



Dalriada School

Policy on

CHILD PROTECTION

1. Introduction

We in Dalriada School have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our pastoral care policy, which aims to provide a caring, supportive and safe environment, valuing individuals for their unique talents and abilities, in which all our young people can learn and develop to their full potential. One way in which we seek to protect our pupils is by helping them learn about the risks of possible abuse, helping them to recognise unwelcome behaviour in others and acquire the confidence and skills they need to keep themselves safe.

All our staff and volunteers have been subject to appropriate background checks. The staff of our school have also adopted a Code of Practice for our behaviour towards pupils. This Code is set out in the Appendix 1 to this policy statement. Safe recruitment procedures will be followed for those working/volunteering with young people including;

- completing an information/application form that enables the applicant to self declare any previous offences and,
- completing an AccessNI check for those working with or responsible for children or young people.

The purpose of the following procedures on Child Protection is to protect our pupils by ensuring that everyone who works in our school (teachers, non-teaching staff and volunteers) has clear guidance on the action which is required where abuse or neglect of a child is suspected. The overriding concern of all caring adults must be the care, welfare and safety of the child, and the welfare of each child is our paramount consideration. The problem of child abuse will not be ignored by anyone who works in our school, and we know that some forms of child abuse are also a criminal offence. Staff and volunteers will be provided with the appropriate safeguarding training. A record of attendance will be maintained.

2. What is child abuse?

We use the following definition:

Neglect - the persistent or significant neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or persistent failure to

carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Physical - physical injury to a child, whether deliberately inflicted or knowingly not prevented.

Sexual - the sexual exploitation of a child or young person for an adult's or another young person's own sexual gratification; the involvement of children or young people in sexual activities of any kind (including exposure to pornography) which they do not understand, to which they are unable to give informed consent or that violate normal family roles.

Emotional - persistent or significant emotional ill-treatment or rejection, resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child.

3. Signs and symptoms

The recognition and identification of child abuse can be difficult. Teachers are not expected to be experts in this field. However for guidance the following list of signs and symptoms is reprinted from the Inter-Agency guidelines sections 5.5, 5.6, 5.7, 5.8 and 5.9.

Physical Injury

Most injuries to children are accidental and can be explained simply. Children receive bumps and bruises as a result of the rough and tumble of normal play.

It is important to remain aware however, that injuries may not have been accidental in origin. The presence of the following factors should raise concern.

- (a) Where the explanation is not consistent with the injury or with the stage of development of the child.
- (b) Any bruising in a child who has not attained mobility is of concern, as is a child's reluctance to move limb(s) or where there is tenderness on touching the child.
- (c) Where there are changes of explanation or no explanation.
- (d) Where there has been an unreasonable delay in seeking medical advice.
- (e) Where there is a history of frequently repeated injury even though the explanation of each individual occurrence appears adequate. This may indicate a lack of supervision or possible medical problems.
- (f) Where there are bruises of different ages on the child at any one time, other than on the common sites of accidental injury in a child of that age.
- (g) Where there is facial bruising, particularly round the mouth, eyes or ears.
- (h) Where there are unexplained or inadequately explained burns, bite marks, severe bruising or any combination of these.
- (i) Poisoning, particularly if there is more than one incident.

Neglect

Neglect results from the **persistent failure** to meet the basic needs of the child. This may include failure to provide food, warmth, clothing, appropriate stimulation or consistent caretaking resulting in impairment of the child's health or development.

The signs in the child of neglect may include:

- (a) Failure to thrive, where medical investigation has excluded any medical reason for the problem.
- (b) Food stealing or gorging of food.
- (c) Lack of appetite and increased feeding difficulties.
- (d) Inappropriate or inadequate clothing or hygiene, (taking account of cultural norms and family means).
- (e) Lack of appropriate supervision.
- (f) Persistent failure to seek or to follow any necessary medical or nursing advice.
- (g) Developmental delay.
- (h) Poor academic attainment or school attendance.
- (i) Poor peer group relationships, but attention-seeking from adults.
- (j) Physical signs of long-standing neglect, including poor growth, thinning hair, protuberant abdomen and persistently cold, reddened hands and feet.

Sexual Abuse

Many of the signs and behaviours associated with sexual abuse can be found in some medical or emotional conditions. A good rule to follow is that when there are worries about a child's behaviour which cannot be explained satisfactorily, sexual abuse should be borne in mind as a possible explanation. A child who alleges sexual abuse should be listened to carefully and the listener should consult with appropriate professionals immediately (e.g. Gateway Team, PSNI, and Paediatrician) for advice. Sexually abused children are frequently obedient to adults and anxious to please but peer-group relationships are often poor. Many children are asymptomatic, particularly in the younger age range. Other signs which may be present are:

(a) **Physical signs:**

- Genital or anal lacerations, bleeding or other trauma;
- Genital or per-ianal inflammation or irritation;
- Persistent or recurrent vaginal discharge;
- Sexually transmitted disease, including peri-anal or genital warts;
- Pregnancy.

(b) **Medical problems which may be connected with sexual abuse:**

- Recurrent urinary tract infections or 'cystitis';
- Secondary enuresis or encopresis (wetting or soiling);
- Recurrent unexplained abdominal pain.

It should be remembered that for many children these symptoms will be present and are not always associated with abuse.

(c) **Behavioural problems may include:**

- In younger children -
 - over sexualised behaviour;
 - compulsive masturbation;
 - acting out and aggressive behaviour;
 - drawings or play activity which are explicitly sexual.

Emotional Abuse

There are elements of emotional harm in all forms of abuse. Whilst physical care and environments may appear to meet children's needs it is important to remain aware of the

interactions and relationship which occur between children and their carers. An emotionally abused child may be subjected to constant criticism and scape-goating, the continuous withholding of approval and affection, severe discipline or a total lack of appropriate control.

Alternatively, the child may be exploited to fulfil the parent's emotional needs.

As a consequence, the child may:

- (a) Have an impaired ability for enjoyment and play.
- (b) Lack curiosity and natural exploratory behaviour.
- (c) Be delayed in language development and play skills.
- (d) Have a low self-esteem and feeling of worthlessness.
- (e) Show eating disturbances or growth failure.
- (f) Severe cases may show physical signs of deprivation as described under **Neglect**. These may occur even when physical care appears adequate.

In older children - withdrawn, overtly compliant behaviour;
depression and suicidal behaviour;
self-mutilation;
running away;
school refusal;
truancy;
drug and alcohol abuse.

At any age - a sudden change in normal behaviour patterns, or a sexual awareness and knowledge well in advance of what would be expected at the child's level of development, may be an indicator of sexual abuse.

Children who are being sexually abused do not necessarily display any behavioural disturbance.

It should be remembered that for many children these symptoms will be present and are not always associated with abuse.

Bullying

Bullying is a highly distressing and damaging form of abuse and is not tolerated in our school. All staff are vigilant at all times to the possibility of bullying occurring, and will take immediate steps to stop it happening, to protect and reassure the victim and to discipline the bully.

Further guidance for staff and parents is set out in our Anti – Bullying Policy.

4. Procedures for reporting suspected (or disclosed) child abuse

Designated Teachers for Child Protection

In Dalriada School the designated teachers are:

Ms. L. Crawford
Dr. I.T.G. Walker (Deputy)

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 must act promptly.**

He/she should not investigate - this is a matter for Social Services - but should report these concerns immediately to the designated teacher, discuss the matter with him/her, and make full notes.

The designated teacher will discuss the matter with Principal as a matter of urgency to plan a course of action, and ensure that a written record is made.

The Principal, in consultation with the designated teacher, will decide whether, in the best interests of the child, the matter needs to be referred to Social Services. **If there are concerns that the child may be at risk, the school is obliged to make a referral.** Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately.

The Principal may seek clarification or advice and consult with the Board's Designated Officer or the Senior Social Worker before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. **The safety of the child is our first priority.**

Where there are concerns about possible abuse, the Principal will inform:

- the Social Services/Gateway Team
- the Education and Library Board's Designated Officer for Child Protection

(This will be done in an envelope marked 'CONFIDENTIAL - CHILD PROTECTION')

If a complaint about possible child abuse is made against a member of staff, the Principal (or the designated teacher, if he is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the designated teacher). Where the matter is referred to Social Services, the member of staff will be removed from duties involving direct contact with pupils, and may be suspended from duty as a precautionary measure pending investigation by Social Services. The Chairman of the Board of Governors will be informed immediately.

If a complaint is made against the Principal, the designated teacher (or his deputy, if he is not available) must be informed immediately. He will inform the Chairman of the Board of Governors and together they will ensure that the necessary action is taken.

If any member of staff feels unsure about what to do if he/she has concerns about a child, or unsure about being able to recognise the signs or symptoms of possible abuse, he/she should speak to the designated teacher.

It should be noted that information given to members of staff about possible child abuse cannot be held 'in confidence'. In the interests of the child, staff may need to share this information with other professionals. However, only those who need to know will be told.

NJM/lh

Adopted by the Board of Governors on 27 October 2011

Reviewed by NJM and Pastoral Team
19 May 2016

C O N F I D E N T I A L

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

If 'No' state reason:

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____