

BIRKENHEAD SIXTH FORM COLLEGE

**CHILD PROTECTION POLICY AND PROCEDURES INCORPORATING GUIDANCE
FOR THE PROTECTION OF VULNERABLE ADULTS**

COLLEGE CHILD PROTECTION CO-ORDINATOR IS CHERYL PRICE

COLLEGE NAMED GOVERNOR IS PAULINE COCKER CHAIR OF CORPORATION

1. INTRODUCTION

- 1.1 These procedures are part of a Wirral strategy to deal with child abuse, co-ordinated by the Wirral Safeguarding Board and incorporate the legislation, guidance and good practice contained in:
- The Children Act 1989 (2004)
 - Working Together to Safeguard Children (2006)
 - Safeguarding Children in Education (2004)
 - Safer Practice, Safer Learning
- 1.2 The definition of “child” in the Children Act, 1989, is “a person under the age of eighteen”. Wirral Safeguarding Board procedures follow this definition. This policy does however contain advice on issues for young people aged over eighteen.
- 1.3 These procedures indicate the action to be taken if there is evidence or cause for concern that young people have suffered from or are at significant risk of:-
- (i) any form of abuse, including physical injury, neglect, emotional abuse and sexual abuse;
 - (ii) any other significant harm
- 1.4 Some adults are also vulnerable to abuse and the procedures may also be followed in response to allegations from vulnerable adults. The definition of a vulnerable adult (Department of Health 2000) is “a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”
- 1.5 Throughout the document, the term “member of staff” includes all management, teaching and support staff in College, both full-time and part-time.

2. PRINCIPLES OF CHILD PROTECTION WORK

2.1 Focus on the child

Children have rights of their own, independent of their parents, in particular the right to the satisfaction of their basic needs (for food, warmth, clothing, shelter, health care and emotional security) and the right to protection from harm and abuse. A child has a right in law not to be subjected to assault, ill

treatment, neglect or sexual exploitation. Children have a right to be raised by their parents, as their parents think fit within the law, and children should normally grow up within families. It is important to obtain the child's or young person's views and feelings when planning action, taking into account their age, race, religion, culture and language and to respect these as far as is possible. All child protection work should be child centred and focus on the needs and best interests of the child. In any conflict of interests, the protection of the child must take precedence over the rights of the parents and the welfare of the child must be the paramount concern.

2.2 **Working with Parents**

Parents have the prime responsibility for meeting the needs of their children. Intervention by others should seek to enhance not undermine this.

2.3 **Professional Rights and Responsibilities**

Working with child abuse is difficult and demanding for all professionals. Whenever a professional is concerned about a child, he or she has some responsibility for the protection of the child.

2.4 **Prevention**

The Children Act (1989) enshrines the duty of the Local Authority and other agencies to work in partnership with parents or those with parental responsibility to promote a child's welfare within its family and to prevent a child from inappropriately entering or remaining in Local Authority Care. If at all possible the child or children should be supported within their own families taking into account that their right to be protected from abuse overrides all other considerations.

2.5 **Inter-Agency Responsibility**

No single agency can deal with child abuse issues alone. The responsibility for the protection of children is shared by a number of agencies. Effective communication and co-ordination is essential for the protection of children.

3. **DEFINITIONS OF ABUSE**

Abuse may fall into a number of categories: physical abuse, emotional abuse, sexual abuse and neglect. Somebody may neglect a child by inflicting harm or by failing to prevent harm. Abuse can occur in a family or in an institutional or community setting, by those known to them, or more rarely, by a stranger. Examples of abuse are show below.

Physical Abuse

Physical Abuse is actual or likely physical injury to a child or young person, failure to prevent physical injury, including intentional poisoning or suffocation. Physical harm can also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child or young person as to cause severe and persistent adverse effects on the child's emotional development. It can involve conveying to a child that they are worthless or unloved, inadequate, or valued in so far as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children or preventing a child participating in normal social interaction.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may also include non-contact activities such as involving children looking at, or in the production of sexual, online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve failing to provide adequate food, clothing and shelter, protecting a child from physical and emotional harm or danger, failure to ensure adequate supervision or access to medical care or treatment.

4. THE DUTY TO REFER

Any person who has knowledge or suspicion that a child has been abused or is at risk of abuse, has a DUTY TO REFER their concerns to one of the agencies with statutory authority to investigate i.e. Social Care Department or Police. Staff should be alert to signs of possible abuse and in addition should listen carefully and take seriously any comments a student makes about possible abuse. A member of the staff will be designated as Child Protection Co-ordinator and will liaise with the Social Care Department and other agencies as appropriate. The College Child Protection Co-ordinator is currently Cheryl Price.

The name of the current Child Protection Co-ordinator will always be made available on the staff and student notice-boards and by application to the Principal.

4.1 Confidentiality

4.1.1 Staff should never indicate to a child or young person that they will keep secrets or not pass on information. A feature of child abuse, and child sexual abuse in particular, is the secretive nature of the relationship which exists between the perpetrator and the child or young person. The abuse is surrounded with an atmosphere of secrecy and staff can find themselves colluding with the relationship in a destructive way.

4.1.2 Approaches from young people along the lines of – “If I tell you something you won't tell anyone else, will you?” should be met with a firm but gentle explanation – “I can't promise that – some things you might tell me I may have to share with someone else in order to find the right help. What I can promise you is not to do that without you knowing”. Young people may then choose not to tell but usually they are seeking someone to help them break out of their secret, not to join them in it.

For young people who do choose not to tell, the adult should make sure that the young person knows of organisations who operate confidentially, e.g.

Childline (0800 1111). Perpetrators are often abusing other children and young people at the same time and this needs to be taken into account when determining a course of action. It must be made clear that absolute pledges of confidentiality cannot be given. However, children and their parents have a right to expect that great care will be taken with personal information about their family. The General Medical Council has advised doctors who suspect that a child is being abused that “not only is it permissible for a doctor to disclose information to a third party but it is the duty of the doctor to do so”. Such a duty similarly rests on all professionals who work with children and young people.

5. **PROCEDURES – WHAT TO DO**

5.1a **If suspicious of physical abuse**

Make a careful note of the injury and the child’s behaviour and demeanour.

Make GENERAL enquiries regarding the cause of the injury and consider the feasibility of any explanation. It is important that in an attempt to clarify the situation staff take care not to embark on their own investigation which may have implications for any future Social Care Department/Police investigation.

5.1b **If suspicious of sexual abuse**

Make a careful note of signs giving rise to suspicion, if there are any.

DO NOT attempt to discuss with child or parent/carer at this point. This work must be done by trained police, social work and medical staff otherwise medical and other evidence may be lost.

5.1c **If suspicious of neglect/emotional abuse/failure to thrive** (more likely at a younger age).

Make careful note of your concerns stating clearly the factual information in support of your concerns.

5.1d **If a student discloses to you**

Reassure the student that they have done the right thing in coming to you, but do not promise confidentiality, you have a duty to refer a student who is at risk. Explain to the student what you have to do next and to whom you have to talk. Make some very brief notes at the time and record the date, time and place. Remember to record statements rather than your interpretations or assumptions. Any notes must be passed directly to the College’s Child Protection Co-ordinator.

5.2 **Discuss the matter immediately with the College’s Child Protection Co-ordinator or the Assistant Principal (Student Services) or, in their absence, the Principal, Deputy Principal, Assistant Principal or a Director of Student Services.**

5.3 Disclosures to staff may also be made by students who are not necessarily subject to abuse themselves but are aware or suspicious that a child is at risk in their household or even other households. In these cases too, members of staff should pass the information immediately to the Child

Protection Co-ordinator.

Recording information

- 5.4 The Child Protection Co-ordinator will be responsible for recording information about each case and for collecting reports and notes as appropriate. The Co-ordinator should not collect statements from the young person but ask the member of staff who initially listened to the young person to record what he/she said and what the member of staff who received the information said in response.

All records should be signed and dated.

All Child Protection information collected will be kept in a cabinet in the room of the Assistant Principal (Student Services) and shall only be directly available to the Assistant Principal and the Child Protection Co-ordinator.

- 5.5 **Investigation**

Where disclosure, allegations or suspicions of abuse are referred to Social Care, there are various possible outcomes:

Having made checks, Social Care may decide to take no action.

Social Care and/or the Police may investigate the allegations. The investigation of a case may result in a Case Conference being held.

- 5.6 **Case Conferences**

The purpose of a case conference is to bring together family members, the child if appropriate and those professionals involved with the child and family, following child protection enquiries.

The purpose of the conference is to exchange information, assess future risk and assess what action is needed to safeguard the child, how that action will be taken forward and with what intended outcomes.

Staff who are involved with the child may be asked to attend a case conference. If you are called upon, you should discuss this with the Child Protection Co-ordinator.

YOUNG PEOPLE 18 YEARS AND OVER

- 6.1 Where the young person has reached 18 years of age, the member of staff's role is to emphasise the importance of the young person making their own contact with either the Social Care Offices as outlined in previous paragraphs and/or the local Police. At this age and older, the role is to outline the range of options available to the young person and to support and enable the young person in whichever one they choose.
- 6.2 The major options available will include the young person approaching either Social Care, Police and/or specialist counselling services. It is most unlikely that the situation will be resolved by the member of staff independently or by contacting any other relevant agencies without the consent of the young person involved, and neither course of action is recommended.
- 6.3 Action can only formally be taken by appropriate agencies to resolve such issues if the situation or complaint is brought to the knowledge of relevant agencies by the young person him/herself.

- 6.4 When an allegation is made by a young person aged over 18, it is important to determine if there are any children or young persons under 18 years of age living with the alleged perpetrator. If so, a referral should be made as detailed in Section 5/6 of this document.

7. **ALLEGATIONS AGAINST STAFF**

If an allegation is made against a member of staff by a student to another member of staff, this should be recorded and reported immediately by that member of staff to the Deputy Principal (Personnel), or any other member of the Senior Management Team. If an allegation is made against the Principal it should be recorded and passed immediately to the named governor, Pauline Cocker.

8. **CHILD PROTECTION ISSUES ON EXTENDED WORK PLACEMENT**

Extended work experience placements refers to those students undertaking work based learning over a long period of time to achieve qualifications, for example spending one or two days in the workplace over a period of time. (This does not refer to work experience undertaken over 1 or 2 weeks). Staff who arrange, vet and monitor work placements should have appropriate training in child protection. The training organisation should have an explicit child protection policy and the person responsible for delivering the training should have appropriate child protection training. People supervising students in the work placement should have been police cleared. Students should be made aware that if they are concerned about their own personal safety with regard to child protection issues, they should immediately inform the College Placement Supervisor or their Personal Tutor.

9. **STAFF TRAINING AND SUPPORT**

9.1 Training will be given in line with the 'Safeguarding Children in Education' guidance:

- to staff directly involved, to help them to perform their duties (every 2 years)
- to all other staff, to raise awareness of the procedures and the issues involved (every 3 years)
- to members of the Governing Body

9.2 Support may be required for staff who have been dealing with Child Protection issues. In many cases, this can be a painful and disturbing experience for staff, who may in some cases require counselling support. In some situations, staff may feel competent to give a student their continuing help as a listener until professional counselling is available. In these cases, staff must ensure that designated staff are aware of the situation, that they themselves have appropriate support and that they are not drawn into a pseudo-counselling relationship with the student.

10. **VULNERABLE ADULTS**

10.1 Education providers of post-16 learning and skills have responsibilities to ensure the safety of children, young people and also those adults deemed 'vulnerable'. (see definition in Section 1).

Consequently, a vulnerable adult may be a person who:
Suffers from a mental disorder including dementia or a personality disorder,
has a physical or sensory disability, has a learning disability, has a severe
physical illness, has HIV/AIDS, is a substance misuser, is a carer, is
homeless, is elderly and frail.

Definitions of abuse are given in Appendix 3

10.2 **Procedures for College Staff**

If a member of staff suspects or receives information or an individual makes a disclosure, that member of staff has a responsibility to refer to the Child Protection Co-ordinator who will then contact Social Care.

The guidance is very similar to that for Child Protection procedures:
Members of staff should be aware that their duty to refer overrides the concept of confidentiality and this should be explained to the student in an appropriate manner.

Staff should avoid asking questions of the individual, examining or removing any articles, as this may prejudice any further investigation.

Staff should record as simply and accurately as possible the events which led them to make the referral.

The safety and welfare of the individual is the primary objective and staff should not delay in seeking medical help in an emergency, or in contacting necessary assistance if immediate protection is needed. The situation should then be reported to the Child Protection Co-ordinator who will contact Social Care or the Police.

11. **REVIEW PROCEDURES**

The Assistant Principal (Student Services) will meet termly with the College's Child Protection Co-ordinator to review the effectiveness of the procedures. These questions will need to be addressed:

- (a) How well were cases managed by the College?
- (b) Were the Wirral Safeguarding Board procedures followed and were they appropriate?
- (c) Did the College successfully collaborate with the agencies involved in the case and how effective and co-operative were the other agencies in working with the College?
- (d) Was the right balance maintained between confidentiality and "need to know"?
- (e) How did the College manage the relationship with the young person and their family (if appropriate).
- (f) Are any changes needed in the College's policies.

APPENDIX 1

TELEPHONE NUMBERS

- | | |
|---|--|
| 1. Central Adviser and Duty Team (CADT)
Fax | 0151 606 2006
0151 606 2600 |
| 2. Emergency Duty Team (EDT) | 0151 652 4991 |
| 3. Wirral Area Child Protection Co-ordinator/
Custodian of the Child Protection Register
(Also at Arroe Park Hosp. for out of office hours) | 0151 639 0761
(Salisbury Centre) |
| 4. Wirral Safeguarding Unit | 0151 666 4422 |
| 5. Safeguarding Adults Unit
Children and Young Peoples Department | 0151 666 5064
0151 606 2000 |
| 6. Town Hall Wallasey | |

Local Social Care Offices

These numbers should be used if the student is known to be on the Child Protection register

Bebington Town Hall
Civic Way
Bebington
0151 643 9000

Wallasey Offices
Municipal Buildings
52 Seaview Road, Liscard
0151 630 6196

Birkenhead South
Meadow Lane
Rock Ferry
0151 643 8223

Birkenhead North
Conway Building
Conway Street, Birkenhead
0151 666 4696

Central Wirral
Knutsford Road
Moreton
0151 604 3570

West Wirral Officers
Bridge Street
West Kirby
0151 625 0045

Wirral Education Department

LA Child Protection Co-ordinator
(General Inspector PSHE & Pupil Response)
Solar Campur
David Ellison – LA CP Co-ordinator
0151 637 6060

Shelagh Coates - Children and Young Person Department
Schools Designated Lead Officer for Child Protection
Acre Lane, Bromborough
0151 346 6752

Special Education Support Service
Solar Campus
Leasowe
0151 637 6165

HEALTH - Wirral Hospital Trust

Arroe Park District General Hospital

Accident and Emergency, Paediatrics and all other Departments
0151 678 5111

Consultant Community

Child Development Centre **0151 604 7317**

Reviewed Nov 07

Paediatricians
Safeguarding Adults Unit

St. Catherine's Hospital
0151 666 5064

Wirral and West Cheshire Community NHS Trust

Senior Nurse Child Protection
0151 604 7302

H Block
St. Catherine's Hospital, Tranmere

N.S.P.C.C.
Area Children's Service Manager
0151 737 1999

125/127 High Street
Wavertree
Liverpool L15 8JS

North West Duty Line 0800 056 2324

(M-F 09.00 - 17.00)

N.S.P.C.C. National Helpline

0800 800 5000 (24 hours)

Childline
0800 1111 (24 hrs)
Minicom 0800 400 2222 (14.00 - 21.00)

Freepost 1111
London N1 OBR

Merseyside Police
Police Headquarters (24 hr availability)
0151 709 6010

Canning Place
Liverpool

(This is the number of the main switchboard, please ask for the appropriate district or area).

Family Support Unit (FSU)
0151 777 2683/4/5/6

Bebington Police Station
Civic Way, Bebington

Birkenhead Police Station
Chester Street
Birkenhead
0151 777 2230

Bromborough Police Station
New Chester Road
Bromborough
0151 777 2530

Heswall Police Station
Telegraph Road
Heswall
0151 777 2350

Hoylake Police Station
Queens Road
Hoylake
0151 777 2130

Upton Police Station
Arrowe Park Road
Upton
0151 777 2430

Wallasey Police Station
Manor Road
Liscard
0151 777 2030

Merseyside Probation Service
Family Court Welfare Service
State House, Dale Street
Liverpool
0151 286 6464

Wirral Office
40 Europa Boulevard
Birkenhead
Wirral
0151 666 0400

Pre and Post Release
Community Supervision
Community Service
Mental Health Team
Criminal Justice Liaison

APPENDIX 2 **THE ROLE OF THE CHILD PROTECTION CO-ORDINATOR**

- 2.1 The Co-ordinator will be responsible for referring an allegation to one of the investigating agencies (Police or Social Care). In case of a suspicion, the Child Protection Co-ordinator may decide not to refer immediately and will proceed as in 5.9 and 5.10.
- 2.2 A check should firstly be made to the Borough's Child Protection Register (639 0761 – 9.00 – 17.00 Mon-Fri); 678 5111 (24 Hours)). If the child is found to be registered the key worker should be contacted immediately. Also check on the student's file, information may have been passed on by the High School.
- 2.3 If the child is not registered the matter must be referred on the same day by the College Child Protection Co-ordinator or senior member of staff to the Social Care Central Adviser and Duty Team (CADT). A complete set of phone numbers is attached as an appendix.
- 2.4 If the Child Protection Co-ordinator or senior member of staff is not available the member of staff must make direct contact him/herself with the duty Social Worker and inform the Principal at the earliest possible opportunity.
- 2.5 If a situation arises outside normal office hours the matter must be referred to the Social Care Department Emergency Duty Team, telephone number 652 4991.
- 2.6 In an emergency if the Social Care Department cannot be contacted the matter should be referred to the Police who have powers to detain and protect children.
- 2.7 Following verbal referral the Assistant Principal (Student Services) must forward a written report using the multi-agency referral form confirming the information given to the Area Social Care Office.
- 2.8 If staff are in doubt about what to do in particular circumstances but think a child may be at risk he/she must discuss the matter with the College's Child Protection Co-ordinator immediately. Whatever he/she decides to do it is essential that concerns and any action taken are recorded.
- 2.9 If the College's Child Protection Co-ordinator feels that there is not sufficient concern to pass the matter on to the investigating agencies, he/she should nevertheless record the actions they have taken and the reasons for this.
- 2.10 If they feel that there is cause for concern but are unsure whether it should be referred, he/she should discuss the matter further with the Duty Officer at the appropriate Social Care area office.
- 2.11 If the young person is resident in another Borough the Co-ordinator must refer the case to the appropriate home-based Social Care team.

APPENDIX 3

PROTECTION OF VULNERABLE ADULTS

DEFINITIONS OF ABUSE

Physical Abuse

The following signs could be indicators of abuse:

- Multiple bruising
- A history of unexplained falls/minor injuries
- Burns not consistent with possible explanations
- Increasing immobility
- Dehydration
- Over or under use of medication
- Fractures not consistent with falls or explanations
- Cuts that cannot be explained by self injury

Neglect and Acts of Omission

This includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of things such as medication, adequate nutrition etc.

Indicators may include:

- Loss of weight
- Persistent hunger
- Poor hygiene
- Consistent lack of supervision for long periods
- Inappropriate dress
- Constant fatigue or listlessness
- Physical or medical needs/problems that are not attended to
- Denial of religious or cultural needs.

Psychological Abuse

This can take effect through insults, humiliation, threats, bullying, depriving a person of due respect, dignity and affection and demoralisation of the individual concerned.

Indicators may include:

- Strain within the relationship
- An air of silence when the alleged abuser is present
- A generally lack of consideration for the vulnerable adult's needs
- Refusal to allow the vulnerable adult an opinion of their own
- Denial of the individual's privacy
- Denial of freedom of movement

Financial or Material abuse

This is likely to involve access to and misinterpretation of funds, possessions or benefits of a vulnerable adult. This can involve the use of money or property without the informed consent of the vulnerable adult or making transactions which they don't understand.

Indicators may include:

- Situations where, despite having personal benefits the vulnerable adult is without money and where that person is not able to spend money without assistance
- Unexplained withdrawals from savings accounts
- Unexplained disappearance of financial documents
- An unexplained shortage of money

Sexual Abuse

With this type of abuse the offender involves a pressure and the vulnerable adult engages in sexual activities to which they are unable to give their consent. This can include rape and assault and may include circumstances in which assault can take a place within a relationship or marriage.

Indicators include:

- Unexplained bruising around the genital areas
- Reluctance of an individual to be alone with an individual known to them
- Unexplained behaviour change
- In residential care, fear of staff offering help with undressing, toileting etc.

Institutional Professional Abuse

Institutional abuse may be defined as both abuse by a regime or by individuals of that regime. It can also include the undermining of a positive caring culture such as weak management, poor pay and conditions, and absence of appropriate training for staff and poor channels of communication.

