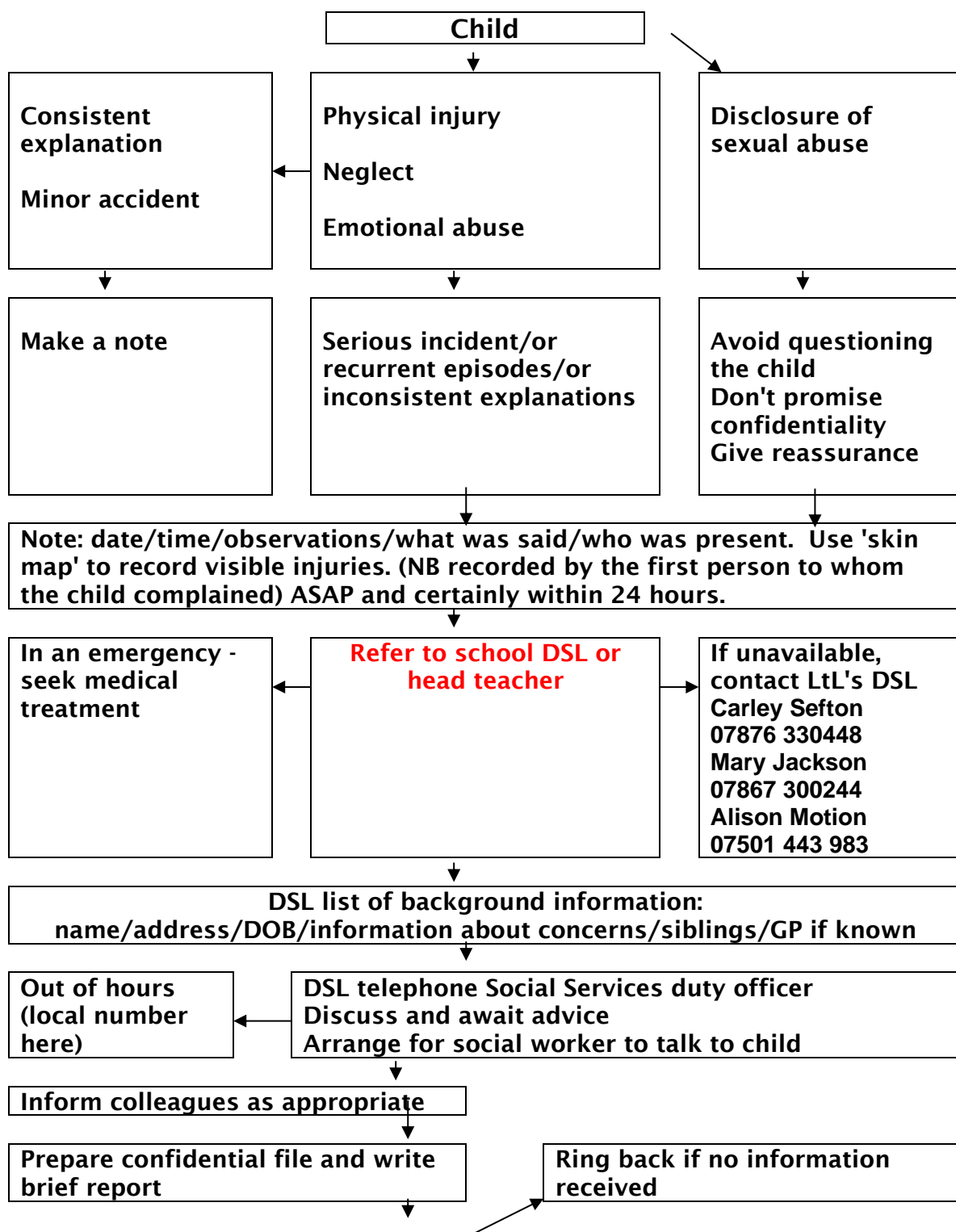
Some physical conditions may also be indicators of sexual abuse, but not necessarily so.

- Difficulty in walking or sitting.
- Pain in passing water.

- Recurrent urine infections.
- Soiling.
- Recurring bed wetting.
- Psychosomatic problems such as recurrent tummy ache or headache.

Appendix 3

Child Protection Procedures



**Feedback from Social
Services/continued liaison**

Appendix 4

Allegation of child abuse made against a member of staff

- Any allegation of child abuse made against a member of staff must be investigated.
- The member of staff must not have access to the child once an allegation is made.
- The allegation must be reported to the DSL, the Trustees and Social Services.
- The member of staff must be urged to seek professional advice.
- The allegation will be dealt with under disciplinary procedures.