

Strathearn School

SAFEGUARDING AND CHILD PROTECTION POLICY

Approved by Board of Governors – March 2018

Signed : _____

(Chair of Governors)



Review Date	Amendment
March 2019	

CONTENTS

	Page
Introduction & Safeguarding Policy	3
Strathearn Safeguarding Team & other useful contacts	4
What is child abuse?	5
Signs and Symptoms of Abuse	6
Confidentiality and the role of staff	7
Talking to Pupils	10
Procedures for reporting an incident of disclosed or suspected child abuse	12
Allegations against a member of staff	12
Appendix A: Summary procedures for reporting an incident of child abuse	13
Appendix B: Partnership with parents	14
How a parent can express a concern	15
Appendix C: Signs and symptoms of possible abuse	16
Appendix D: What Should I do?	18
Appendix E: Definitions and forms of Abuse	19
Appendix F: Wider Safeguarding Issues	22
Appendix G: The use of images of pupils	24
Letter to parents	25
Consent form	26
Appendix H: Incident Log	27
Appendix I: Child Protection Induction Survey for New Staff	28
Appendix J: Intimate Care Procedures	29

Child Protection Policy & Procedures

Introduction

The School subscribes to the principles and guidelines set out in the DE document '*Safeguarding and Child Protection in Schools*' (2017), the SBNI resource '*Core Child Protection Policy and Procedures*' (2017) and the DHSSPS paper '*Co-operating to Safeguard Children and Young People in Northern Ireland*' (2016), which are deemed to be incorporated herein. The Policy and Appendices set out below are drawn substantially from these documents, the full text of which is freely available within the School and accessible by every member of staff.

All members of staff have been issued with a copy of this Safeguarding and Child Protection Policy.

Safeguarding Policy

We in Strathearn School have a primary responsibility for the care, welfare and safety of the pupils in our charge. We will carry out this duty through our Pastoral 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. We work to establish an inclusive community where all pupils and staff are treated with dignity and respect, regardless of individual differences including culture, race, religion, beliefs, sexual or gender orientation, appearance and personal capability. 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 staff and volunteers have been subject to appropriate background checks. The staff of Strathearn School also have adopted a Code of Conduct for behaviour towards pupils. This Code is set out in a separate document, *Strathearn School - Code of Conduct for Staff and Volunteers*.

The *Safeguarding and Child Protection Policy* (incorporating Intimate Care Procedures) should be read in conjunction with a range of other school policies which, together, ensure that procedures are in place to keep pupils safe. These policies include: *Pastoral Policy, Anti-bullying policy, Educational Visits Policy and Procedures, E-Safety Policy, Safe-Handling and Reasonable Force, Attendance Policy and Service Level Agreements* in place with partner schools.

The school's ethos of safeguarding and child protection is underpinned by the Preventative Curriculum, delivered through weekly taught LLW/Tutorial programme across all Key Stages and discretely through the school's 'hidden curriculum'. Some of the content is delivered in a cross-curricular manner through a range of subject areas. The aim of the Preventative Curriculum is to empower pupils with the knowledge and skills they need to make healthy, informed life choices; with a focus on personal safety and well-being, as well as that of others in the school community and wider society.

The purpose of the following procedures on safeguarding and 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 welfare of the child must be the paramount consideration** of all caring adults. 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 also constitute criminal offences.

STRATHEARN SCHOOL SAFEGUARDING TEAM 2018-19

Chair of Board of Governors:	Mrs P Stewart
Designated Governor for Child Protection:	Mrs R Bailie
Principal:	Mrs N Connery
Designated Teacher (DT):	Mrs L Myers
Deputy Designated Teachers (DDT):	Mr A Anderson
	Mrs N Connery
	Mrs K Quinn
	Mrs A McCracken
	Miss J Stewart

If you suspect a pupil might be at risk and in the absence of the DT or DDTs or any other member of staff from whom you could take advice, you should contact:

Belfast Gateway Service:

Emergency 'Out of Hours' number: **028 95049999**

Additional Contacts & Personnel

Vice Chairs of Board:	Mrs L Mallon, Mr P White
Secretary to the Board:	Mrs Ann Flannigan
Safeguarding Team:	Mrs P Stewart, Mrs R Bailie, Mrs N Connery, Mrs Myers
EA Designated Officers:	Ms Therese Moran Ms Christine Graham Mr Sean Monaghan Ms Lorraine O'Neill
Contact number:	(028 90) 564393

If you want to contact a Health and Social Services Care Trust about the safety or wellbeing of a child or young person then you should contact the Trust in which the pupil resides. The following cover the majority of Strathearn School pupils:-

Trusts:

Belfast Health and Social Care Trust. (Gateway Service)	028 9050 7000 (Office Hours) 028 95049999 (Emergency, out of hours)
South Eastern Health and Social Care Trust (Gateway Service)	0300 1000 300 (Office Hours) 028 95049999 (Emergency, out of hours)

Any person may make contact with the Chair or Vice Chairs of the Board of Governors through the Secretary to the Board, Mrs Ann Flannigan. The School phone number is **(028) 9047 1595** and all contacts will be dealt with in a strictly confidential manner.

What is child abuse?

Child abuse occurs in families from all social classes and cultures and it also occurs in agencies and organisations. Abusers come from all walks of life and all occupations and professions. The following is an extract from *Co-operating to Safeguard Children and Young People in NI (2016)*:

‘Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others... Although the harm from 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’ (p.12)

The following 4 categories of child abuse are defined by The DHSSPS document *‘Co-operating to Safeguard Children and Young People in Northern Ireland’ (2016)*:

1. **Neglect**: the persistent failure to meet a child’s physical, emotional and/or psychological needs, likely to cause significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision.
2. **Physical abuse**: the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.
3. **Sexual abuse**: the forcing or enticing a child to take part in sexual activities. The sexual activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children to look at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.
4. **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.

In March 2016, DHSSPSNI identified a new type of abuse – **exploitation**. It 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, 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 may be sexual in nature. Children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

Bullying (including Cyberbullying) is also a highly distressing and damaging form of abuse and is the subject of a separate School policy and procedural document (Anti-Bullying Policy 2017, currently under review).

See Appendix E for information on other specific forms of abuse.

Signs and Symptoms of Possible Abuse

Because of their day-to-day contact with individual children, school staff - especially teachers, but also non-teaching staff, including supervisors and ancillary or support staff - are particularly well placed to observe outward symptoms of abnormality or change in appearance, behaviour, learning pattern or development. Such symptoms may be due to a variety of other causes, including bereavement or other disruption in family circumstances, or drug, alcohol or solvent misuse. Sometimes, however, they may be due to child abuse. For example:

- bruises, particularly bruises of a regular shape which may indicate the use of an implement such as a strap, or the mark of a hand; lacerations, bite marks and burns may be apparent, particularly when children change their clothes for physical education, swimming and other sports activities, or children with special educational needs are helped with toileting;
- possible indicators of physical neglect, such as inadequate clothing, poor growth, hunger or apparently deficient nutrition may be identified;
- possible indicators of emotional abuse, such as excessive dependence or attention-seeking, may be noticeable;
- sexual abuse may be reflected in physical signs, or lead to a substantial behavioural change including precocity, withdrawal or inappropriate sexual behaviour.

No list of symptoms can be exhaustive (see Appendix C for further examples). Also, it must be remembered that alternative medical, psychological or social explanations may exist for the signs and symptoms described above.

Signs such as those described above and others can do no more than give rise to concern - they are not in themselves proof that abuse has occurred. However, teachers and other staff should be aware of the possible implications of all such signs and alert attention to them, particularly if they appear in combination or are regularly repeated.

Confidentiality

The recognition and management of appropriate confidentiality underpins an effective child protection policy. While full confidentiality *cannot and must not* be promised to those who would share child protection concerns (including pupils), it is the duty of all professionals working in this area to ensure that information is shared only on a 'need to know' basis. In Strathearn School, every effort will be made to protect not only the wellbeing of individuals who are being supported by our safeguarding procedures, but also their privacy and rights.

Roles and Responsibilities

Everyone in education plays a part in keeping children and young people safe from harm and abuse.

All staff in a school, both teaching and non-teaching, have a responsibility to ensure that the protection and welfare of children is paramount. This also extends to any volunteers accepted to work in the school during school hours when pupils are on the premises.

Responsibilities of Board of Governors

The Education and Libraries (Northern Ireland) Order 2003 places a statutory duty on Boards of Governors (BoG) to:

- Safeguard and promote the welfare of pupils.
- Have a written child protection policy.
- Specifically address the prevention of bullying in school behaviour management policies.

All Governors in Strathearn are provided with initial child protection training with the Chair and Designated Governor for Child Protection undertaking full CPSS training. All Governors undertake refresher Child Protection training every term of office (four years).

The School Safeguarding Team

This team includes the Chair of the Board of Governors, the Designated Governor for Child Protection, the Principal (as Chair) and the Designated Teacher.

The responsibilities of the team include:

- The monitoring and regular review of Safeguarding and Child Protection arrangements in the school.
- Support for the Designated Teacher in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.
- Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements.

The Safeguarding Team reviews their child protection/ safeguarding practices annually using the Education and Training Inspectorate (ETI) pro-forma entitled 'Guidance for the Evaluation of Child Protection/Safeguarding'.

Chair of Board of Governors

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

In the event of a safeguarding and 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 the school's own policies and procedures.

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

Designated Governor for Child Protection

The Board of Governors 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.

School Principal

The Principal assists the Board of Governors 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 the Department of Education are shared promptly, and termly 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 ensures that parents and pupils receive a copy, or summary, of the Safeguarding and Child Protection Policy when pupils join Strathearn and at least every two years thereafter.

Designated Teacher for Child Protection

Every school is required to have a Designated and Deputy Designated Teacher 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.
- Responsibility for record keeping of all child protection concerns.

- Maintaining a current awareness of early intervention supports and other local services eg 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.
- Lead responsibility for the development of the school's child protection policy.
- Promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the Board of Governors regarding child protection.

Deputy Designated Teachers for Child Protection

The role of the Deputy Designated Teachers is to work co-operatively with the Designated Teacher in fulfilling her responsibilities.

The Deputy Designated Teachers work in partnership with the Designated Teacher so that they may undertake the duties of the Designated Teacher when required. Deputy Designated Teachers are also provided with the same specialist training by CPSS to help them in their role.

The Role of All Staff

All staff who work in Strathearn, both teaching and non-teaching, and any volunteers accepted to work in the school need to know:

- how to identify the signs and symptoms of possible abuse;
- what the School's Child Protection procedures are, and, in particular, what the reporting procedures are;
- how to talk to children about whom there are concerns in an appropriate way, and how to record the information they have acquired; and
- who the Designated Teacher is and who will carry out her responsibilities if she is unavailable or is the subject of the complaint.

New Staff

As part of their induction programme, all new staff are provided with a copy of this Policy and are required to complete a child protection induction questionnaire (Appendix I). This survey is passed without delay to the Designated Teacher to ensure that all staff are included in Child Protection training as soon as possible after appointment.

Recruitment, Vetting and Induction of Staff and Volunteers

Vetting checks are a key preventative measure in preventing unsuitable individuals from having access to children and vulnerable adults through the education system; schools must ensure that all persons on school property are vetted, inducted and supervised as appropriate.

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

- All new, **paid**, teaching and non-teaching staff.
- Examination Invigilators.
- Private contracted transport providers - named drivers.

External agencies or self-employed individuals who work with pupils in Strathearn must have an appropriate Child Protection Policy in place which has been presented to the Safeguarding Team of Strathearn for approval. Such a policy will be reviewed with the School's Designated Teacher on an annual basis and when there are key staffing changes in the child protection personnel of either party. The contractual obligation to have a Child Protection Policy in place forms part of the service level agreements that apply to all external agencies supporting the curriculum in Strathearn. Such external agencies include coaching companies for various sports activities.

Volunteers and Visitors

Volunteers who work unsupervised are required to have an EDC. Volunteers who work under supervision are not required to obtain an EDC, and School has a responsibility to monitor their supervision.

Visitors to school, such as parents, suppliers of goods and services, etc. do not routinely need to be vetted, however such visitors should be managed by school staff and their access to areas and movement within the school should be restricted as needs require. All volunteers and visitors to the School are required to sign in at reception and wear a visitor's lanyard when moving around the school. Key staff with responsibility for individual volunteers and visitors will provide appropriate supervision throughout their stay in School.

Pupils coming into the school on work experience do not require AccessNI clearance if they are fully supervised by school staff. The normal child protection induction processes apply.

Talking to Children where there are Concerns about Possible Abuse

If, at anytime, a child makes a disclosure to a teacher or other member of staff that 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.**

Where teachers see signs which cause them concern, they should, as a first step, seek some clarification from the child with tact and understanding. 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.

Care must be taken in asking, and interpreting children's responses to, questions about indications of abuse. The same considerations apply when a child makes an allegation of abuse, or volunteers information which amounts to that. In some circumstances, talking to the child will quickly clarify initial concerns into a suspicion that abuse has occurred, and point to the need for an immediate referral. Staff should be aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings, and the extent of questioning should, therefore, be kept to a minimum:

- Members of staff **should not investigate** - this is a matter for the Social Services - but should report these concerns immediately to the Designated Teacher, discuss the matter with her, and make full notes.
- Staff receiving any disclosure of child abuse should follow the five steps set out in Appendix D 'What Should You do?'

- Staff should not ask the child leading questions, as this can later be interpreted as putting ideas into the child’s mind.
- Staff should not, therefore, ask questions which encourage the child to change her version of events in any way, or which impose the adult’s own assumptions. For example, staff should say, “Tell me what has happened”, rather than, “Did they do X to you?”.
- The priority at this stage is to actively listen to the child, and not to interrupt or try to interpret if she is freely recalling significant events (*the child must not be asked to unnecessarily recount the experience of abuse*), and as soon as possible afterwards to make a record of the discussion to pass on to the Designated Teacher, using the Incident Log template (see Appendix H). The note should record the time, date, place and people who were present, as well as what was said. Signs of physical injury observed should be described in detail, but *under no circumstances should a child’s clothing be removed nor a photograph taken*.
- Any comment by the child, or subsequently by a parent or carer or other adult, about how an injury occurred, should be written down as soon as possible afterwards, quoting words actually used.
- Staff should not give the child or young person undertakings of confidentiality, although they can and should, of course, reassure that information will be disclosed only to those professionals who need to know.
- Staff should be aware that their note of the discussion may need to be used in any subsequent court proceedings. *It is therefore essential that accurate contemporaneous records are maintained*.
- Staff should **not** ask the child to write an account of their disclosure for the record.

In Summary

✓ Listen to the pupil sensitively and carefully. Support the child for telling you.	× Do not ask leading questions which can later be interpreted as putting ideas into the pupil’s mind
✓ Give reassurance but tactfully explain you will have to tell someone else, but only those who need to know.	× Do not give a promise of confidentiality – it cannot be kept.
✓ Say, for example, “Tell me what happened.”	× Do not make suggestions, for example, “Did they do X to you?”
✓ If possible establish what happened, where it happened, when it happened and who did it.	× Do not interrogate and do not dwell too much on the alleged perpetrator.
✓ Immediately afterwards make notes especially actual words used.	× Do not write as the pupil talks to you. Give your whole attention to the pupil.
✓ Immediately afterwards talk to the Designated Teacher who will inform the Principal.	× Any information received from the child should be held in strict confidence.

Procedures for reporting suspected (or disclosed) child abuse

- The Designated Teacher will discuss any concerns about the safety of the pupil with the Principal as a matter of urgency to plan a course of action, including whether, in the best interests of the child, the matter needs to be referred to Social Services and to ensure that a written record is made. The Safeguarding Governor or Chair of the Board is consulted if required and subsequently kept informed of the course of action taken. 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 / Designated Teacher / Safeguarding Governor / Chair may seek clarification or advice and consult with one of the Belfast Area Education Authority Designated Officers or a Duty 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 the basis of appropriate advice. The safety of the child is our first priority.
- Where there are concerns about possible abuse, the Designated Teacher / Principal will inform the
 - Social Services and
 - the EA Designated Officers for Child ProtectionThis may be done initially by telephone if urgent, and in writing by means of a UNOCINI (*Understanding the Needs of Children in Northern Ireland*), sent in an envelope marked 'CONFIDENTIAL'.
- The above procedures will apply unless the complaint is against the Designated Teacher, her Deputy, the Principal, or the Chair, in which case the remaining members of the School Safeguarding Team will be informed and take the necessary action.

The Chair of the Board of Governors will ensure that the application of the Safeguarding and Child Protection Policy is monitored, that confidential records are maintained, and that regular reports are made to the Board of Governors.

Dealing with Allegations of Abuse made Against a Member of Staff

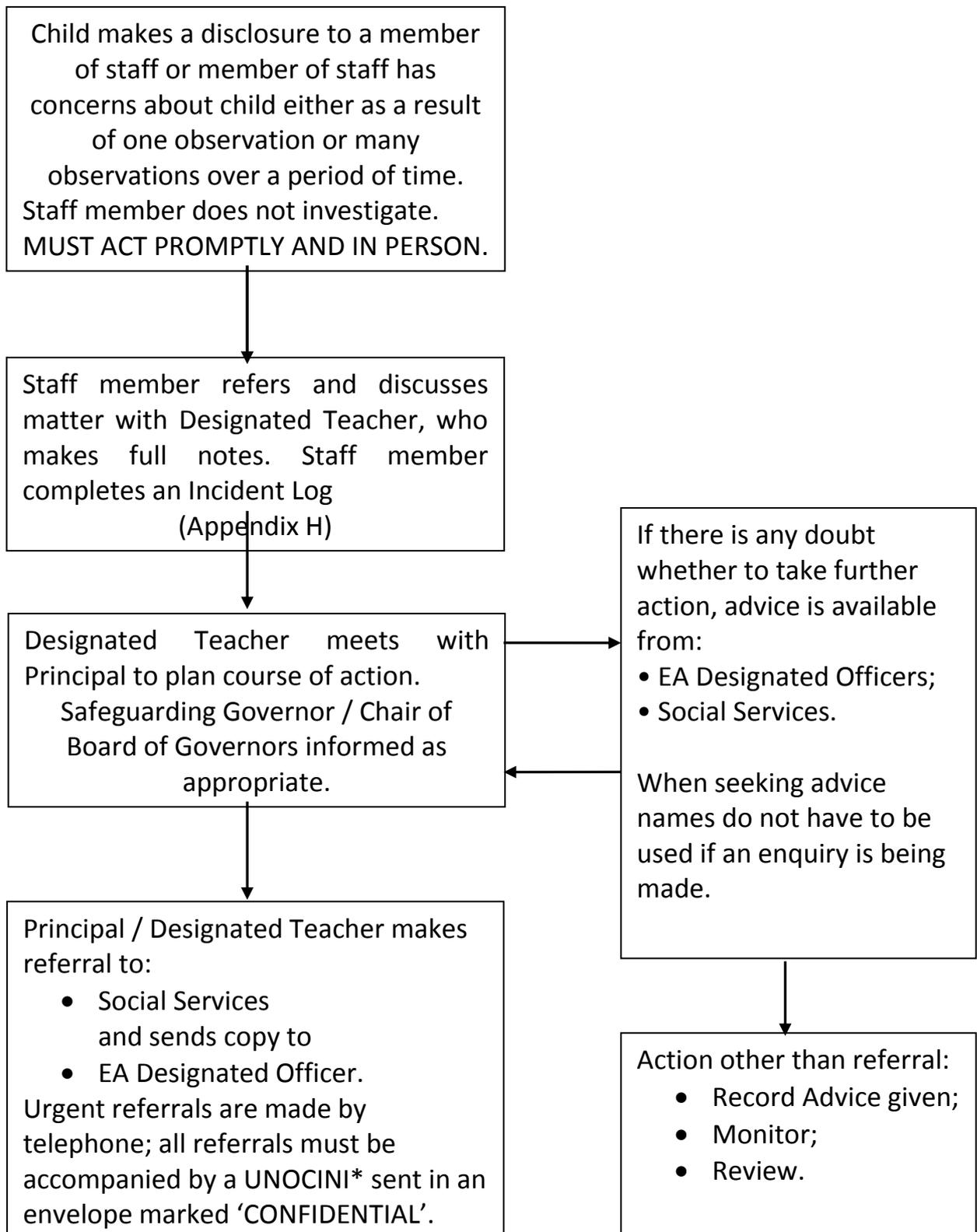
Where a complaint about possible abuse is made against a member of staff of the school, the procedures in DE Circular 2015/13 and the *Strathearn School Complaints Procedures (2017)* will be followed. In all decisions the child's welfare is the paramount consideration and the child should be listened to and her concerns taken seriously.

All allegations should be reported immediately, normally to the Principal or Designated Teacher for Child Protection/Deputy Designated Teacher for Child Protection. A Lead Individual should be identified to manage the handling of the allegation from the outset. This would normally be the Principal or a designated senior member of staff. If the Principal is the subject of concern, the allegation should be reported immediately to the Chair of the Board of Governors, Deputy Chair, Designated Governor for Child Protection and the person identified to be the Lead Individual. In the interests of all involved the issue should be dealt with as a priority and unnecessary delays

should be avoided. Every effort to maintain confidentiality and guard against unwanted publicity must be made. Allegations should not be shared with other staff or children.

Appendix A

Summary Procedures for Reporting an Incident of Child Abuse



Appendix B

Partnership with Parents

The School will help parents to understand its responsibility for the welfare of all the children and young people in its charge. This is an aspect of the ongoing work of fostering trust and good relationships with parents. Parents will be made aware, through the School Prospectus, website, Parentmail, parents' meetings or by letter, of the School's Safeguarding and Child Protection Policy, and the fact that this may require cases to be referred to the investigative agencies in the interests of the child. Parents will be reminded, at least annually, of the importance of notifying the School when someone other than a parent or usual carer will be picking the child up from School or if there are any court orders affecting access to the child.

If a case of suspected abuse is referred to the investigative agencies, the School will continue to inform parents of the educational progress of the child.

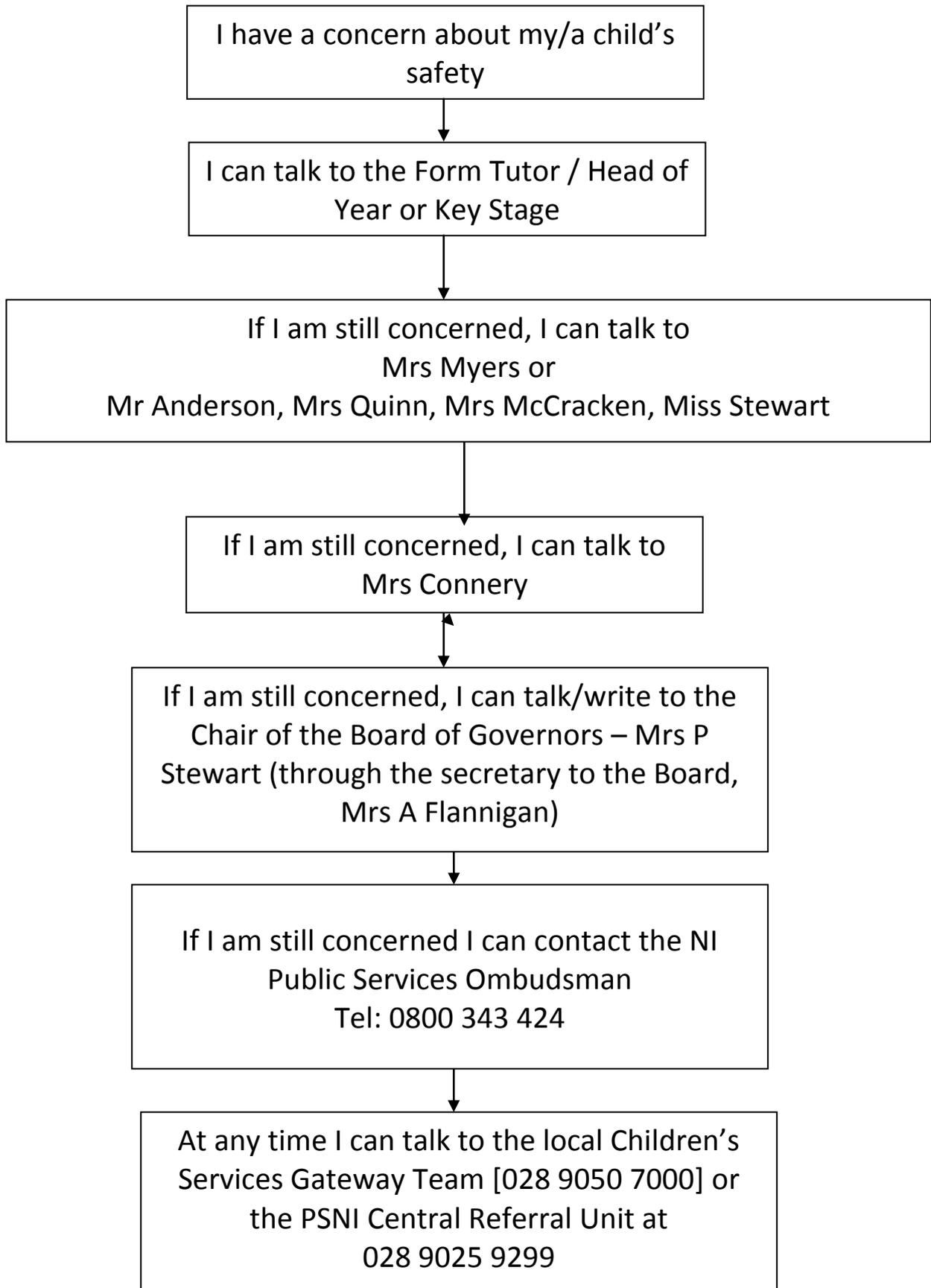
How a parent can make a complaint about possible child abuse

Parents also need to know how they can make a complaint, and the recourse that they have if they are not satisfied with the outcome. The School will include in its prospectus a summary of its arrangements for parents to make known to staff any concerns they may have about the safety of their (or another) child: often, this will be by speaking directly to the Principal, but other arrangements, such as informing the Designated Teacher, the Deputy Designated Teacher, Form Tutor or Head of Year or Key Stage may also be appropriate. The names of at least two people within the school whom parents may contact will always be given. The statement will also make clear what will happen when any such concerns or complaints are reported, indicating:

- which members of staff or other professionals will need to be informed;
- who will report back to the parents on the progress and outcome of their complaint, and (approximately) when; and
- what further avenues are open to them to pursue their complaint if they remain dissatisfied with the outcome and how they may do this. If the Principal has already been involved, this will normally involve referring their complaint onward to the Chair of the Board of Governors.

As well as inclusion in the prospectus, the School will make these arrangements for safeguarding and child protection known directly to the parents each year through a summarised version of this Policy.

How a parent can express a concern



Appendix C

Signs and symptoms of possible abuse (*not an exhaustive list*)

Physical Abuse – Physical Indicators

- Unexplained bruises or burns particularly if they are recurrent
- Human bite marks, welts or bald spots
- Unexplained lacerations, fractures or abrasions
- Untreated injuries

Physical Abuse – Behavioural Indicators

- Self-destructive behaviours
- Improbable excuses given to explain injuries
- Chronic runaway
- Aggressive or withdrawn
- Fear of returning home
- Reluctant to have physical contact
- Clothing inappropriate to weather – worn to hide part of the body

Neglect – Physical Indicators

- Constant hunger
- Poor state of clothing and/or personal hygiene
- Untreated medical problems
- Emaciation / distended stomach
- Constant tiredness

Neglect – Behavioural Indicators

- Tiredness, listlessness
- Lack of social relationships
- Compulsive stealing, begging or scavenging
- Frequently absent or late
- Low self-esteem

Signs and symptoms of possible abuse (continued)

Emotional Abuse – Physical Indicators

- Sudden speech disorders
- Signs of mutilation
- Signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness)
- Wetting and/or soiling
- Attention-seeking behaviour
- Poor peer relationships

Emotional Abuse – Behavioural Indicators

- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Reluctance for parental liaison
- Fear of new situations
- Chronic runaway
- Inappropriate emotional responses to painful situations

Sexual Abuse – Physical Indicators

- Soreness or bleeding in the genital or anal areas or in the throat
- Torn, stained or bloody underclothes
- Chronic ailments such as stomach pains or headaches
- Difficulty in walking or sitting
- Sexually Transmitted Infections (STIs)
- Unexplained pregnancies

Sexual Abuse – Behavioural Indicators

- Be chronically depressed
- Inappropriately seductive or precocious
- Sexually explicit language
- Low self-esteem, self de-valuation, lack of confidence
- Recurring nightmares / fear of the dark
- Outbursts of anger / hysteria
- Overly protective of siblings

Appendix D

What Should You Do?

What to do when you have cause for concern:

- RECEIVE – listen to what a child says but do not ask leading questions except to show when you have understood;
- REASSURE – ensure the child is reassured that he/she will be safe and their interests come first;
- RESPOND – only to ensure the child is safe and secure;
- RECORD – make note of what you have seen or heard and the date and time on the Strathearn School 'Incident Log' form; and
- REFER – refer to the Designated Teacher in person and as soon as possible when you have any concern for a child.

Appendix E

Definitions of Specific Forms of Abuse

Grooming: of a child or young person is always abusive and/or exploitative. It often involves the perpetrator(s) gaining the trust of a 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 with grooming which led to it, although this is not always the case.

Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

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.

Child Sexual Exploitation (CSE): is a form of child sexual abuse. It occurs when 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.

CSE can be very difficult to identify and a young person may not see themselves as a victim. It is important to identify vulnerability in the midst of challenging behaviour and frequent resistance to, or even apparent disregard for, professional support.

Domestic Violence and Abuse: is any 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.

Any form of violence or abuse within the family setting can have significant long-term impact on children and young people. Any such cases suspected or identified by the School will be reported to the appropriate statutory agency in line with the procedures outlined in this document.

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. It is a complex issue with many men and women from practising communities considering it to be normal to protect their cultural identity. The procedure can be carried out at various stages of development and into adulthood. However, the majority of cases are thought to take place between the ages of five and eight, putting children in this age bracket at highest risk.

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.

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Forced marriage is a criminal offence in Northern Ireland and where the School has knowledge or suspicion of a forced marriage in relation to a child or young person, the PSNI should be contacted immediately.

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 (verbal, physical or emotional) to coerce, threaten or manipulate the victim

Harmful sexualised behaviour 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.

E-safety/Internet Abuse: is considered specifically by the School's *E-safety Policy*.

The associated risks around on-line safety can be identified 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.

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

- **Sexting between individuals in a relationship**
- **Sharing an inappropriate image with intent to cause distress**

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); in these cases the School should contact local police on 101 for advice and guidance.

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 set out in this Policy should be followed.

Appendix F

Wider Safeguarding Issues

Pupils may disclose information about themselves or another pupil on a wider range of safeguarding issues which may or may not, in themselves, be connected to any form of abuse. In such cases guidance should be sought from the Designated Teacher/Deputy Designated Teacher, in line with the procedures contained in this policy, to ensure that the pupil can be supported and safeguarding issues addressed. In these situations, it is almost always appropriate to inform parents and to recommend a GP appointment.

Information on the safeguarding issues identified below is taken from the **NHS.UK website**.

Self-harm: is when an individual intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm, they feel on some level that they intend to die. Over half of people who die by suicide have a history of self-harm. However, the intention is more often to punish themselves, express their distress or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help.

Low-mood/Depression: Difficult events and experiences can leave a person in low spirits or cause depression. It could be relationship problems, bereavement, sleep problems, scholastic stress, bullying, chronic illness or pain. Sometimes there is no obvious reason.

A general low mood can include:

- sadness
- feeling anxious or 'panicky'
- worry
- tiredness
- low self-esteem
- frustration
- anger

However, a low mood will tend to lift after a few days or weeks. Making some small changes in life, such as resolving a difficult situation, talking about problems or getting more sleep, can usually improve mood. A low mood that does not go away can be a sign of depression.

Depression can include:

- low mood lasting two weeks or more
- not getting any enjoyment out of life
- feeling hopeless
- feeling tired or lacking energy
- not being able to concentrate on everyday things like school work or watching television
- comfort eating or loss of appetite
- sleeping more than usual or being unable to sleep
- having suicidal thoughts or thoughts about harming oneself

Anxiety: Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe.

Everyone has feelings of anxiety at some point in their life – for example, before sitting an exam or having a medical test. During times like these, feeling anxious can be perfectly normal. However, persistent and uncontrolled worry can affect daily life and health.

Anxiety is the main symptom of several conditions, including: panic disorder, phobias, post-traumatic stress disorder (PTSD) and social anxiety disorder (social phobia).

Generalised anxiety disorder (GAD) is a long-term condition that causes a person to feel anxious about a wide range of situations and issues, rather than one specific event. People with GAD feel anxious most days and often struggle to remember the last time they felt relaxed. As soon as one anxious thought is resolved, another may appear about a different issue. GAD can cause both psychological (mental) and physical symptoms.

Anxiety symptoms can include:

- feeling restless or worried
- having trouble concentrating or sleeping
- dizziness or heart palpitations

Eating Disorders: An eating disorder is when an individual has an unhealthy attitude to food, which can take over his/her life and make him/her ill. It can involve eating too much or too little, or becoming obsessed with weight and body shape. Men and women of any age can get an eating disorder, but they most commonly affect young women aged 13 to 17 years old. The most common eating disorders are:

- anorexia nervosa – when an individual tries to keep his/her weight as low as possible by not eating enough food, exercising too much, or both;
- bulimia nervosa – when an individual eats a lot of food in a very short amount of time (binging) and is then deliberately sick, uses laxatives, restricts what is eaten, or does too much exercise to try to stop gaining weight;
- binge eating disorder (BED) – when a person regularly loses control of his/her eating, eats large portions of food all at once until he/she feels uncomfortably full, and is then often upset or feels guilty;
- other specified feeding or eating disorder (OSFED) – when symptoms of the disorder don't exactly match those of anorexia, bulimia or binge eating disorder, but nonetheless pose a risk to health.

Gender Dysphoria: Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. It is sometimes known as gender identity disorder (GID), gender incongruence or transgenderism. This mismatch between sex and gender identity can lead to distressing and uncomfortable feelings that are called gender dysphoria. Gender dysphoria is a recognised medical condition, for which treatment is sometimes appropriate. It is not a mental illness.

Appendix G

The use of images of pupils

The General Data Protection Regulation, 2018 (GDPR) and Human Rights Legislation require that the school take care in the use of photographs, videos and web cams in the school environment.

- All photographs held on file (both electronic and paper) of the pupils exist in accordance with GDPR.
- Photographs and videos of the pupils taken during the year to promote the school for publicity, used in the Prospectus or in other printed material, will be subject to consent by parents. Images being used will portray the pupils appropriately attired.
- Digital video recordings may be made at various functions or of class activities. These can help encourage creativity, motivate and enthuse pupils and improve communication and team-working skills. Furthermore they may be used for assessment purposes.
- Photographs of school staff will only be used with the consent of that staff member.
- Photographs taken for the purpose of journalism are exempt from the GDPR and on all occasions the pupils will be aware that their photograph may be used.
- Photographs or film footage by parents or guardians of their children at school events is permitted under an exemption in the GDPR.
- The use of camera phones or the internet to send offensive pictures to other pupils is not permitted and will be dealt with under the Positive Behaviour Policy.
- Any incident of improper use of photographs should be reported to the Designated Teacher (Mrs Myers) immediately.



To Parents of All Pupils

Dear Parent

Re: The storage and use of visual images.

You will have no doubt noticed how in Strathearn we are delighted to celebrate the activities and achievements of our pupils in many ways and not least through photographs and video. On our website: www.strathearn.org.uk, in classrooms and corridors, and in publications, we display photographic records from a wide range of activities including; class presentations, form charity events, sporting activities or success of any nature. For your daughter to be involved we need to have your consent and I would ask you to read the following information and return the completed Consent Form to your daughter's form tutor within the first week of term.

Background

In line with our Safeguarding & Child Protection Policy (available at reception or on our website) we issue to all new pupils Appendix G, which deals with the storage and use of visual images. Through the policy we wish to take a pragmatic approach and allow the pupils and School to celebrate success and give credit and recognition for achievement.

Below is some background information to the policy.

A school photograph is taken in Form 1, Form 4 and Form 6, and a copy of this is held on file (both electronic and paper) in accordance with the General Data Protection Regulation, 2018. A copy is also available for you to purchase. Other official photographs include a Form Class photo and membership of any music groups or sports teams.

In addition to 'official' photographs, photographs and video may be taken at various times throughout the year, for example, pupils putting on class dramas or recording sporting or musical events.

On each occasion the pupils will be aware why video or photographs are being taken and if for publication in newspapers, the papers in which they may appear. We also use photographs and/or video recordings in our school magazine and prospectus, on Open Morning and on other public occasions to recognise and enjoy the work of the pupils. The celebration of the success of our pupils is very natural and the girls are delighted to see video or photographs of themselves used in this way.

I hope you find this useful with regard to images taken by the school as well as any you may wish to take yourself. If you have any questions please do contact Mrs Myers (VP Pastoral) or myself.

Yours sincerely

N Connery

Principal



Consent Form

Conditions for Using Images of Pupils

Name of Pupil: _____ Form _____

Having read the School's policy on 'The use of images of pupils'

1. I give consent for my daughter's image to be used in the school prospectus and other printed material such as the school magazine in order to record and celebrate her success.

Yes / No

2. I give consent for my daughter's image to be used on the school website or video recordings which may be used to record and celebrate occasions in the school year. This may also include recordings taken for assessment and teaching purposes

Yes / No

3. I give consent for my daughter's photograph to appear in the media including newspapers.

Yes / No

Parent/Guardian's signature: _____ Date: _____

Please return this to your daughter's Form Tutor

Appendix H

STRATHEARN SCHOOL: Child Protection/Safeguarding - INCIDENT LOG

Date of incident Person reporting

Time of incident Relationship to School

Place of incident

Details of incident:

continue overleaf if necessary

Person completing report (signature) Date:

Report passed on to (name) Date:

Action taken:

Signature: Date:

Recorded.....Yes/No

Note to Staff: Please complete this report and hand it into the Designated Teacher or the Principal without delay

L Myers

Appendix I

SAFEGUARDING AND CHILD PROTECTION: NEW STAFF INDUCTION

Name: _____	Date: _____
Post / Area of Responsibility in School: _____	
Number of years working in a school environment: _____	

Have you received and read a copy of the current Strathearn School 'Safeguarding and Child Protection Policy'?

YES / NO

Designated and Deputy Designated Teachers for Child Protection

The Designated Teacher for Child Protection in Strathearn is:

MRS LYNN MYERS (Vice Principal Pastoral)

In addition to the Principal, **Mrs Connery**, the Deputy Designated Teachers for Child Protection are:

MRS KAREN QUINN (Vice Principal Teaching and Learning)
MR ALISTAIR ANDERSON (Senior Leader Pastoral)
MRS ALISON McCracken
MRS JENNY STEWART

It is essential that you report any safeguarding / child protection concerns to one of the teachers named above **without delay**. This should be done in person and not via email.

Training in Safeguarding and Child Protection will be organised for you by the Designated Teacher as soon as possible.

Please return this form to Lynn Myers without delay.

Appendix J

Intimate Care Procedures

1. Principles

- 1.1 Strathearn School will act in accordance with the principles and guidelines set out in the DE circular '*Safeguarding and Child Protection*' (2017/04), DHSSPS '*Co-operating to Safeguard Children and Young People in Northern Ireland*' (2016) and '*The Area Child Protection Committee, Regional Policy and Procedures*' (2005) in safeguarding pupils¹ at this school.
- 1.2 All staff working with children must be vetted by the School. This includes students on work placements and volunteers. Vetting includes:
 - Access NI checks
 - Pre-employment checks
 - Two independent referees
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the equality legislation which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care document should be read in conjunction with the Schools' policies on:
 - Safeguarding and Child Protection
 - Staff Code of Conduct
 - Health and Safety
 - Special Educational Needs and Inclusion
 - Administration of medicines procedures
- 1.5 The Board of Governors is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

¹ References to 'pupils' throughout this appendix includes all children and young people who receive education at Strathearn School.

- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Parental permissions must be signed and kept in the pupil's file.
- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care document.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.10 **Only staff named by School will undertake the intimate care of children**
- 1.11 All staff must be trained in the specific types of intimate care they carry out. Additional trained staff should be available to cover for absent colleagues when necessary.
- 1.12 This Intimate Care document has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child focused principles of intimate care

The following are the fundamental principles upon which the Intimate Care Procedures are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3. Definition

- 3.1 Intimate care can include:
 - Feeding and oral care
 - Washing
 - Dressing undressing
 - Toileting and menstrual care
 - Treatments such as enemas, suppositories and enteral feeds
 - Catheter and stoma care
- 3.2 It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

- 4.1 Pupils who require regular assistance with intimate care have written personal learning plans (PLPs), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school health nurses, school nurses, physiotherapists or occupational therapists. The plan should be agreed at a meeting at which all key staff and the pupil should also be present as appropriate. Any historical concerns (such as former child protection issues) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where a care plan or PLP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. Information on intimate care will always be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
- 4.3 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (according to multi-agency guidance).
- 4.4 Accurate records should also be kept when a child requires assistance with intimate care where this is not part of the regular routine; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.5 These records will be kept in the child's file and available to parents/carers on request.
- 4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for herself as possible.
- 4.7 Staff who provide intimate care on a regular, planned basis are trained in personal care (eg EA training in *Safe Handling*) according to the needs of the pupil. Staff should be fully aware of best practice for example, regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.8 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.9 There must be careful, age-appropriate communication with each pupil who needs help with intimate care; permission should be sought before starting an intimate procedure.
- 4.10 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be

present when she needs help with intimate care. Reducing the numbers of staff involved helps to preserve the young person's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

- 4.11 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.12 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.13 Ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.14 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safe recruitment checks.
- 4.15 All staff will be made aware of the need for confidentiality in intimate care issues. Sensitive information will be shared only with those who need to know.
- 4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

- 5.1 The Governors and staff at Strathearn School recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be fully adhered to.
- 5.3 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc he/she will immediately report concerns to the Designated Teacher for Child Protection (Mrs L Myers). A clear written record of the concern will be completed and normal child protection referral procedures will be initiated.
- 5.4 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Teacher for Child Protection, who will follow school procedures to ensure the safeguarding of the young person concerned.
- 5.5 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the School Principal (Mrs N Connery) or to the Chair of Governors (Mrs P Stewart), in accordance with the child protection procedures and 'whistle-blowing' document.

6. Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the PLP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances will school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. Medical Procedures

- 7.1 Any members of staff who administer first aid should be appropriately trained in accordance with EA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.