



SAFEGUARDING AND 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 staff handbook section 4.04c.. 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?

As outlined in Co-Operating to Safeguard Children and Young People In Northern Ireland, 2016 there are six areas of abuse.

Neglect – is the failure to provide form a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that it 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.

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.

Sexual abuse occurs when others use and exploit children sexually for their own gratification or gain to 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 clothes). It may include non-contact activities involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in a sexually inappropriate way or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males, woman can commit acts of sexual abuse, as can other children.

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

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child to take selfish or unfair advantage of a child or situation for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud of child trafficking.

Domestic Abuse is the threatening, controlling, coercive behaviour, violence or abuse inflicted on anyone by a current or former partner or family member. This also includes coercive, exploitative and harmful behaviour that included taking advantage of an individual's capacity to give informed consent.

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.

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.

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.

Exploitation

Young people who are being sexually exploited may:

- a) go missing from home, care or education.
- b) be involved in abusive relationships, intimidated and fearful of certain people or situations
- c) hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- d) associate with other young people involved in sexual exploitation
- e) get involved in gangs, gang fights, gang membership
- f) have older boyfriends or girlfriends
- g) spend time at places of concern, such as hotels or known brothels
- h) not know where they are, because they have been moved around the country
- i) be involved in petty crime such as shoplifting
- j) have unexplained physical injuries
- k) have a changed physical appearance, for example lost weight
- l) have unexplained gifts (e.g. mobile phone)

Domestic Abuse/Violence:

Children who witness domestic abuse may:

- a) become aggressive
- b) display anti-social behaviour
- c) suffer from depression or anxiety
- d) not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

It should be remembered that for many children some of 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, make full notes and complete a Record of Concern Form (which can be obtained in the school office or in the Head of Pastoral Care's Office)

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.

Policies to be used in conjunction with this policy:

- Pastoral Care Policy
- Anti-Bullying Policy
- E-Safety Policy
- Confidentiality Policy
- Relationships and Sexuality Policy
- Behaviour Management Policy

NJM/lh

Adopted by the Board of Governors on 27 October 2011

Reviewed by LRC and Pastoral Team

4th April 2017

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: _____

