

St Pius X College

Magherafelt



Supporting – Participating – eXcelling

Safeguarding & Child Protection Policy

(“keeping safe message”)

Students and parents/guardians are made aware of the existence of key policies through an information pack which all students receive in Term 1 of each academic year. This policy and other related policies can also either be found on our college website or can be requested from the main office. All staff can access all policies from within the Staff Folder and inform students accordingly of them.

Policies are reviewed regularly and may be amended in response to feedback from students, staff, parents and external organisations.

[EANI](#)

[EA PORTAL Training Resources – Password protected](#)

[DENI](#)

[CPSS](#)

Updated: September 2022

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1 CHILD PROTECTION ETHOS

We in **ST PIUS X COLLEGE** have a responsibility for the safeguarding and child protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

Definition of Child

The term 'child' has the same meaning as in the Children (Northern Ireland) Order 1995 ie a person under the age of 18. In the case of a pupil with special educational needs the term 'child' should be interpreted as including any person who has not attained the age of 19 and is a registered pupil at the school. A person who attains age 19 during a school year shall be deemed not to have attained that age. While a school has responsibility for all registered pupils, referral pathways and processes may differ for a young person over the age of 18 (Education (NI) Order 1996).

Definition of Safeguarding

The welfare of children and young people must be promoted and they must be given every opportunity to develop to their full potential, free from harm through abuse, exploitation, and neglect.

Effective safeguarding activity will:

- Promote the welfare for the child and young person
- Prevent harm occurring through early identification of risk and appropriate, timely intervention:
- Protect children and young people from harm when this is required.

Definition of Child Protection

A child in need of protection is a child who is at risk of, or likely to suffer significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm. 'Harm' means ill treatment or the impairment of health or development, and the question of whether harm is significant is determined in accordance with Article 50(3) of the Children Order.

General Principles

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, "Co-operating to safeguard children and young people in Northern Ireland" (DHSSPSNI, 2017), the Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" Circular 2017/04 (amended September 2019; updated June 2020, updated June 2022) and the SBNI Core Child Protection Policy and Procedures (2017).

[Refer to Appendix 1 for Legal and Policy Context](#)

The following **principles** form the basis of our Child Protection Policy:

- **The child or young person's welfare is paramount** - The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child's rights and parent's rights. All efforts should be made to work co-operatively with parents, unless doing so is inconsistent with ensuring the child's safety. **They apply to all children under the age of 18.**
- **The voice of the child or young person should be heard** - Children and young people have a right to be heard, to be listened to and to be taken seriously, taking account of their age and understanding. They should be consulted and involved in all matters and decisions which may affect their lives and be provided with appropriate support to do so where that is required. Where feasible and appropriate, activity should be undertaken with the consent of the child or young person and, where possible, to achieve their preferred outcome

- **Parents are supported to exercise parental responsibility and families helped to stay together** - Parents have responsibility for their children rather than rights over them. In some circumstances, parents will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
- **Partnership** - Safeguarding is a shared responsibility and the most effective way of ensuring that a child's needs are met is through working in partnership. Sound decision-making depends on the fullest possible understanding of the child or young person's circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
- **Prevention** - The importance of preventing problems occurring or worsening through the introduction of timely supportive measures.
- **Responses should be proportionate to the circumstances** - Where a child's needs can be met through the provision of support services, these should be provided. Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.
- **Protection** - Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State.
- **Evidence-based and informed decision making** - Decisions and actions taken must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, risks to which they are exposed, and their assessed needs.

Adult Safeguarding This is relevant to schools with pupils who are 18 years and older

For further information see: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents>

Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives

We are committed to:

- Ensuring that the welfare of vulnerable adults is paramount at all times.
- Maximising the student's choice, control and inclusion, and protecting their human rights.
- Working in partnership with others in order to safeguard vulnerable adults.

We will follow the procedures outlined in this policy when responding to concerns or disclosures of abuse relating to our students who are 18 years or over.

2 RELATED SAFEGUARDING POLICIES

The school has a duty to ensure that safeguarding permeates all activities and functions. The child protection policy therefore complements and supports a range of other school policies including:

- Anti-Bullying
- Attendance
- Drugs
- Positive Behaviour Management
- Staff Code of Conduct
- Complaints
- Educational Visits
- Online Safety
- Managing Critical Incidents

- First Aid and Administration of Medicines
- Health and Safety
- Intimate Care
- Records Management
- Relationships and Sexuality Education
- Special Educational Needs
- Use of Mobile Phones/Cameras
- Use of Reasonable Force/Safe Handling
- Whistleblowing

These policies are available to parents and any parent wishing to have a copy should contact the School office or visit the school website.

3 SCHOOL'S SAFEGUARDING TEAM:

- Chair of the Board of Governors
- Designated Governor for Child Protection
- Principal **Mr P Friel**
- Designated Teacher **Mrs E Toner**
- Deputy Designated Teacher(s) **Mr J Mulholland, Mrs C Bell, Mrs I McCann**

Roles and Responsibilities

Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.
- A Designated and Deputy Designated Teacher are appointed in their schools.
- They have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
- Safeguarding and child protection training is given to all staff and governors including refresher training.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
- The school has an Anti-Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- There is a code of conduct for all adults working in the school.
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 and DE Circular 2013/01.
- They receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- The school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and [2020/07 Child Protection: Record Keeping in Schools](#): Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

Chair of Board of Governors

The Chairperson of the BoG plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment.

In the event of a safeguarding or child protection complaint being made against the Principal, it is the Chairperson who must assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department (and relevant guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures.

The Chairperson is responsible for ensuring child protection records are kept and for signing and dating annually the Record of Child Abuse Complaints against staff members even if there have been no entries.

Designated Governor for Child Protection

The BoG delegates a specific member of the governing body to take the lead in safeguarding/child protection issues in order to advise the governors on: -

- The role of the designated teachers;
- The content of child protection policies;
- The content of a code of conduct for adults within the school;
- The content of the termly updates and full Annual Designated Teachers Report;
- Recruitment, selection, vetting and induction of staff.

Designated Teacher for Child Protection

Every school is required to have a DT and DDT with responsibility for child protection. These are highly skilled roles developed and supported through a structured training programme, requiring knowledge and professional judgement on complex and emotive issues. The role involves:

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having responsibility for record keeping of all child protection concerns.
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs.
- Making referrals to Social Services or PSNI where appropriate.
- Liaison with the EA Designated Officers for Child Protection.
- Keeping the school Principal informed.
- Taking the lead responsibility for the development of the school's child protection policy.
- The promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the BoG regarding child protection

Deputy Designated Teacher for Child Protection

- The role of the DDT is to work co-operatively with the DT in fulfilling his/her responsibilities.
- It is important that the DDT works in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

The School Principal

- The Principal, as the Secretary to the BoG, will assist the BoG to fulfil its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and timely inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff.
- The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT Designated Teacher posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme. It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.
- The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

Other Members of School Staff

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available.
- Class teachers and Year Heads should complete the **Note of Concern (See Appendix 1b)** if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.
- **Staff should not** give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions

Support Staff

- If any member of the support staff has concerns about a child or staff member they should report these concerns to the Designated Teacher or Deputy Designated Teacher if he/she is not available. A detailed written record of the concerns will be made and any further necessary action will be taken.

Parents

The primary responsibility for safeguarding and protection of children rests with parents who should feel confident about raising any concerns they have in relation to their child.

- Parents can play their part in safeguarding by informing the school.
- If the child has a medical condition or educational need.
- If there are any Court Orders relating to the safety or wellbeing of a parent or child.
- If there is any change in a child's circumstances for example - change of address, change of contact details, change of name, change of parental responsibility.
- If there are any changes to arrangements about who brings their child to and from school.
- If their child is absent and should send in a note on the child's return to school. This assures the school that the parent/carer knows about the absence. More information on parental responsibility can be found on the EA website at: www.eani.org.uk/schools/safeguarding-and-child-protection

It is essential that the school has up to date contact details for the parent/carer (Office Staff to keep SIMS information updated).

4 CHILD PROTECTION DEFINITIONS

Definition of Harm

(Co-operating to Safeguard Children and young People in Northern Ireland August 2017)

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm.

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

SEXUAL ABUSE occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

EMOTIONAL ABUSE is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

PHYSICAL ABUSE is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

NEGLECT is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

EXPLOITATION is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, and engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature. Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in ST PIUS X COLLEGE are aware of and have therefore included them in our policy. Please see [Appendix 2](#)

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English or sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see [Appendix 3](#)

Signs and Symptoms of Abuse

Information for schools - the definition of signs and symptoms of abuse from the SBNI Regional Core Policies and Procedures guidance. [See Appendix 4](#)

Adult Safeguarding

An 'Adult at risk of harm' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) Personal characteristics and/or
- b) Life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An 'Adult in need of protection' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) Personal characteristics and/or
- b) Life circumstances and
- c) Who is unable to protect their own well-being, property, assets, rights or other interests; and
- d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

See [Appendix 3](#) for further information

5 RESPONDING TO SAFEGUARDING AND CHILD PROTECTION CONCERNS

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm¹.

If a parent has a potential child protection concern within the school

In ST PIUS X COLLEGE we aim to work closely with parents/guardians in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner.

If a parent has a concern they can talk to the Class Teacher/Year Head, the Designated or Deputy Designated Teacher for child protection or the Principal.

¹ Co-Operating to Safeguard Children and Young People in Northern Ireland (March 2016)

<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

If they are still concerned they may talk to the Chair of the Board of Governors.

At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit.

Details of who to contact are shown in the flowchart in [Appendix 5](#)

Where school has concerns or has been given information about possible abuse by someone other than a member of staff

In ST PIUS X COLLEGE if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern ([Appendix 1b](#)) and act promptly.

Refer to [Appendix 1c](#) for Steps for managing a disclosure.

STAFF DO NOT INVESTIGATE - this is a matter for Social Services - but discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff always taking care to avoid due delay. If required advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

If a child protection referral is not required the school may consider other options including monitoring, signposting or referring to other support agencies e.g. Family Support Hub with parental consent and, where appropriate, with the child/young person's consent.

If a child protection referral is required the Designated Teacher will seek consent from the parent/carer and/or the child {if they are competent to give this} unless this would place the child at risk of significant harm.

The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form.

If the concern relates to a student over the age of 18 the Designated Teacher will discuss the concerns with the Trust Adult Safeguarding Team or the Team with responsibility for Vulnerable Adults. This team will assess the level of risk. Refer to [Appendix 1c](#) for guidance on managing a disclosure.

Where appropriate the source of the concern will be informed of the action taken.

For further detail please see [Appendix 6](#)

Where a complaint has been made about possible abuse by a member of the school's staff or a volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in [Appendix 7](#) will be followed.

6 CONSENT

Prior to making a referral to Social Services the consent of the parent/carers and/or the young person (if they are competent to give this) will normally be sought. The exception to this is where to seek such consent would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

In circumstances where the consent of the parent/carer and/or the young person has been sought and is withheld we will consider and where possible respect their wishes. However our primary consideration must be the safety and welfare of the child and we will make a referral in cases where consent is withheld if we believe on the basis of the information available that it is in the best interests of the child/young person to do so.

These paragraphs relate to students aged 18 or over

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case contact will be made with the local Adult Protection Gateway to seek further advice.

In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

The principle of consent may be overridden if there is an overriding public interest, for example in the following circumstances:

- the person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
- consent has been provided under undue influence, coercion or duress;
- other people are at risk from the person causing harm;
- or a crime is alleged or suspected

Confidentiality and Information Sharing

Information given to members of staff about possible child abuse cannot be held "in confidence". In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a 'need to know' basis.

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will consider what information should be shared with the Designated Teacher in the receiving school.

Where it is necessary to safeguard children information will be shared with other statutory agencies in accordance with the requirements of this policy, the school data protection policy and the General Data Protection Regulations (GDPR).

In accordance with DE guidance we must consider and develop clear guidelines for the recording, storage, retention and destruction of both manual and electronic records where they relate to child protection concerns.

Record Keeping

Refer to Appendix 1a

In order to meet these requirements all child protection records, information and confidential notes concerning pupils in our ST PIUS X COLLEGE are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DE guidance on the disposal of child protection records these records will be stored from child's date of birth plus 30 years.

If information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and appropriately password protected.

These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence.

NB – if schools are using any C2K approved platforms, such as My Concern or CPOMS make reference to it here

7 SAFE RECRUITMENT PROCEDURES

Vetting checks are a key preventative measure in preventing unsuitable individuals' access to children and vulnerable adults through the education system and schools must ensure that all persons on school property are vetted, inducted and supervised as appropriate if they are engaged in regulated activity. All staff paid or unpaid who are appointed to positions in ST PIUS X COLLEGE are vetted/supervised in accordance with relevant legislation and Departmental guidance.

8 CODE OF CONDUCT FOR ALL STAFF - PAID OR UNPAID

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors.

See [Appendix 8](#) for St Pius X College Staff Code of Conduct.

8a CODE OF CONDUCT FOR PARENTS, CARERS, VISITORS

In St Pius X College we want to build good relationships within the whole of our school community – that includes parents, staff and pupils.

See [Appendix 8a](#) for St Pius X College Parents, Carers, Visitors Code of Conduct.

9 THE PREVENTATIVE CURRICULUM – Based on 5 key themes:

Emotional Health & Wellbeing (EHWB), Antibullying, Addition Awareness & Prevention, Safeguarding & Online Safety, Relationships and Sexual Education (RSE)

1. Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.
2. Throughout the school year child protection issues are addressed through class assemblies and there is a permanent child protection notice board in the main corridor and relevant information in each resource area, which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, police etc. health visitor parent programmes etc.
3. While it is important that those at risk are identified and interventions are put in place, it is equally important that children and young people are provided with information and skills in building healthy behaviours and relationships. Children should be provided with the opportunity to develop good mental health and emotional resilience to enable them to identify abuse and exercise prevention skills. See [Appendix 9 - Contacts for advice](#).

10 MONITORING AND EVALUATION

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the schools staff induction and training programme and as part of day to day practice. Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the Schools Safeguarding Team. The Board of Governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher.

See [Appendix 10 - Questionnaires](#)

APPENDIX 1

Legislation, guidance and procedures which inform this policy:

The United Nations Convention on the Rights of the Child

The United Kingdom agreed to be bound by the Convention in 1991. It sets out the rights which all children and young people up to the age of 18 should have.

The Children (Northern Ireland) Order 1995

The Children (Northern Ireland) Order 1995 is the principle statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers. It is the most comprehensive and far reaching child care legislation ever introduced to Northern Ireland. It clearly identifies five key principles which are Paramountcy, Prevention, Protection, Partnership and Parental Responsibility with the welfare of the child considered as being of paramount importance.

The Education and Libraries (Northern Ireland) Order 2003

Articles 17, 18 and 19 of the Education and Libraries (Northern Ireland) Order 2003 place a statutory duty on Boards of Governors (BoG) to safeguard and promote the welfare of its pupils and to determine the measures to be taken at the school with a view to protecting pupils from abuse (whether at school or elsewhere).

Sexual Offences (Northern Ireland) Order 2008

This legislation reduced the age of consent in NI (in line with other areas of the UK), and strengthened the legal safeguards for young people between the ages of 16 and 17. Significantly, it introduced the concepts of grooming (including online behaviours), and 'Abuse of a Position of Trust'.

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as amended by the Protection of Freedoms Act 2012 provides the legislative framework for the establishment of a Disclosure and Barring Service and requirements relating to individuals who work with children and vulnerable adults. This legislation, brought in to address concerns around the plethora of criminal justice legislation in recent years, defines 'regulated activity' with children and prevents persons on barred lists from engaging in regulated activity.

www.legislation.gov.uk/ukpga/2012/9/contents/enacted

The Safeguarding Board (Northern Ireland) Act 2011

This Act established the SBNI and places interagency co-operation on a statutory footing. The objective of the SBNI is to safeguard and promote the welfare of children and young people in Northern Ireland by co-ordinating and ensuring the effectiveness of what is done by each person or body represented on the board. The SBNI are also responsible for development of regional policies and procedures for safeguarding and promoting the welfare of children.

www.safeguardingni.org

The Public Services Ombudsman Act (NI) 2016

The Public Services Ombudsman Act (NI) 2016 gives a power to investigate education authorities in respect of complaints made by a member of the public (came into effect on 1 April 2016). The power to investigate will extend to Boards of Governors of grant-maintained schools from 1 April 2017. This process of complaint must be referred to in the complaints policy.

www.legislation.gov.uk/nia/2016/4/schedule/1/paragraph/5

The Addressing Bullying in Schools Act (NI) 2016

The new provisions introduced by this Act came into operation Sep 2019.

In St Pius X College, we are committed to a society where children and young people can live free and safe from bullying. We are committed to a preventative, responsive and restorative anti-bullying ethos across the whole school. Everyone in our school community has a role to play in taking a stand against bullying and creating a safe and welcoming environment for all.

Bullying will not be tolerated. It will be regarded as a grave disciplinary matter and will result in a severe sanction and possible referral to external agencies.

The Addressing Bullying in Schools Act (NI) 2016 provides schools with a legal definition of “**bullying**” which must be used. **All bullying concerns will be managed in accordance with the college’s detailed Anti-Bullying Policy.**

The Act can be found at:

www.legislation.gov.uk/nia/2016/25/pdfs/nia_20160025_en.pdf

Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)

This policy replaces the ‘Co-operating to Safeguard Children guidance issued in 2003 and provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

Domestic and Sexual Violence and Abuse Strategy 2013-2020 and subsequent action plans

This Strategy highlights an overarching strategic vision for addressing domestic and sexual violence and abuse. The Department of Health (DoH), and the Department of Justice (DoJ) are the strategic lead departments in taking forward both the domestic violence and abuse and sexual violence and abuse agendas through improved effective, collaborative, and cohesive engagement within and across Northern Ireland.

The Stopping Domestic and Sexual Violence and Abuse Strategy can be found at:

www.health-ni.gov.uk/publications/stopping-domestic-and-sexual-violence-and-abuse-northern-ireland-strategy

Adult Safeguarding: Prevention and Protection in Partnership

‘Adult Safeguarding: Prevention and Protection in Partnership’ was published by the former DHSSPS (now the Department of Health) and the Department of Justice, on behalf of the Northern Ireland Executive in July 2015 with the aim of improving safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. A key objective is to reduce the incidence of harm from abuse, exploitation or neglect of adults who are at risk in Northern Ireland and to provide effective support and, where necessary, protective responses and access to justice for victims and their families. The publication is available at:

www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf

DENI Safeguarding and Child Protection in Schools – Guide for Schools (Updated September 2020)

<https://www.education-ni.gov.uk/sites/default/files/publications/education/safeguarding-and-child-protection-in-schools-guide-pdf-for-website-%28september-2019%29.pdf>

Child Protection Support Service (CPSS) offices will have contact details for Vulnerable Adult Safeguarding Teams.

APPENDIX 1a

Retention Periods for Child Protection Records

It is recommended that, in general, child protection records should be retained by the school for the following periods:

| Record | Retention Period |
|--|--|
| Pupil Child Protection Case Files | DOB + 30 years |
| The school's confidential Record of Child Abuse Complaints | Indefinitely* |
| If Social Services inform the school that a child's name has been placed on the Child Protection Register | Maintain a record of this fact and associated documentation from Social Services on the child's file while he/she continues to attend. On transfer, the school should inform the new school and destroy all social services records. The record on the Child Protection File will remain until D.O.B + 30 years. |
| If Social Services inform the school that a child's name is removed from the Child Protection Register | On transfer to a new school, the school should destroy any child protection records on the child supplied by Social Services, including records of case conferences. The record on the Child Protection File will remain until D.O.B + 30 years. |
| Complaint against a member of staff Staff members file ⁵ Child's Child Protection File Record of Child Abuse Complaints | Indefinitely* unless totally exonerated (see para. 4.21) D.O.B + 30 years Indefinitely* |
| Complaint to be pursued under the school's disciplinary procedures Staff members file Child's Child Protection File Record of Child Abuse Complaints | 7 years D.O.B + 30 years Indefinitely* |

** As a general guide 'indefinitely' should be a minimum of 40 years.*

NOTE OF CONCERN

Child Protection Record - Reports to Designated Teacher

| |
|--|
| Name of Pupil: |
| Year Group: |
| Date, Time of Incident/Disclosure: |
| Circumstances of Incident/Disclosure: |
| Nature And Description Of Concern: |
| Parties involved, including any witnesses to an event and what was said or done and by whom: |
| Action Taken At The Time: |
| Details Of Any Advice Sought, From Whom And When: |
| Any Further Action Taken: |

| |
|---|
| Written Report Passed To Designated Teacher: Yes: No: |
| If 'No' state reason: |
| Date And Time Of Report To The Designated Teacher: |
| Written Note From Staff Member Placed On Pupil's Child Protection File |
| Yes No |
| If 'No' state reason: |

Name of Staff Member Making the Report: _____
Signature of Staff Member: _____ **Date:** _____
Signature of Designated Teacher: _____ **Date:** _____

APPENDIX 1c

Steps for managing a disclosure

RECEIVE

- stay calm
- no promise of confidentiality can or should be given were abuse is alleged
- tell the pupil that you want to help and may need to tell someone who can help
- if possible have another person present
- listen
- do not ask leading questions.
- do not suggest a reason for what has happened to them.
- take factual notes if possible or as soon as possible afterwards

REASSURE

- reassure the pupil that he/she has done the right thing to talk about it
- affirm feelings and explain the process

RESPOND

- Take action to ensure that the child is safe and secure

RECORD

Complete **NOTE OF CONCERN** Form using factual and neutral language. [Appendix 1a](#)

REPORT

- **IMMEDIATELY AFTER DISCLOSURE OR AFTER YOU SUSPECT ABUSE HAS OCCURRED: Report it immediately** to one of the Designated Teachers/Principal
- **Give form to the Designated Teacher** to be filed in cabinet in Pastoral Vice Principal's Office.

Private meeting with pupils

Staff members should:

- be aware of the dangers, which arise from private interviews with individual pupils. Such interviews must be conducted in a room with visual access (**at all times ensure glass panels in doors are uncovered**) or with the door open, or in an area which is likely to be frequented by other people
- ensure that another adult knows that the interview is taking place
- where possible, another adult should be present or nearby during the interview.

Process for Referral - Designated Teacher Role:

What happens immediately when there is cause for concern about a child? Appendix 3 for flowchart.

Responsibility for referral of suspected abuse cases lies with the Designated Teacher who will find it helpful to establish a good working relationship with colleagues from the other agencies, especially the Social Services and the Police. These agencies have wide experience in dealing with such cases, and regular communication should help to build the understanding, trust and confidence which will help to secure effective co-operation in cases of actual or suspected abuse.

'Understanding the Needs of Children in Northern Ireland' (UNOCINI) is a framework to support professionals in assessment and planning to better meet the needs of children and their family.

The UNOCINI model is used to enable practitioners and their agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland.

The UNOCINI assessment framework is intended to be used by all professionals working with children as a tool to help them identify the needs of children at an early stage. UNOCINI guidance includes information about when and how to refer a child to children's social services.

The supporting document 'Thresholds of Need Model' was developed to assist staff to describe the different levels of children's needs. Children's needs are categorised into four levels and assessments of need can take place both within each level and also across different levels.

More detailed guidance can be found at:

http://www.eani.org.uk/_resources/assets/attachment/full/0/41778.pdf

The UNOCINI referral form must be completed whenever staff wish to refer a child or young person to children's social services for support, safeguarding or a fuller assessment of a child's needs.

APPENDIX 1d

(ADULT SAFEGUARDING) Adults in need of protection – over 18 yrs

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case contact will be made with the local Adult Protection Gateway to seek further advice.

An 'adult in need of protection' is defined as a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: Personal Circumstances and/or life circumstances, and, who is unable to protect their own well-being, property, assets, rights or other interests; and, where the action or inaction of another person or persons is causing, or is likely to cause him/her to be harmed.

What to do if you identify an adult in need of protection?

If you suspect someone to be at risk of harm or abuse contact the Northern Trust Adult Protection Safeguarding Team by phone or email.

CONTACTS

Adult Protection Safeguarding Team

Telephone: 028 9441 3659

Email: adultsafeguarding@northerntrust.hscni.net

Outside of normal working hours, contact the [Emergency Social Work Service](#).

Emergency Social Work service

Telephone: 028 9054 9999

If someone is in immediate danger or has been harmed you should call 999.

The Northern Trust has a responsibility, together with other agencies, to investigate and keep the person safe. To make sure adults at risk of harm or in need of protection are supported to access the criminal justice system the Northern Trust works in partnership with the other health Trusts, Health and Social Care Board, Police Service of Northern Ireland (PSNI), Department of Health and the Regulation and Quality Improvement Authority (RQIA).

APPENDIX 2

Specific types of abuse

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

Adults may misuse online settings e.g. chat rooms, social and gaming environments and other forms of digital communications, to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared. Those working or volunteering with children or young people should be alert to signs that may indicate grooming, and take early action in line with their child protection and safeguarding policies and procedures to enable preventative action to be taken, if possible, before harm occurs. Practitioners should be aware that those involved in grooming may themselves be children or young people, and be acting under the coercion or influence of adults. Such young people must be considered victims of those holding power over them. Careful consideration should always be given to any punitive approach or 'criminalising' young people who may, themselves, still be victims and/or acting under duress, control, threat, the fear of, or actual violence. In consultation with the PSNI and where necessary the PPS, HSC professionals must consider whether children used to groom others should be considered a child in need or requiring protection from significant harm

If the staff in ST PIUS X COLLEGE become aware of signs that may indicate grooming they will take early action and follow the school's child protection policies and procedures. The HSCT and PSNI should be involved as early as possible to ensure any evidence that may assist prosecution is not lost and to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim to be put in place without delay.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Co-operating to Safeguard Children and Young People in NI. DHSSPS version 2.0 2017).

Any child under the age of eighteen, male or female, can be a victim of CSE. Although younger children can experience CSE, the average age at which concerns are first identified is 12-15 years of age. Sixteen and seventeen year olds, although legally able to consent to sexual activity can also be sexually exploited.

CSE can be perpetrated by adults or by young people's peers, on an individual or group basis, or a combination of both, and can be perpetrated by females as well as males. While children in care are known to experience disproportionate risk of CSE, **the majority of CSE victims are living at home.**

Statutory Responsibilities

CSE is a form of child abuse and, as such, any member of staff suspecting that CSE is occurring will follow the school's child protection policy and procedures, including reporting to the appropriate agencies.

Domestic and Sexual Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy (2016) defines domestic and sexual violence and abuse as follows:-

Domestic Violence and Abuse:

‘threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.’

Sexual Violence and Abuse

‘any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).’ Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual’s incapacity to give informed consent.

If it comes to the attention of school staff that Domestic Abuse, is or may be, affecting a child this will be passed on to the Designated/Deputy Designated Teacher who has an obligation to share the information with the Social Services Gateway Team.

Operation Encompass

Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children’s exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical and psychological harm. Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium and long-term effects of domestic abuse.

As an Operation Encompass school, when the police have attended a domestic incident and one of our pupils is present, they will make contact with the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the designated teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 ‘Child Protection Record Keeping in Schools’ and a note will be made in the child’s child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

Further information about The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022 can be found by following the link to: <https://www.legislation.gov.uk>

Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as ‘cutting’, ‘female circumcision’ and ‘initiation’. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established

procedures set out in our school policy. Where there is a concern that a child or young person may be at immediate risk of FGM this should be reported to the PSNI without delay. Contact can be made directly to the Sexual Referral Unit (based within the Public Protection Unit) at 028 9025 9299. Where there is a concern that a child or young person may be at risk of FGM, referral should be made to the relevant HSCT Gateway Team.

Forced Marriage A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced marriage is a criminal offence in Northern Ireland and if in ST PIUS X COLLEGE we have knowledge or suspicion of a forced marriage in relation to a child or young person we will contact the PSNI immediately.

Children Who Display Harmful Sexual Behaviour

Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships. As a school we support children and young people, through the Personal Development element of the curriculum, to develop their understanding of relationships and sexuality and the responsibilities of healthy relationships. Teachers are often therefore in a good position to consider if behaviour is within the normal continuum or otherwise.

It must also be borne in mind that sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the school's positive behaviour policy but it is important to always apply principles that remain child centred.

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, abusive or violent. Normal sexual behaviour will generally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if contact with PSNI or Social Services is required. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

Abusive Sexual Behaviours are of significant concern and guidance on the management of the pupils and referrals to other agencies such as Social Services or the Police should be sought from CPSS.

Some examples of abusive sexual behaviours are victimising intent or outcome, the misuse of power, coercion and force to ensure victim compliance, they may be intrusive and may include elements of expressive violence, informed consent is lacking or is not given by the victim, for example because of their special needs or they may have been under the influence of alcohol or other substances

Violent Sexual Behaviours are also of significant concern. They may have features of threat, force, coercion or harm to others.

Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism. Advice from CPSS will be required if we are aware of a young person displaying violent sexual behaviour.

E Safety/Internet Abuse

Online safety means acting and staying safe when using digital technologies. It is wider than simply internet technology and includes electronic communication via text messages, social environments and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

In January 2014, the SBNI published its report 'An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland' which identified the associated risks around online safety under four categories:

- **Content Risks:** the child or young person is exposed to harmful material.
- **Contact risks:** the child or young person participates in adult initiated online activity.
- **Conduct Risks:** the child or young person is a perpetrator or victim in peer-to-peer exchange.
- **Commercial Risks:** the child or young person is exposed to inappropriate commercial advertising, marketing schemes or hidden costs.

We in ST PIUS X COLLEGE have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

The school's actions and governance of online safety are reflected clearly in our safeguarding arrangements. Safeguarding and promoting pupils' welfare around digital technology is the responsibility of everyone who comes into contact with the pupils in the school or on school-organised activities.

Sexting is the sending or posting of sexually suggestive images, including nude or semi-nude photographs, via mobile or over the internet. There are two aspects to Sexting:

1/Sexting between Individuals in a Relationship

Pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual relationship) and in these cases we will contact local police on 101 for advice and guidance. We may also seek advice from the EA Child Protection Support Service

Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all of the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a young person from seeking help if they feel entrapped by the misuse of a sexual image.

2/Sharing an Inappropriate Image with an Intent to Cause Distress

If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 to share an inappropriate image of another person without the individual's consent. For further information see: www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

If a young person has shared an inappropriate image of themselves that is now being shared further whether or not it is intended to cause distress, the child protection procedures of the school will be followed.

Adult Safeguarding

The decision as to whether the definition of an 'adult in need of protection' is met will demand the careful exercise of professional judgement applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.

The main forms of abuse are:

Physical abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual Violence and Abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/Emotional Abuse

Psychological/emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, Controlling, Intimidation and Coercion.

Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

APPENDIX 3

Children with Increased Vulnerabilities

- **Children With a Disability**

Children and young people with disabilities (i.e. any child or young person who has a physical, sensory or learning impairment or a significant health condition) may be more vulnerable to abuse and those working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues.

Staff must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. Staff and volunteers working with children with disabilities will receive training to enable them to identify and refer concerns early in order to allow preventative action to be taken.

- **Children With Limited Fluency in English**

Children whose first language is not English/Newcomer pupils should be given the opportunity to express themselves to a member of staff or other professional with appropriate language/communication skills, especially where there are concerns that abuse may have occurred. DTs and other relevant school staff should seek advice and support from the EA's Intercultural Education Service if necessary. All schools should create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

- **Gender Identity Issues and Sexual Orientation**

Schools should strive to provide a happy environment where all young people feel safe and secure. All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity, and not to be treated any less favourably due to their actual or perceived sexual orientation. DE requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. It is via this policy that schools are expected to cover issues relating to relationships and sexuality, including those affecting LGB&T children and young people. **Schools can also reference the EA guidance below**

<https://www.eani.org.uk/school-management/policies-and-guidance/supporting-transgender-young-people>

As a staff working with young people from the LGBTQ+ community we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **Work Experience, School Trips and Educational Visits**

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE and EA guidance on educational visits, school trips and work experience to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

APPENDIX 4

Signs and Symptoms of Child Abuse

This section contains information for all professionals working with children and families and is not an exhaustive list. The following pages provide guidance only and should not be used as a checklist.

2.1 The first indication that a child is being abused may not necessarily be the presence of a severe injury.

Concerns may become apparent in a number of ways e.g.

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing conversation by the child, or his parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents.
- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding.
- by a child not thriving or developing at a rate which one would expect for his age and stage of development.
- by the observation of a child's behaviour and changes in his behaviour.
- by indications that the family is under stress and needs support in caring for their children.
- by repeat visits to a general practitioner or hospital.

2.2 There may be a series of events which in themselves do not necessarily cause concern but are significant, if viewed together. Initially the incident may not seem serious but it should be remembered that prompt help to a family under stress may prevent minor abuse escalating into something more serious.

2.3 It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s). Staff should familiarise themselves on 'attachment theory' and its implications for assessing the bond between parents and their children.

2.4 Suspicions should be raised by e.g.

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem
- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)
- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
- evidence of domestic violence
- parents with mental health difficulties, particularly of a psychotic nature
- evidence of parental substance abuse

2.5 Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

Parental Response to Allegations of Child Abuse Which Raise Concern

2.6 Parents' responses to allegations of abuse of their child are very varied. The following types of response are of concern:

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.

- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.
- parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.
- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

Physical Abuse

- 2.7 Children receive bumps and bruises as a result of the rough and tumble of normal play. Most children will have bruises or other injuries, therefore, from time to time. These will be accidental and can be easily explained.
- 2.8 It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.
- 2.9 Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.
- 2.10 If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.
- 2.11 A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

Recognition of Physical Abuse

Bruises + Soft Tissue Injuries

- 2.12 Common sites for accidental bruising depend on the developmental stage of the child. They include:
- forehead
 - crown of head
 - bony spinal protuberances
 - elbows and below
 - hips
 - hands
 - shins
- 2.13 Less common sites for accidental bruising include:
- Eyes
 - Ears
 - Cheeks
 - Mouth
 - Neck
 - Shoulders
 - Chest
 - Upper and Inner Arms
 - Stomach
 - Genitals
 - Upper and Inner Thighs
 - Lower Back and Buttocks
 - Upper Lip and Frenulum
 - Back of the Hands.

2.14 Non-accidental bruises may be:

- frequent
- patterned, e.g. finger and thumb marks
- in unusual positions, (note developmental level and activity of the child).

Research on aging of bruises (from photographs) has shown that it is impossible to accurately age bruises although it can be concluded that a bruise with a yellow colour is more than 18 hours old. Tender or swollen bruises are more likely to be fresh. It is not possible to conclude definitely that bruises of different colours were sustained at different times.

The following should give rise to concern e.g.

- bruising in a non-mobile child, in the absence of an adequate explanation,
- bruises other than at the common sites of accidental injury for a child of that developmental stage,
- facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children.
- soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation.
- a torn upper lip frenulum (skin which joins the lip and gum).
- patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back.
- ligature marks caused by tying up or strangulation.

2.15 Most falls or accidents produce one bruise on a single surface, usually a bony protuberance. A child who falls downstairs would generally only have one or two bruises. Children usually fall forwards and therefore bruising is most usually found on the front of the body. In addition, there may be marks on their hands if they have tried to break their fall.

2.16 Bruising may be difficult to see on a dark skinned child. Mongolian blue spots are natural pigmentation to the skin, which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children whose parents are darker skinned.

Eye Injuries

2.17 Injuries which should give cause for concern:

- black eyes can occur from any direct injury, both accidental and non-accidental. Determining how the injury occurred is vital, therefore; bilateral "black eyes" can occur accidentally as a result of blood tracking from a very hard blow to the central forehead (Injury should be evident on mid-forehead, bridge of nose). It is rare for both eyes to be bruised separately, accidentally however and at the same time.
- sub conjunctival haemorrhage
- retinal haemorrhage.

Burns and Scalds

2.18 Accidental scalds often:

- are on the upper part of the body
- are on a convex (curved) surface
- are irregular
- are superficial
- leave a recognisable pattern.

2.19 It can be difficult to distinguish between accidental and non-accidental burns. Any burn or scald with a clear outline should be regarded with suspicion e.g.

- circular burns
- linear burns
- burns of uniform depth over a large area
- friction burns
- scalds that have a line which could indicate immersion or poured liquid
- splash marks
- old scars indicating previous burns or scalds.

2.20 When a child presents with a burn or scald it is important to remember:

- a responsible adult checks the temperature of the bath before a child gets in to it.
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet.
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.
- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks.
- small round burns may be cigarette burns, but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

Fractures

- 2.21 The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain and it is very difficult for a parent to be unaware that a child has been hurt. In infants, rib and metaphysical limb fractures may produce no detectable ongoing pain however.
- 2.22 It is very rare for a child aged under one year to sustain a fracture accidentally, but there may be some underlying medical condition, e.g. brittle bone disease, which can cause fractures in babies.
- 2.23 The most common non-accidental fractures are to the long bones in the arms and legs and to the ribs. The following should give cause for concern and further investigation may be necessary:
- any fracture in a child under one year of age
 - any skull fracture in children under three years of age
 - a history of previous skeletal injuries which may suggest abuse
 - skeletal injuries at different stages of healing
 - evidence of previous fractures which were left untreated.

Scars

- 2.24 Children may have scars from previous injuries. Particular note should be taken if there is a large number of scars of different ages, or of unusual shapes or large scars from burns or lacerations that have not received medical treatment.

Bites

- 2.25 Bites are always non-accidental in origin; they can be caused by animals or human beings (adult/child); a dental surgeon with forensic experience may be needed to secure detailed evidence in such cases.

Other Types of Physical Injuries

2.26

- poisoning, either through acts of omission or commission
- ingestion of other damaging substances, e.g. bleach
- administration of drugs to children where they are not medically indicated or prescribed
- female genital mutilation, which is an offence, regardless of cultural reasons

- unexplained neurological signs and symptoms, e.g. subdural haematoma

Fabricated or Induced Illness

- 2.27 Fabricated or induced illness, previously known as Munchausen's Syndrome by Proxy, is a condition where a child suffers harm through the deliberate action of the main carer, in most cases the mother, but which is attributed to another medical cause.
- 2.28 It is important not to confuse this deliberate activity with the behaviour and actions of over-anxious parents who constantly seek advice from doctors, health visitors and other health professionals about their child's wellbeing.
- 2.29 There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.

(R v Cannings (2004) EWCA Criml (19 January 2004)).

2.30 The following behaviours exhibited by parents can be associated with fabricated or induced illness:

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.
- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

2.31 There are a number of presentations in which fabricated or induced illness may be a possibility. These are:

- failure to thrive/growth faltering (sometimes through deliberate withholding of food.)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions.
- pyrexia (high temperature).
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen).
- apnoea (stops breathing).
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent 'accidental' overdoses (especially in very young children).

2.32 Concerns may arise when:

- reported symptoms and signs found on examinations are not (3 explained by any medical condition from which the child may be suffering).
- physical examination and results of medical investigations do not explain reported symptoms and signs.
- there is an inexplicably poor response to prescribed medication and other treatment.
- new symptoms are reported on resolution of previous ones.
- reported symptoms and/or clinical signs do not occur when the carers are absent
- over time the child is repeatedly presented to health professionals with a range of signs and symptoms.

- the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.
- 2.33 It is important to note that the child may also have an illness that has been diagnosed and needs regular treatment. This may make the diagnosis of fabricated or induced illness difficult, as the presenting symptoms may be similar to those of the diagnosed illness.

Sexual Abuse

- 2.34 Most child victims are sexually abused by someone they know, either a family member or someone well known to them or their family. In recent years there has been an increasing recognition that both male and female children and older children are sexually abused to a greater extent than had previously been realised.
- 2.35 There are no 'typical' sexually abusing families. Children who have been sexually abused are likely to have been put under considerable pressure not to reveal what has been happening to them. Sexual abuse is damaging to children, both in the short and long term.
- 2.36 Both boys and girls of all ages are abused and the abuse may continue for many years before it is disclosed. Abusers may be both male and female.
- 2.37 It is important to note that children and young people may also abuse other children sexually.
- 2.38 Children disclosing sexual abuse have the right to be listened to and to have their allegations taken seriously. Research shows it is rare for children to invent allegations of sexual abuse and that in fact they are more likely to claim they are not being abused when they are.
- 2.39 It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused. Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

- 2.40 Sexual abuse often presents in an obscure way. Whilst some child victims have obvious genital injuries, a sexually transmitted infection or are pregnant, relatively few children are so easily diagnosed. The majority of children subjected to sexual abuse, even when penetration has occurred, have on medical examination no evidence of the abuse having occurred.
- 2.41 The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together. **The following list is not exhaustive and should not be used as a check list.**

2.42 Possible behavioural indicators include:

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

The Adolescent

2.43 In addition to the physical indicators previously outlined in the preschool and pre-3

- recurrent urinary tract infections.
- pregnancy, especially where the information about or the identity of the father is vague or secret or where there is complete denial of the pregnancy by the girl and her family.
- sexually transmitted infections.

2.44 Possible behavioural indicators include:

- repeated running away from home
- sleep problems - insomnia, recurrent nightmares, fear of going to bed or overdressing for bed
- dependence on alcohol or drug
- suicide attempts and self-mutilation
- hysterical behaviour, depression, withdrawal, mood swings;
- vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity
- eating disorders — e.g. anorexia nervosa and bulimia
- low self-esteem and low expectation of others
- persistent stealing and /or lying
- sudden school problems - taunting, lack of concentration, falling standard or work etc.
- fear or abhorrence of one particular individual.

Emotional Abuse

- 2.45 Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.
- 2.46 Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on a child's development.
- 2.47 The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.
- 2.49 An emotionally abused child may be subject to constant criticism and being made a scapegoat, the continuous withholding of approval and affection, severe discipline or a total lack of appropriate boundaries and control. A child may be used to fulfil a parent's emotional needs.
- 2.50 The potential of emotional abuse should always be considered in referrals where instances of domestic violence have been reported.

Recognition of Emotional Abuse

- 2.51 Whilst emotional abuse can occur in the absence of other types of abuse, it is important to recognise that it does often co-exist with them, to a greater or lesser extent.

Child Behaviours associated with Emotional Abuse

- 2.52 Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms may suggest emotional abuse they are not necessarily pathognomic of this since they often can be seen in other conditions.

2.53 Possible behaviours that may indicate emotional abuse include:

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc.
- marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying.
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction.
- physical problems such as repeated illnesses, severe eating problems, severe toileting problem.
- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride.
- lack of any sense of pleasure in achievement, over-serious or apathetic.
- over anxiety, e.g. constantly checking or over anxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

2.54 Behaviour shown by parents which, if persistent, may indicate emotionally abusive behaviour includes:

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

Neglect

2.55 Neglect and failure to thrive/growth faltering for non-organic reasons requires medical diagnosis. Non-organic failure to thrive is where there is a poor growth for which no medical cause is found, especially when there is a dramatic improvement in growth on a nutritional diet away from the parent's care. Failure to thrive tends to be associated with young children but neglect can also cause difficulties for older children.

2.56 There is a tendency to associate neglect with poverty and social disadvantage. Persistent neglect over long periods of time is likely to have causes other than poverty, however. There has to be a distinction made between financial poverty and emotional poverty.

2.57 There are a number of types of neglect that can occur separately or together, for example:

- medical neglect
- educational neglect
- simulative neglect environmental neglect
- environmental neglect
- failure to provide adequate supervision and a safe environment.

Recognition of Neglect

- 2.58 Neglect is a chronic, persistent problem. The concerns about the parents not providing "good enough" care for their child will develop over time. It is the accumulation of such concerns which will trigger the need to invoke the Child Protection Process. In cases of neglect it is important that details about the standard of care of the child are recorded and there is regular inter-agency sharing of this information.
- 2.59 It is important to remember that the degree of neglect can fluctuate, sometimes rapidly, therefore ongoing inter-agency assessment and monitoring is essential.
- 2.60 The assessment of neglect should take account of the child's age and stage of development, whether the neglect is severe in nature and whether it is resulting in, or likely to result in, significant impairment to the child's health and development.
- 2.61 The following areas should be considered when assessing whether the quality of care a child receives constitutes neglect.

Child

2.62 Health presentation indicators include:

- non-organic failure to thrive (growth faltering)
- poor weight gain (improvement when away from the care of the parents)
- poor height gain
- unmet medical needs
- untreated head lice/other infestations
- frequent attendance at 'accident and emergency' and/or frequent hospital admissions
- tired or depressed child, including a child who is anaemic or has rickets
- poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding).

2.63 Emotional and behavioural development indicators include:

- developmental delay/special needs
- presents as being under-stimulated
- abnormal reaction to separation/ or attachment, disorder
- over-active and/or aggressive
- soiling and/or wetting
- repeated running away from home
- substance misuse
- offending behaviour, including stealing food
- teenage pregnancy.

2.64 Family and social relationship indicators include

- high criticism/low warmth
- excluded by family
- sibling violence
- isolated child
- attachment disorders and /or seeking comfort from strangers
- left unattended/or to care for other children
- left to wander alone day or night
- constantly late to school/late being collected
- not wanting to go home from school or refusing to go to school
- poor attendance at school/nursery
- frequent name changes and/or change of address or parental figures within the home.

- management of a child with a disability who is not attaining the level of functioning which is commensurate with the disability.

Consideration should be given as to whether a child and adolescent mental health assessment is required. Have all children in the family been seen and their views explored and documented?

Parents

2.65 Lack of emotional warmth indicators include:

- unrealistic expectations of child
- inability to consider or put child's needs first
- name calling/degrading remarks
- lack of appropriate affection for the child
- violence within the home from which the child is not shielded
- partner resenting non-biological child and hostile in attitude towards him
- failure to provide basic care for the child.

2.66 Lack of stability indicators include:

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home
- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

2.67 Issues relating to providing guidance and setting boundaries indicators include:

- poor boundary setting
- inconsistent attitudes and reactions, especially to child's behaviour
- continuously failing appointments
- refusing offers of help and services
- failure to seek or use advice and/or help offered appropriately
- seeks to mislead professionals by providing inaccurate or confusing information
- failure to provide safe environment.

2.68 Social Presentation

- aggressive/threatening behaviour towards professionals and volunteers
- disguised compliance
- IOW self-esteem
- lack of self-care.

2.69 Health

- mental ill health
- substance misuse
- learning difficulties
- (post-natal) depression
- history of parental child abuse or poor parenting
- physical health.

Home and Environmental Conditions

2.70 The following home and environmental conditions should be considered:

- poor housing conditions
- overcrowding
- lack of water, heating, sanitation
- no access to washing machine
- piles of dirty washing
- little or no adequate clean bedding/furniture
- little or no food in cupboards
- human and/or animal excrement
- uncared for animals
- referrals to environmental health
- unsafe environment
- rural isolation.

2.71 Impediments to ongoing assessment and appropriate multidisciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable;
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002)

When staff become aware of any of the above features they should review the case with their line manager.

Children with Disability

2.72 In recognising child abuse, all professionals should be aware that children with a disability can be particularly vulnerable to abuse. They may need a high degree of physical care, they may have less access to protection and there may be a reluctance on the part of professionals to consider the possibility of abuse.

Recognition of Abuse of Children with Disability

2.73 Recognition of abuse can be difficult in that:

- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care
- there is a reluctance to accept that children with disabilities may be abused.

2.74 Children with disability will usually display the same symptoms and signs of abuse as other children. These may be incorrectly attributed, however, to the child's disability.

Risk Factors Associated with Child Abuse

2.75 A number of factors may increase the likelihood of abuse to a child. The following list is not exhaustive and does not preclude the possibility of abuse in families where none of these factors are evident.

Child

- poor bonding due to neo-natal problems
- attachment interfered with by multiple caring arrangements
- a 'difficult' child, a 'demanding' baby
- a child under five years is considered to be most vulnerable
- a child's name or sibling's names previously on the Child Protection Register
- a baby/child with feeding/sleeping difficulties
- birth defects/chronic illness/developmental delay.

Parents

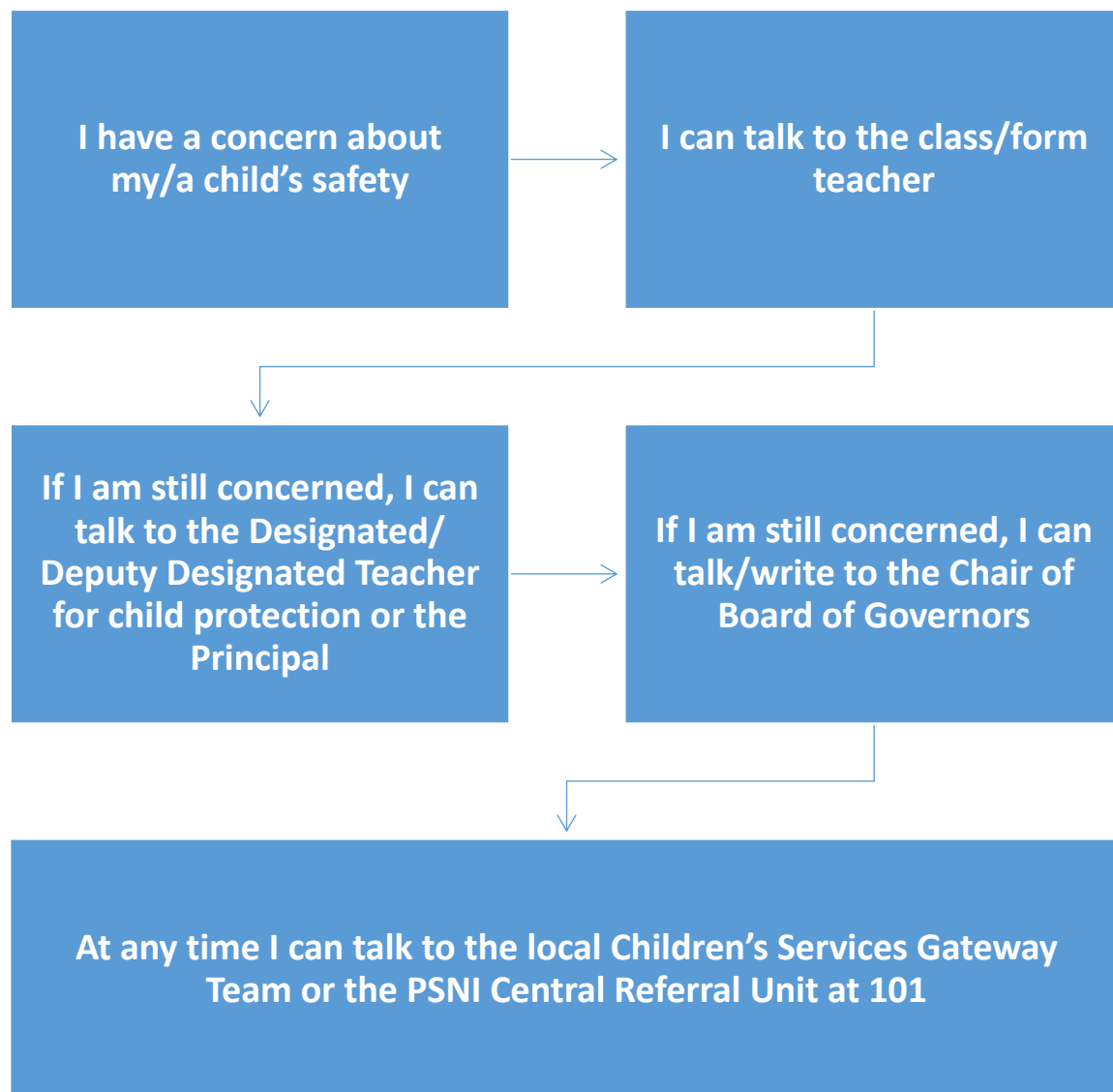
- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- slow jealousy and rivalry with the child
- expect the child to meet their needs
- unrealistic expectations/rigid ideas about child development
- history of mental illness in one or both parents
- history of domestic violence
- drug and alcohol misuse in one or both parents of the child
- frequent changes of carers
- history of aggressive behaviour by either parent
- unplanned pregnancy
- unrealistic expectations of themselves as parents.

Home and Environmental Conditions

- unemployment
- no income/poverty
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently
- debt
- large family

APPENDIX 5

If a Parent Has a Potential Child Protection Concern Within the School



If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the legislative power to investigate your complaint.

If a parent has a concern about a child's safety or suspect child abuse within the local community, it should be brought directly to the attention of the Children's Services Gateway Team.

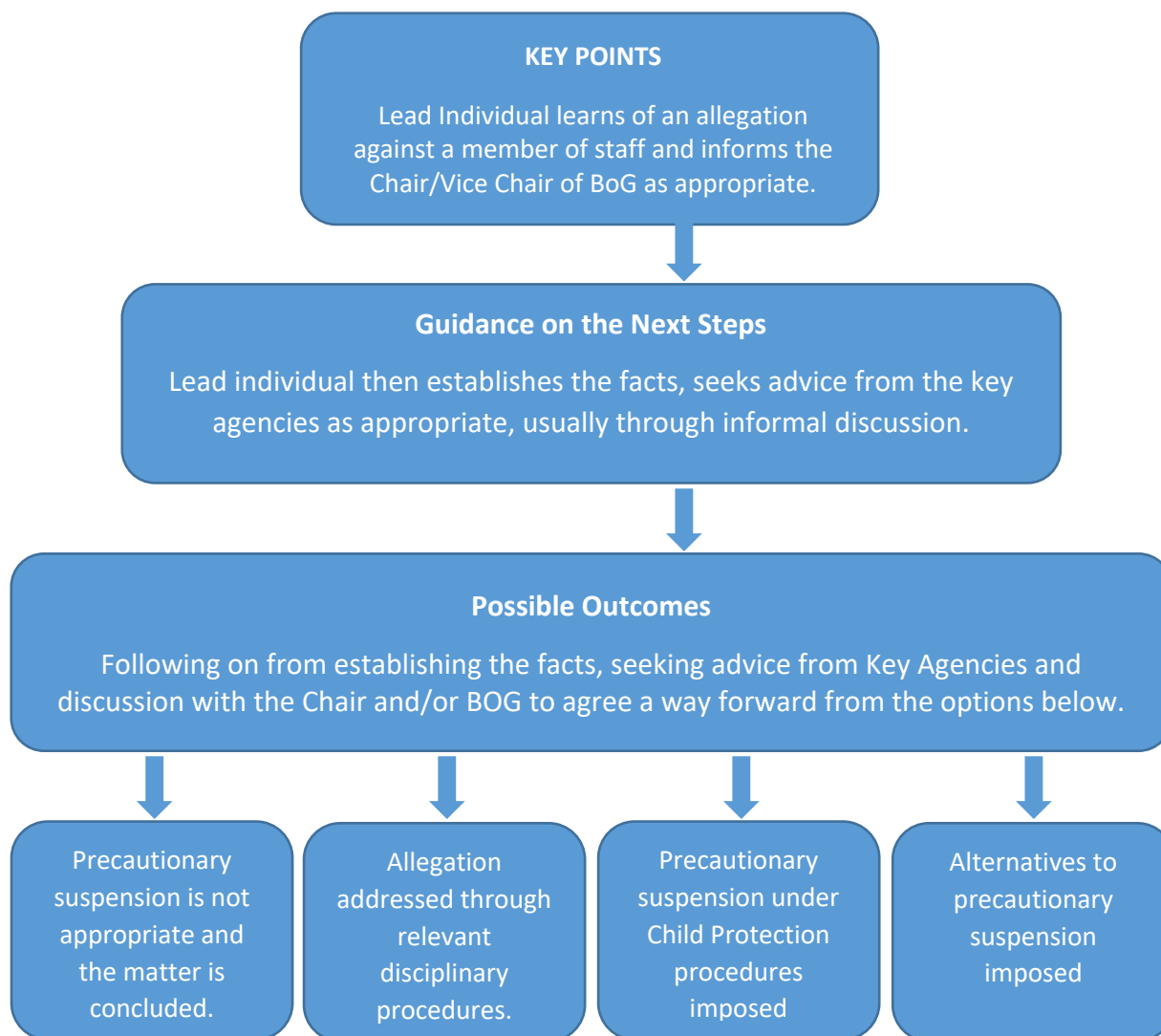
APPENDIX 6

Procedure Where the School Has Concerns, or Has Been Given Information, about Possible Abuse by Someone Other Than a Member of Staff



APPENDIX 7

Dealing with Allegations of Abuse against a Member of Staff



ST PIUS X COLLEGE - CODE OF CONDUCT FOR STAFF AND VOLUNTEERS IN SCHOOLS

Objective, Scope and Principles:

This Code of Conduct, which applies to all staff and volunteers, is designed to give guidance on the standards of behaviour which should be observed. School staff and volunteers are role models, in a unique position of influence and trust and their behaviour should set a good example to all the pupils within the school. It does not form part of any employee's contract of employment. It is merely for guidance and specific breaches of the Code must not be viewed as a disciplinary offence.

The Code includes sections on:

- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

1. Setting an Example

- 1.1 All staff and volunteers in schools set examples of behaviour and conduct which can be copied by pupils. Staff and volunteers should therefore, for example, avoid using inappropriate or offensive language at all times, and demonstrate high standards of conduct in order to encourage our pupils to do the same. All staff and volunteers should be familiar with all school policies and procedures and to comply with these so as to set a good example to pupils.
- 1.2 Staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.

2. Relationships and Attitudes

- 2.1 All staff and volunteers should treat pupils with respect and dignity and not in a manner which demeans or undermines them, their parents or carers, or colleagues. Staff and volunteers should ensure that their relationships with pupils are appropriate to the age and maturity of their pupils. They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of pupils, embarrassing or humiliating pupils, discriminating against or favouring pupils. Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation. Relationships with pupils must be professional at all times and sexual relationships with current pupils are not permitted and may lead to criminal conviction.
- 2.2 Staff and volunteers may have less formal contact with pupils outside of school; perhaps through mutual membership of social groups, sporting organisations, or family connections. Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.
- 3.3 Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:
 - acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders;

- co-operating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service; f respect for school property;
- taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises;
- being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers;
- respect for the rights and opinions of others.

4. Private Meetings with Pupils

- 3.1** It is recognised that there will be occasions when confidential interviews with individual pupils must take place. As far as possible, staff and volunteers should conduct interviews in a room with visual access or with an open door and ensure that another adult knows that the interview is taking place. Where possible, another pupil or (preferably) another adult should be present or nearby during the interview.

4. Physical Contact with Pupils

- 4.1** To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.
- 4.2** Staff and volunteers should therefore be cognisant of the guidance issued by the Department on the use of reasonable force (Circular 1999/09 and guidance document 'Towards a Model Policy in Schools on Use of Reasonable Force').

5. Honesty and Integrity

- 5.1** All staff and volunteers are expected to maintain the highest standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.
- 5.2** Gifts from suppliers or associates of the school (e.g. a supplier of materials) must be declared to the Principal. A record should be kept of all such gifts received. This requirement does not apply to "one off" token gifts from pupils or parents e.g. at Christmas or the end of the school year. Staff and volunteers should be mindful that gifts to individual pupils may be considered inappropriate and could be misinterpreted.

6. Conduct outside of Work

- 6.1** Staff and volunteers should not engage in conduct outside work which could damage the reputation and standing of the school or the staff/ volunteer's own reputation or the reputation of other members of the school community.
- 6.2** Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school. Advice should be sought from the Principal when considering work outside the school.

7. E-Safety and Internet Use

- 7.1** A staff member or volunteer's off duty hours are their personal concern but all staff and volunteers should exercise caution when using information technology and be fully aware of the risks to themselves and others. For school-based activities, advice is contained in the school's Online Safety Policy.
- 7.2** Staff and volunteers should exercise particular caution in relation to making online associations/friendships with current pupils via social media and using texting/email facilities to communicate with them. It is preferable that any contact with pupils is made via the use of school email accounts or telephone equipment when necessary.

8. Confidentiality

- 8.1** Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should not be shared with any person other than on a need to know basis. In circumstances where the pupil's identity does not need to be disclosed the information should be used anonymously.
- 8.2** There are some circumstances in which a member of staff or volunteer may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals should pass information on without delay, but only to those with designated child protection responsibilities.
- 8.3** If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.
- 8.4** Staff and volunteers need to be aware that although it is important to listen to and support pupils, they must not promise confidentiality or request pupils to do the same under any circumstances. Additionally concerns and allegations about adults should be treated as confidential and passed to the Principal or a member of the safeguarding team without delay.
- 8.5** The school's child protection arrangements should include any external candidates studying or sitting examinations in the school.

APPENDIX 8a

ST PIUS X COLLEGE - CODE OF CONDUCT FOR PARENTS, CARERS, VISITORS

At our school – we want to build good relationships within the whole of our school community – that includes parents, staff and pupils. The key to a happy school is one where everyone feels respected and valued. To this end we have an agreed Code of Conduct for parents, carers and visitors.

- Follow the school's signing in and out procedures for visitors
- Respect school staff and support them in the things they do to help children learn
- Set a good example by behaving appropriately and not using inappropriate language
- Ask the school about their view on incidents so that you can determine if it is the same as your child's view before taking things further
- Ensure that your child knows how to behave in school and towards others
- Ask the school for help if you need more information about something or do not understand something the school is doing

In order to have a peaceful and happy school environment – parents, carers and visitors must not:

- Disrupt classes or any area of the school
- Question decisions made by the school in front of the children
- Use loud or rude language; swear or show temper
- Threaten to hit/push staff, other parents or carers
- Deliberately damage or destroy school property
- Criticise school staff, pupil or other parents and carers – on school premises or on social media sites
- Send abusive or threatening emails or make abusive or threatening phone calls to the school
- Physical punish your child on school premises
- Go up to another child and ask them or tell them off for something that has happened to your child
- Smoke or consume alcohol at school events (other than as pre-agreed) or on school premises
- Spit on school premises or discard chewing gum on school premises

APPENDIX 9 CONTACTS

(1st point of contact for advice – Open Monday to Friday 9 am to 4.30 pm)
Child Protection Support Service = 028 9598 5590

Referral Gateway Team SPOE (1st point of contact for referral)

All passed to **NORTHERN (Antrim) Gateway = 0300 1234 333 /028 9442 4459**

Gateway Emergency Out of hours = 0300 1234 333

Referral Gateway Team SPOE = spoe.referrals@northerntrust.hscni.net

Central Gateway Toome (2nd point of contact/link social worker known) = 028 7965 1020

Magherafelt Family Centre (Hospital Road) = 028 7936 5097

Magherafelt Family Centre (Fairhill) = 028 7930 1771

CAMHS (Fairhill) = 028 7930 2626

Social Services (Sperrin House) = 028 7936 6840

Magherafelt Family Support and Intervention Team Assessment/long term work (Sperrin House) = 028 7936 6840

UNOCINI - (Understanding the Needs of Children in Northern Ireland)

www.dhsspsni.gov.uk/unocini_forms.doc

PSNI

The Central Referral Unit (CRU) based in Antrim Road PSNI Station is part of the Public Protection Unit and is the central point for child sexual and physical abuse allegations.

NEW SERVICE: Operation Encompass is an early intervention information sharing partnership between the PSNI and Schools, whereby schools are alerted if the police attend a domestic abuse incident where children are present. This allows schools' Safeguarding Teams to respond in a timely way to the emotional needs of children who may have been exposed to trauma.

The only way to contact the CRU is via email.

Please note the new address for future correspondence with the CRU: cru@psni.police.uk

Education Welfare Officers

NEELB – Elaine Donald = 028 7086 8588/077 3997 6798; email = elaine.donald@neelb.org.uk

SELB = Caroline Campbell = 028 8772 8105/078 4639 4814; email = Caroline.Campbell@eani.org.uk

INTERPRETING SERVICE

Dial: 0333 344 9473

CONTACTS FOR ADVICE

More information is available at: www.nidirect.gov.uk/domestic-violence. You can also contact the 24 hour domestic and sexual violence helpline on:

Phone: 0808 802 1414 (Freephone)

Email: 24hrsupport@dvhelpline.org

Text: 'support' to 077 9780 5839

Children/young people seeking advice should contact the Childline Free Helpline at 0800 1111.

Organisations that can offer advice and support:

- Women's Aid Federation Northern Ireland - www.womensaidni.org/ - 028 9024 9041
- Men's Advisory Project (MAP) - www.mapni.co.uk/ - 028 9024 1929
- Men to Men - 028 9024 7027
- Mens Aid NI - www.mensaid.co.uk/ni.html - 077 0385 8130
- Cara Friend - www.cara-friend.org.uk/ - 028 9032 2023
- Rainbow Project - www.rainbow-project.org/ - 028 9031 9030

Other useful numbers:

- Rape Crisis and Sexual Abuse Centre - 028 9032 9002
- Nexus - 028 9032 6803
- Victim Support - 028 9024 3133
- Disability Action - 028 9029 7880
- Citizen's Advice Bureau - 0300 1233233
- Law Society (Legal and Local Solicitor Advice) - 028 9023 1614
- Parents Helpline - 0808 8010 722

Child Protection - Staff Questionnaire

| Statements refer to specific quality indicators. (QI) | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------|-------------------|------------|
| 1 All members of staff are committed to the well being of pupils. QI 1 | | | | | |
| 2 The welfare of pupils is a priority issue for the school. QI 1 | | | | | |
| 3 Child Protection is not a problem in our school. QI 1 | | | | | |
| 4 I have been consulted on and I am committed to the school's Child Protection policy. QI 2 | | | | | |
| 5 I believe that the pupils feel safe to report any concerns or worries they have to me. QI 2 | | | | | |
| 6 I know I have a legal responsibility to report any concerns I have about a pupil. QI 2 | | | | | |
| 7 Parents are regularly sent copies of the Child Protection policy. QI 3 | | | | | |
| 8 I am confident that I can recognise the signs & symptoms of abuse. QI 4 | | | | | |
| 9 I report all Child Protection concerns to the Designated Teacher. QI 4 | | | | | |
| 10 The school works to boost the self-esteem of all pupils. QI 5 | | | | | |
| 11 The pupils in this school are positive and confident. QI 5 | | | | | |
| 12 The school has in place a developmentally appropriate programme for keeping pupils safe from all forms of harm. QI 5 | | | | | |
| 13 Staff regularly communicate with the parents of the pupils. QI 6 | | | | | |
| 14 Parents are welcomed into the school to talk to staff. QI 6 | | | | | |
| 15 We have strong links with outside agencies involved with the school in the area of Child Protection. QI 7 | | | | | |
| 16 I am aware of the confidential nature of Child Protection issues. QI 8 | | | | | |
| 17 Child Protection issues/concerns are only disclosed to those who need to be made aware of the issues. QI 8 | | | | | |
| 18 I regularly have Child Protection training, (every 1 to 2 years) QI 9 | | | | | |
| 19 The Designated Teachers keep the staff up to date on Child Protection matters. QI 10 | | | | | |

Priorities for Improvement 1-----

2-----

Please note: All questionnaires are returned anonymously and treated confidentially. Thank you for your co-operation.

Child Protection – Parent’s Questionnaire

| Statements refer to specific quality indicators. (QI) | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------|-------------------|------------|
| 1 The main focus of the school is to ensure that pupils are safe and protected. QI 1 | | | | | |
| 2 I am confident that the school look after the welfare of the pupils. QI 1 | | | | | |
| 3 I have been sent a copy of the schools Child Protection policy. QI 2 | | | | | |
| 4 I understand the policy and how it helps to protect the pupils. QI 2 | | | | | |
| 5 I know that the school has a statutory duty to report its concerns to relevant authorities. QI 2 | | | | | |
| 6 I would know who to speak to if I have a concern about a Child Protection issue in the school. QI 3 | | | | | |
| 7 My child learns how to deal with worrying or uncomfortable situations. QI 5 | | | | | |
| 8 The school promote my child’s self-esteem and self-worth. QI 5 | | | | | |
| 9 There is good communication between the school and the parents. QI 6 | | | | | |
| 10 The school welcomes parents who wish to discuss concerns about their child. QI 6 | | | | | |
| 11 The school has helped me get in touch with other organisations when I needed help. QI 7 | | | | | |
| 12 I know that when I discuss a problem with the school it will remain confidential. QI 8 | | | | | |

Please add below any other comments about Child Protection Provision that in your opinion would lead to further improvement in this area.

1 _____

2 _____

3 _____

Please note: Questionnaires are anonymous and are treated confidentially

Thank you for completing the questionnaire

Child Protection – Pupil's Questionnaire

It is considered best practice that pupil questionnaires be completed in school, preferably in the morning. Completion of questionnaires should follow on from a discussion on Child Protection that includes ensuring that the pupils understand the specific language and the questions asked.

| Statements refer to specific quality indicators. (QI) | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know |
|---|----------------|-------|----------|-------------------|------------|
| 1 I feel safe and secure at school. QI 1 | | | | | |
| 2 The staff care about me and the other pupils. QI 1 | | | | | |
| 3 I know the names of the Designated Teachers in my school. QI 2 | | | | | |
| 4 If I am worried I am comfortable to talk to a member of staff. QI 2 | | | | | |
| 5 School teaches me what to do if I feel unsafe in any situation. QI 5 | | | | | |
| 6 Teachers focus on what I am good at and praise me when I do well. QI 5 | | | | | |
| 7 I am taught to always tell someone if I am feeling unhappy or unsafe about any situation. QI 5 | | | | | |
| 8 If I am worried about any other pupil I would talk to a member of staff. QI 5 | | | | | |
| 9 In school I am learning how to be more confident and believe in myself. QI 5 | | | | | |
| 10 Staff take time to listen to me when I have a problem. QI 6 | | | | | |
| 11 When I talk to a teacher about a worry I know that it will be in confidence unless they need to tell someone else. QI 8 | | | | | |

Three things I think would make Child Protection provision better in my college

- 1 _____
- 2 _____
- 3 _____

Thank you for your help

Evaluation Proforma for Child Protection for : Staff / Parents / Pupils (Delete as Appropriate)

For Governors to be able to develop a sense of the college's current practices in a specific area it is recommended that the 3 sets of questionnaires are analysed separately and a consensus arrived at after discussion.

Only one box for each quality indicator should be ticked.

| Quality Indicator | Major Strength (strongly Agree Answer) | Strength (Agree Answer) | Needs Developed (Disagree Answer) | Area of Concern (Strongly Disagree) | Don't Know |
|---|--|-------------------------|-----------------------------------|-------------------------------------|------------|
| 1 The well-being of the pupil is central to all aspects of school life and the welfare of the pupil is always paramount. | | | | | |
| 2 The Child Protection policy is known and understood by the school community and includes clear procedures and reporting lines for dealing with child protection issues | | | | | |
| 3 The parents are regularly sent copies of the school's Child Protection Policy, including the names of the Designated and Deputy Designated Teachers. | | | | | |
| 4 All staff are aware of the signs of abuse or neglect and are confident to report concerns to the Designated Teacher. | | | | | |
| 5 Integrated across the curriculum are strategies that develop positive self esteem, aid pupils' understanding about how to avoid harm and how to deal with uncomfortable or worrying situations. | | | | | |
| 6 There is good communication between staff, parents and pupils. | | | | | |
| 7 There are well-developed links with other statutory agencies who are involved in child protection matters. | | | | | |
| 8 The school has in place safeguards to ensure that all child protection matters remain confidential, and are only shared on 'a need to know basis.' | | | | | |
| 9 All staff and Governors are provided with regular opportunities for training in Child Protection organised by the Designated Teacher or other providers. | | | | | |
| 10 Designated Teachers and Governors continually update their role specific training to ensure the best possible protection and support for pupils. | | | | | |

SUMMATIVE EVALUATION PROFORMA

For Governors to be able to develop a sense of the college's current practices in Child Protection it is recommended that the 3 sets of questionnaires are analysed separately and a consensus arrived at after discussion.

Only one box for each quality indicator should be ticked.

| Quality Indicator Number | Major Strength (<i>Strongly agree</i>) | Strength (<i>Agree</i>) | Needs Developed (<i>Disagree</i>) | Priority for Development (<i>Strongly disagree</i>) | Don't Know |
|--------------------------|---|------------------------------|--|--|------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Using the above results complete the following **Overall Evaluation** of this

Overall Evaluation of _____ on a scale of 1 – 10

.....

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Please list aspects of provision to be prioritised for action.

1

2

3

Lead responsibility should be identified and a review date agreed by Governor