

SAFEGUARDING & CHILD PROTECTION

1. Child Protection Ethos

We in St John's have a responsibility for the Pastoral Care, general welfare and safety 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 neglect of a child is suspected and outlines referral procedures within our school.

2. 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, the Department of Education (Northern Ireland) guidance "Pastoral Care in Schools- Child Protection" (DENI Circular 99/10) and the Area Child Protection Committees' Regional Policy and Procedures (2005).

The following principles form the basis of our Child Protection Policy.

- It is a child's right to feel safe at all times, to be heard, listened to and taken seriously.
- We have a pastoral responsibility towards the children in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
- In any incident the child's welfare must be paramount, this overrides all other considerations.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is conflict the child's interest must always come first.

3. Other Relevant Policies ~

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

- Behaviour Policy
- Anti-Bullying
- Use of Reasonable Force/Safe Handling
- Special Educational Needs
- Pupils' Attendance Policy
- Educational Visits
- First Aid
- The Administration of Medicines
- Health and Safety Policy
- Internet Safety
- Intimate Care
- Drugs and Misuse of Substances Policy

- RSE Policy
- PDMU policy.
- Pastoral Care Policy
- Non-Smoking Policy
- Inclusion Policy
- Handling Complaints Policy
- Code of Conduct for Staff Policy
- Health and Wellbeing
- Healthy School

This is not an exhaustive list. These policies are available to parents and any parent requiring a copy should contact the School Principal or visit the school website. Newcomer parents can also request a copy of the policies listed above in their own language by contacting the Principal.

4. School Safeguarding Team

The following are members of the schools Safeguarding Team

- Designated Teacher- Mrs S. Mc Laughlin
- Deputy Designated Teacher- Mrs L McKnight
- Principal- Mr. L McKnight
- Designated Governor for Child Protection- Mrs M. Donaghy
- Chair of the Board of Governors- Dean K Donaghy

5. Roles And Responsibilities

5.1 The Designated Teacher and Deputy Designated Teacher

The designated teacher and deputy designated teacher must:

- Avail of training so that they are aware of duties, responsibilities and role
- Organise training for all staff (See Appendix 5)
- Lead in the development of the school's Child Protection Policy
- Act as a point of contact for staff and parents
- Assist in the drafting and issuing of the summary of our Child Protection arrangements for parents
- Make referrals to Social Services Gateway team or PSNI Public Protection Unit where appropriate
- Liaise with the EA Designated Officers for Child Protection
- Maintain records of all child protection concerns
- Keep the School Principal informed
- Provide written annual report to the Board of Governors regarding child protection

5.2 The Principal

The Principal must ensure that:

- DENI 1999 / 10 is implemented within the school
- That a designated teacher and deputy are appointed
- That all staff receive child protection training
- That all necessary referrals are taken forward in the appropriate manner
- That the Chairman of the Board of Governors (and, when appropriate, the Board of Governors) is kept informed
- That child protection activities feature on the agenda of the Board of Governors meetings and termly updates & annual report are provided
- That the school child protection policy is reviewed annually and that parents and pupils receive a copy of this policy at least once every 2 years.
- That confidentiality is paramount. Information should only be passed to the entire Board of Governors on a need to know basis.

5.3 The Designated Governor for Child Protection

The Designated Governor will provide the child protection lead 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 and vetting of staff

5.4 The Chair of the Board of Governors

The Chair of the Board of Governors must:

- Ensure that a safeguarding ethos is maintained within the school environment
- Ensure that the school has a Child Protection Policy in place and that staff implement the policy
- Ensure that Governors undertake appropriate child protection and recruitment & selection training provided by the EA Southern Child Protection Support Service for Schools, the EA Southern Governor Support and Human Resource departments.
- Ensure that a Designated Governor for Child Protection is appointed
- Assume lead responsibility for managing any complaint/allegation against the School Principal
- Ensure that the Board of Governors receive termly updates and a full written annual report in relation to child protection activity.

5.5 Other Members of School Staff

Staff in school see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse. Remember the 5 Rs: Receive, Reassure, Respond, Record and Refer.

The member of staff must:

- refer concerns to the Designated/Deputy Teacher for Child Protection by completing a 'Note of Concern' Form;
- listen to what is being said without displaying shock or disbelief and support the child
- act promptly
- make a concise written record of a child's disclosure using the actual words of the child (**Appendix 1 Note of Concern**)
- Avail of whole school training and relevant other training regarding safeguarding children
- **Not** give children a guarantee of total confidentiality regarding their disclosures
- **Not** investigate
- **Not** ask leading questions

In addition, the Class Teacher should:

- Keep the Designated Teacher informed about poor attendance and punctuality, poor presentation, changed or unusual behaviour, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying, concerns about home conditions including disclosures of domestic violence.

5.6 Parents

Parents should play their part in Child Protection by:

- telephoning the school on the morning of their child's absence, or sending in a note on the child's return to school, so as the school is reassured as to the child's situation;
- informing the school whenever anyone, other than themselves, intends to pick up the child after school;
- letting the school know in advance if their child is going home to an address other than their own home;
- familiarising themselves with the School's Pastoral Care, Anti Bullying, Positive Behaviour, Internet and Safeguarding/Child Protection Policies;
- reporting to the office when they visit the school

- raising concerns, they have in relation to their child with the school.

5.7 The Board of Governors

Board of Governors must ensure that:

- the school has a Child Protection Policy in place and that staff implement the policy
- relevant Child Protection training is kept up-to-date by at least one governor and a record kept of the same
- confidentiality is paramount. Information should only be passed to an entire Board of Governors on a need-to-know basis.

Definition of Abuse

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child.

Types of Abuse

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

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 the 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 opportunity 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 peer.

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 suffer from other types of abuse.

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.

Child Sexual Exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

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'.

Children who Display Harmful Sexualised Behaviour is any behaviour of a sexual nature that takes place when:

- there is no informed consent by the victim; and/or
- the perpetrator uses threat to coerce threaten or intimidate the victim.

It can include:

- using age inappropriate sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- Sexual behaviour between children is also considered harmful if one of the children is much older- particularly if there is more than two years' difference in age or if one of the children is pre- pubescent and the other is not.

However, a younger child can abuse an older child, particularly if they have power over them- for example, if the older child is disabled

Domestic Violence and abuse is: '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.

Symptoms which young people may display and which are indicators only include

- Nervousness
- Low self-worth
- Disturbed sleep patterns
- Nightmares / flashbacks
- Physiological – stress / nerves
- Stomach pain
- Bed wetting
- Immature / needy behaviour

- Temper tantrums
- Aggression
- Internalising distress or withdrawal
- Truancy
- Alcohol and drugs
- Bullying

These symptoms can lead to a child/ young person being misdiagnosed as having an illness, learning difficulties, or being naughty or disruptive.

If it comes to the attention of school staff that domestic abuse is or may be a factor for a child/young person this must be passed to the Designated/Deputy Designated Teacher who has an obligation to share the information to Social Services

We will take seriously any concerns which are raised about a pupil in our school who has self-harmed and/or has expressed suicidal thoughts. The Designated/Deputy Designated teacher will immediately follow the school's child protection procedures.

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

6.3 Signs and symptoms of abuse ~ Possible Indicators

Physical Abuse

<u>Physical Indicators</u>	<u>Behavioural Indicators</u>
Unexplained bruises – in various stages of healing – grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday	Self destructive tendencies; aggressive to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to school early or stays last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories

Emotional Abuse

<u>Physical Indicators</u>	<u>Behavioural Indicators</u>
Well below average in height and weight; “failing to thrive”; poor hair and skin; alopecia; swollen extremities i.e. icy cold and swollen hands and feet; recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness); extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).	Apathy and dejection; inappropriate emotional responses to painful situations; rocking/head banging; inability to play; indifference to separation from family indiscriminate attachment; reluctance for parental liaison; fear of new situation; chronic runaway; attention seeking/needing behaviour; poor peer relationships.

Neglect

<u>Physical Indicators</u>	<u>Behavioural Indicators</u>
Looks very thin, poorly and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.	Tired or listless (falls asleep in class); steals food; compulsive eating; begging from class friends; withdrawn; lacks concentration; misses school medicals; reports that no carer is at home; low self-esteem; persistent non-attendance at school; exposure to violence including unsuitable videos.

6.3 Signs and symptoms of abuse ~ Possible Indicators

Sexual Abuse

Physical Indicators	Behavioural Indicators
Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; bruises or bleeding in genital or anal areas; torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches; difficulty in walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games, showers; unexplained pregnancies where the identify of the father is vague; anorexia/gross over-eating.	What the child tells you; Withdrawn; chronic depression; excessive sexual precociousness; seductiveness; children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal; over concerned for siblings; poor self esteem; self devaluation; lack of confidence; peer problems; lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in school work or behaviour; inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children's art work or stories; vulnerability to sexual and emotional exploitation; promiscuity; exposure to pornographic material.

7. Procedures for making complaints in relation to child abuse

7.1 How a Parent can make a Complaint

At St. John's we aim to work closely with the parents/guardians in supporting all aspects of the 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 or the Principal/Designated teacher for child protection. 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 Public Protection Unit. Details of who to contact are shown in the flowchart in **Appendix 2**.

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

Where staff become aware of concerns or are approached by a child they should not investigate – this is a matter for Social Services – but should report these concerns immediately to the designated teacher and full notes should be made. 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 teacher. The person who reports the incident must treat the matter in confidence.

The designated teacher will decide whether in the best interest 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 parent will be informed immediately.

The designated teacher may consult with the EA Southern Designated Officer for Child Protection or Social Services Gateway Team before a referral is made. During consultation with the Designated Officer the child's details will be shared. 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 prime priority.

Where there are concerns about possible abuse and a referral needs to be made the designated teacher will telephone Social Services Gateway Team. She will also notify the EA Designated Officer for Child Protection. A UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form will also be completed and forwarded to the Gateway team with a copy sent to the EA Designated Officer for Child Protection.

Prior to making a referral to Social Services the consent of the parent/carers and/or the young person (if component) will normally be sought. The exception to this is where to seek consent would put that child at risk of significant 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 instances where consent is sought but refused, a referral should be made and a record made of the reasons for the decision and the actions taken

If the Principal has concerns that a child may be at immediate risk from a volunteer, the services of the volunteer will be terminated immediately.

This procedure is shown in **Appendix 3**

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

If a complaint about possible child abuse is made against a member of staff, the Principal {or Designated Teacher if the Principal is not available) **must be informed immediately**. The above procedures will apply unless the complaint is about the

Principal.

If a complaint is made against the Principal the Designated Teacher will inform the Chairperson of the Board of Governors who will ensure that necessary action is taken.

Where the matter is referred to Social Services the member of staff may be removed from duties involving direct contact with pupils or may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities. The Chair of the Board of Governors will be informed immediately.

Child protection procedures as outlined in Appendix 4 will be followed in keeping with current Department of Education guidance.

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

Do:	Do not:
<ul style="list-style-type: none"> ❖ Listen to what the child says ❖ Assure the child they are not at fault ❖ Explain to the child that you cannot keep it a secret ❖ Document exactly what the child says using his/her exact words ❖ Remember not to promise the child confidentiality ❖ Stay calm ❖ Listen ❖ Accept ❖ Reassure ❖ Explain what you are going to do ❖ Record accurately ❖ Seek support for yourself 	<ul style="list-style-type: none"> ❖ Ask leading questions. ❖ Put words into the child's mouth. ❖ Ignore the child's behaviour. ❖ Remove any clothing. ❖ Panic ❖ Promise to keep secrets ❖ Ask leading questions ❖ Make the child repeat the story unnecessarily ❖ Delay ❖ Start to investigate ❖ Do Nothing

8. Attendance at Child Protection Case Conferences and Core Group Meetings

The Designated Teacher/Deputy Designated Teacher or Principal may be invited to attend an initial and review Child Protection Case Conferences and/or core group meetings convened by the Health & Social Care Trust. They will provide a written report which will be compiled following consultation with relevant staff. Feedback will be given to staff under the 'need to know' principle on a case-by-case basis. Children whose names are on the Child Protection register will be monitored and supported in accordance with the child protection plan.

9. 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 has a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. Where abuse is suspected schools have a legal duty to refer to the Statutory Agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a ‘need to know’ basis.

10. Record Keeping

All child protection records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from any other file that is held on the child or young person and are only accessible by the Designated Teacher, Deputy Designated Teacher and Principal.

Should a child transfer to another school whilst there are current child protection concerns we will share these concerns with the Designated Teacher in the receiving school.

11. Vetting Procedures

All staff paid or unpaid who are appointed to positions in the School are vetted in accordance with relevant legislation and Departmental guidance.

It is the responsibility of the BoG to ensure that there is an official record kept of when vetting checks are successfully completed for all staff.

The following groups must have an Enhanced Disclosure Certificate from AccessNI **before** taking up post:

- All new paid teaching and non-teaching staff.
- Private contracted transport providers-named drivers.

12. 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.

The school’s code of conduct is available on request.

13. Staff Training

St. John’s is committed to in-service training for its entire staff. Each member of staff will receive general training on Policy and procedures with some members of staff receiving more specialist training in line with their roles and responsibilities. All staff will receive basic child protection awareness training bi-annually. The Principal/Designated Teacher/Deputy Designated Teacher, Chair of the Board of Governors and Designated Governor for Child Protection will also attend relevant child protection training courses provided by the Child Protection Support service for Schools.

When new staff or volunteers start at the school they are briefed on the school’s Child Protection Policy and Code of Conduct and given copies of these policies.

14. The Preventative Curriculum

In the classroom, regular PDMU lessons are used as a means of encouraging children to raise social and emotional concerns in a safe environment and to build self-confidence, respect and sensitivity among classmates.

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. A flow diagram of how a parent may make a complaint is also on display. An enlarged flow diagram for a teacher allegation is in the staff room.

Other initiatives which address child protection and safety issues:

- Primary 1 to Primary 7 children participate in a community awareness programme run by the PSNI
- Primary 5 pupils take part in the Northern Ireland Fire and Rescue Service talks on Fire Safety. Helping Hands Programme is also undertaken in this class in relation to Domestic Violence/Abuse.
- Each year Primary 7 pupils participate in the “Love For Life” programme.

15. Monitoring And Evaluation

The Safeguarding Team in St. John's will update this Policy and procedures in the light of any further guidance and legislation as necessary and review it annually. The Board of Governors will also monitor child protection activity and the implementation of the child protection policy on a regular basis through the provision of reports from the Designated Teacher.

On-going evaluation will ensure the effectiveness of the Policy.

Date Policy reviewed :

Signed:

Designated Teacher.....

Principal.....

Chairman of the BOG.....

CONFIDENTIAL

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:
If 'No' state reason:

Yes:

☐

No:

☐

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:

☐

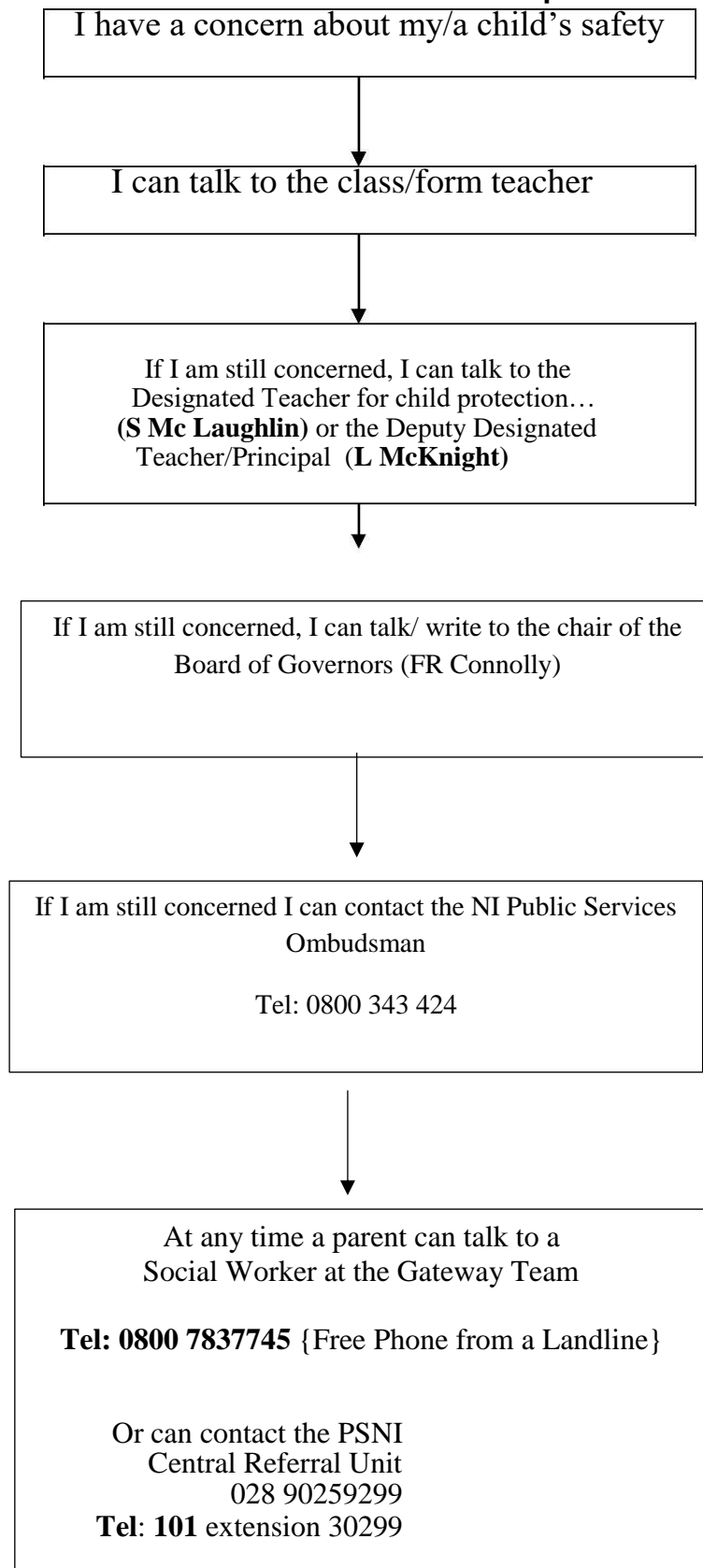
Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

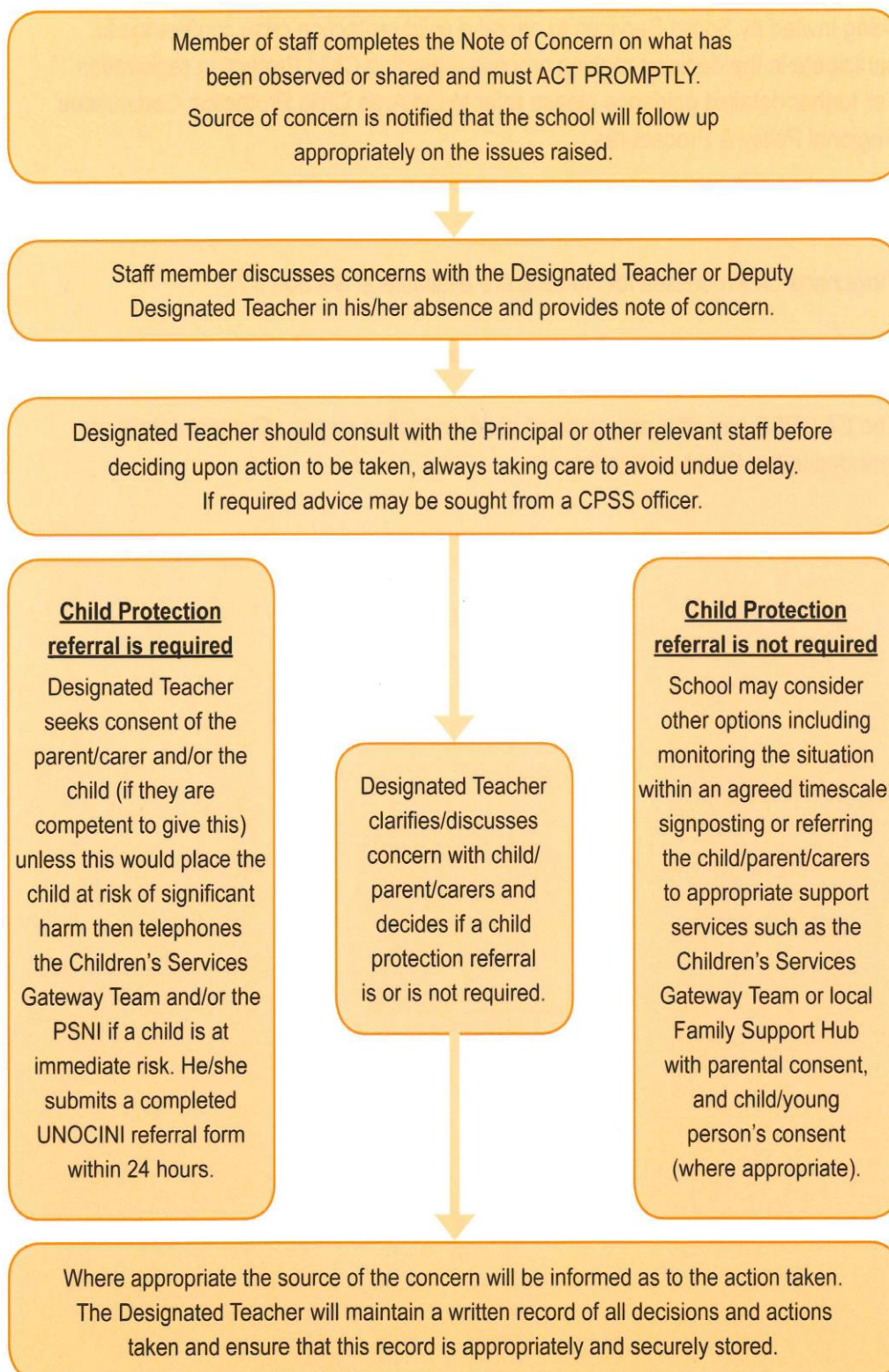
Appendix 2

How a Parent can make a Complaint



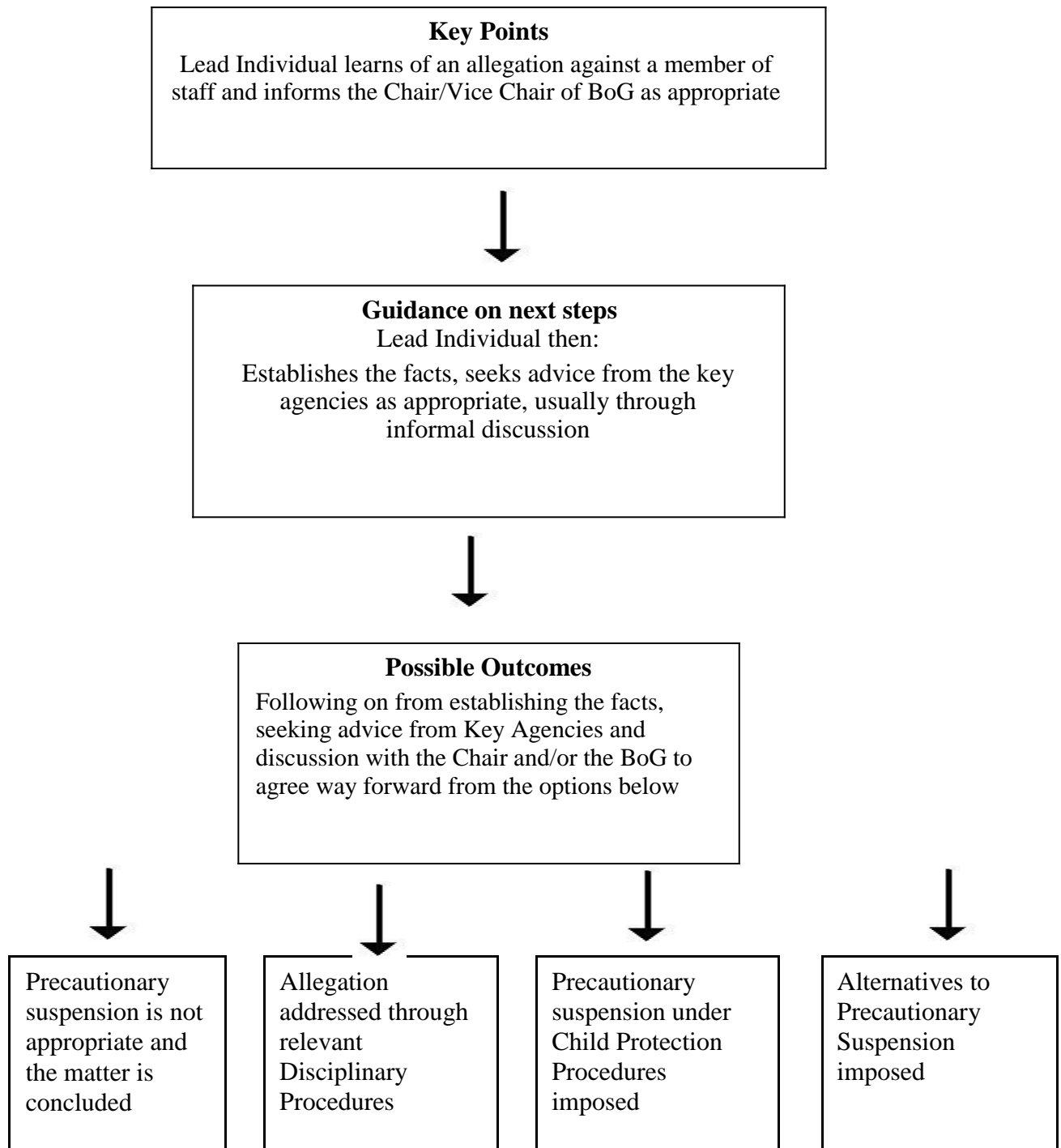
Appendix 3

Procedure where the School has concerns, or has been given information, about possible abuse by someone other than a member of staff^{7,8}



Appendix 4

Dealing With Allegations of Abuse against a Member of Staff



APPENDIX 5: STAFF TRAINING BOOKLET

TRAINING FOR STAFF.

All staff who work in our school need to know the following things:

1. How to identify the signs and symptoms of possible abuse.
2. What procedures the school has in place for dealing with Child Protection.
3. How to talk to children whom they are concerned about, or if a child makes a disclosure.
4. Recording of concern or disclosure.
5. Who is the designated and deputy-designated teacher for Safeguarding/Child Protection.
6. Code of Conduct for staff.

1.TYPES OF ABUSE AND IDENTIFYING THEIR POSSIBLE SIGNS.

There are different types of abuse and a child may suffer more than one of them. It is therefore important that all staff is aware of the different types of abuse and can identify some possible indicators of each.

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

Possible indicators- Bruises of a particular shape, mark of a hand, lacerations, bite marks or burns.

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 the 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 opportunity 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 peer.

Possible indicators- excessive dependence or attention seeking.

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.

Possible indicators- substantial behavioural changes including precocity, gross withdrawal or inappropriate sexual behaviour.

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 suffer from other types of abuse.

Possible indicators- inadequate clothing, poor growth, extreme hunger, unkempt appearance.

BULLYING-(1) Bullying is an 'act' which includes (but is not limited to) the repeated use of:

- a. Any verbal, written or electronic communication,
- b. Any other act or,
- c. Any combination of those, by a pupil or a group of pupils against another pupil or groups of pupils, with the intention of causing physical or emotional harm to that pupil or group of pupils.

(2) For the purpose of subsection (1) 'act' includes omission.

Child Sexual Exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Domestic Violence

'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.

Symptoms which young people may display and which are indicators only include:

- Nervousness
- Low self-worth
- Disturbed sleep patterns
- Nightmares / flashbacks
- Physiological – stress / nerves
- Stomach pain
- Bed wetting
- Immature / needy behaviour
- Temper tantrums
- Aggression
- Internalising distress or withdrawal
- Truancy
- Alcohol and drugs
- Bullying

These symptoms can lead to a child/ young person being misdiagnosed as having an illness, learning difficulties, or being naughty or disruptive.

If it comes to the attention of school staff that domestic abuse is or may be a factor for a child/young person this must be passed to the Designated/Deputy Designated Teacher who has an obligation to share the information to Social Services

We will take seriously any concerns which are raised about a pupil in our school who has self-harmed and/or has expressed suicidal thoughts. The Designated/Deputy Designated teacher will immediately follow the school's child protection procedures.

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

2.OUR SCHOOL'S PROCEDURES FOR DEALING WITH CHILD PROTECTION.

On noticing any of the above signs of abuse or if a child makes a disclosure, the staff member must:

- **Notify the designated teacher for Child Protection Mrs. S. Mc Laughlin.**
- The designated teacher will in turn notify the Principal. Together they will decide whether referral to social services is necessary.
- If referral is necessary, the Principal will notify the following bodies:
 - (a) Social Services or the Police
 - (b) Designated Officer for Child Protection in EA Southern
- The Principal must ensure that proper records are kept of all complaints or information received.

3.HOW TO TALK TO A CHILD YOU HAVE A CONCERN ABOUT OR WHO MAKES A DISCLOSURE TO YOU.

- Do not ask leading questions. (Putting ideas into the child's mind).
- Do not ask them to change their version of events. (Say "Tell me what happened" rather than "Did do this on you?")
- Listen to the child rather than interrupting or trying to interpret.
- Make clear notes on the information given ASAP after the disclosure.
- Quote the words actually used by the child to explain the incident.
- Don't tell the child that you "Won't tell". Explain that only people who will be able to help will be confided in.

4.RECORDING OF CONCERN OR DISCLOSURE.

If a member of staff speaks to a child about a concern they have, or if a pupil makes a disclosure to a member of staff regarding a child protection issue then a record of this meeting with the child must be made ASAP (See Appendix 1 form). When recording this meeting it is important to keep the following points in mind:

- Record the time, date, place and people present.
- Note conversation including exact words where remembered.
- Signs of physical injury should be described in detail (**Child's clothing must not be removed for examination of injury**)
- Any comment by the child, or later by a parent or carer or other adult in explanation of how an injury occurred should also be written down. (Use quoted words where possible.)
- **Remember do not give the pupil reassurance of confidentiality, but reassure them that only those who can help will be informed.**
- **THIS WRITTEN RECORD MUST FINALLY BE PRESENTED TO THE DESIGNATED TEACHER.**

On receiving this written record of concern the designated teacher or Principal will agree on the timing of a further meeting to advise the person who supplied the information about whether or not a referral was necessary, or what course of action was undertaken.

5.WHO IS THE DESIGNATED AND DEPUTY DESIGNATED TEACHER DEALING WITH CHILD PROTECTION?

The Vice- Principal, **Mrs. S. Mc Laughlin**, is the Designated Teacher dealing with Child Protection, the Principal **Mrs L McKnight**, is the Deputy Designated Teacher for Child Protection.

6. Staff Code of Conduct

In St. John's we want all our students and staff to feel happy, safe and secure so that they can benefit fully from their time in school and be enabled to contribute wholeheartedly to the educational experience which our school offers.

We aim, at all times, to behave appropriately and warmly towards each other and to support one another both personally and professionally. As staff members in the school, we are mindful that our behaviour towards our pupils should always be above reproach and we acknowledge the need to exercise prudence in our dealings with the students in our care. Staff must therefore for example avoid using inappropriate or offensive language at all times.

Hence all staff and volunteers must also avoid putting themselves at risk of allegations of abusive or unprofessional conduct. Therefore, all staff and volunteers are expected to familiarise themselves and comply with all school policies and procedures.

We subscribe to the following good practice in this area:

When the need arises to interview a student alone it is wise to let another member of staff know that the meeting is happening and where it will be taking place. The venue should, if at all possible, have a window and, if this is not so, a door should be left ajar if this is appropriate to the meeting.

- It is good practice to avoid **unnecessary** physical contact with our students. We acknowledge, however, that it is neither practical nor desirable to suggest that there should be no physical contact and we would not wish to see a distressed student deprived of a reassuring or comforting touch because of a fear of physical contact. Where a student indicates, however, that she is uncomfortable with such contact it should never take place. Additionally, it is prudent to avoid any physical contact which might be open to misinterpretation by the student or by others.
- Where physical contact is required to maintain the safety of the student or others around her that safety must take precedence over all other considerations.
- There should **never** be any physical response to misbehaviour, whatever the provocation, except where it is required to maintain the safety of the student or that of others. In this event the Reasonable Force Policy should be fully adhered to and the incident reported immediately to the Principal or Designated teacher for Child Protection.

- If it is necessary to administer first-aid this is best done with another person present. The welfare of the student is, however, paramount, and intervention should **never** be delayed because there is no other adult present.
- It is inevitable that some of our teaching will involve the use of sensitive materials and it is very difficult to anticipate when these might impact negatively on our students. If the material to be used is very contentious, and if there are concerns about any students in a class in relation to it, it is good practice to consult, in the first instance with the Principal or Designated teacher for Child Protection.

It is **strongly recommended** that members of staff not allow students to have access to their personal mobile numbers or email addresses. If contact with a pupil via mobile phone is necessary e.g. on a school trip, a school mobile phone should be used. All electronic communications with pupils should be via the official school emailing system.

- Social Networking Sites present particular difficulties for staff in all schools. In an ideal world, for their own protection, no member of staff would have a Facebook or other such site but, since this is unlikely great care must be taken to ensure that appropriate boundaries are maintained between staff and students. It is **strongly recommended** that no member of our staff communicate with pupils via social networking sites. Information directly related to the school community should never be posted on personal social networking sites. Staff should also be mindful of content attributable to them, posted on other sites (e.g to friends and family) that may not have the privacy settings recommended.
- Photographs/stills or video footage of students should only be taken using school equipment for purposes authorised by the school. Any such use should have parental consent.
- Members of staff and volunteers may have access to confidential information about students or their family. Information should never be used to intimidate humiliate, or embarrass the student.
- Staff and volunteers should dress in a manner that is not offensive, revealing or sexually provocative.
- We value greatly the easy relationships which exist between staff and students in St John's and we would wish to see those maintained. It is

always necessary, however, to ensure that these relationships are appropriate and professional so that the warm and caring atmosphere which is an integral part of the community of St. John's and which is so nourishing for everyone is enabled to flourish.

Relationships and Attitudes

Within the Pastoral Care Policies of St John's and the employing authority, staff should ensure that their relationships with pupils are appropriate to the age, maturity and sex of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when the staff are dealing with adolescent girls.

