

Lismore Comprehensive School



"Caring and Learning Together"

SAFEGUARDING AND CHILD PROTECTION POLICY POLICY

1. Child Protection Ethos

We, at Lismore Comprehensive School, through our Catholic ethos, promote Christian values, academic and vocational excellence, and the personal development of every pupil in a caring, happy and welcoming environment. We are sympathetic and responsive to individual needs, aspirations and talents, and respect all members of our school and parish communities and the world in which we live.

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's (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 Safeguarding and 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 for Learning
- Anti-Bullying
- Safe Handling
- Additional Needs
- Educational Visits
- Administration of Medication
- Health and Safety
- Relationships and Sexuality Education
- ICT
- eSafety

These policies are available to parents on our website. Any parent requiring a hard copy should contact the school.

4. School Safeguarding Team

The following are members of the school's Safeguarding Team

- Designated Teacher - Mrs Dolores Foster
- Deputy Designated Teacher - Mrs Elizabeth McNeice
- Deputy Designated Teacher - Mr Shane McCormac
- Principal – Mrs Fiona Kane
- Designated Governor for Child Protection - Fr. John Byrne
- Chair of the Board of Governors - Mrs Kate Adams

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 roles
- Organise training for all staff (whole school training)
- Lead in the development of the school's Safeguarding and 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 Southern Education & Library Board's 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 activities

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
- Principal Safeguarding training is availed off
- That all staff receive child protection training
- That all necessary referrals are taken forward in the appropriate manner
- That the Chairperson 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 Safeguarding and Child Protection Policy is reviewed annually and that parents and pupils receive a copy of this policy at least once every 2 years. (This can be in the form of a summary leaflet.)

- 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 the Safeguarding and Child Protection Policy
- The content of the Staff Code of Conduct
- The content of the termly updates and full Annual Designated Teachers Report
- Recruitment, selection and vetting of staff

The Designated Governor for Child Protection to avail of child protection awareness training delivered by Child Protection Support Service for Schools (CPSSS).

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 Safeguarding and 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 SELB Child Protection Support Service for Schools, the SELB 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 The Board of Governors

The Board of Governors must ensure that:

- The school has a Safeguarding and 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.

5.6 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 Designated Teacher for Child Protection/Principal
- 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**)
- 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 Form Tutor 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.

5.7 Parents

Parents should play their part in Child Protection by:

- Familiarising themselves with the School's Pastoral Care, Anti-Bullying, Behaviour for Learning, eSafety and Safeguarding and Child Protection Policies
- Reporting to the office when they visit the school
- Informing the office of any changes to contact details
- Raising concerns they have in relation to their child with the school
- Sending in a note on the child's return to school after a period of absence

6. What Is Child Abuse?

The following definitions of child abuse are taken from the Area Child Protection Committees' Regional Policy and Procedures (2005).

6.1 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.

6.2 Types of Abuse

Physical Abuse is 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.

Emotional Abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of the other person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in 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. It may also include non-organic failure to thrive (faltering growth).

Sexual Abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

When we become aware of young people below the age of consent engaging in sexual activity, the Designated Teacher has a duty to share this information with Social Services.

6.3 Child Sexual Exploitation (CSE)

CSE is a form of sexual abuse in which a person(s) exploits, coerces, and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.

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.

6.4 Signs and symptoms of abuse ~ Possible Indicators

Physical Abuse

Physical Indicators	Behavioural Indicators
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

Physical Indicators	Behavioural Indicators
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.

6.4 Signs and symptoms of abuse ~ Possible Indicators

Neglect

Physical Indicators	Behavioural Indicators
<p>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.</p>	<p>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.</p>

Sexual Abuse

Physical Indicators	Behavioural Indicators
<p>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 identity of the father is vague; anorexia/gross over-eating.</p>	<p>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.</p>

6.5 Domestic Violence

It is now recognised that children who live in an atmosphere of domestic violence may be at risk. Domestic violence is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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 Teachers who have an obligation to share the information with Social Services.

N.B. If in doubt speak to someone NOW

6.6 Self-harm

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 Teachers will immediately follow the school's child protection procedures.

7. Procedures for reporting concerns in relation to child abuse

7.1 How a parent can report a concern

At Lismore 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 Form Tutor or any member of the school's Safeguarding Team. If they are still concerned they may contact 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/PSNI – 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 members of the schools Safeguarding Team, the Southern Education & Library Board's 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 concern.

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 SELB 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 SELB Designated Officer for Child Protection.

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 with names and contact numbers 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 she is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the Principal/Designated Teacher)

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 (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities). The Chairperson 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.

7.4 Extended Schools

Our Policy and Procedures will apply to any extended school activity.

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 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 have 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 filing cabinet. These records are kept separate from any other file that is held on the child or young person and are only accessible by members of the Safeguarding Team.

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.

12. Staff Code of Conduct

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 Staff Code of Conduct is available on request.

13. Staff Training

Lismore 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 and annual refresher training. 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 Safeguarding and Child Protection Policy and the Staff Code of Conduct and are given copies of these policies.

14. The Preventative Curriculum

During Personal Development (PD) class, young people are encouraged to raise social and emotional concerns in a safe environment and to build self confidence, respect and sensitivity among their classmates. The statutory PD Programme for all year groups is reflective of current issues affecting young people and is regularly evaluated and updated.

Throughout the school year safeguarding and child protection issues are addressed through forums such as: form class and year group assemblies, Induction Programmes, Pupil Voice activities and our Parents' Forum. A specific assembly on Safeguarding is delivered by the School Safeguarding Team for all individual year groups.

There is a permanent **Pastoral Notice Board** in every classroom which contains relevant, up to date information signposting a range of support services for young people. A flow diagram of how a parent may report a concern is also on display. An enlarged flow diagram for a teacher allegation is in each staff room.

A range of external agencies support our work in school including: NSPCC; NEXUS; ADAPT; Women's Aid; CARA Friend; Rainbow Project, PSNI and the Love for Life Team.

15. Monitoring And Evaluation

The Safeguarding Team in Lismore 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 Safeguarding and 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)

_____ (Chair of Board of Governors)

Appendix 1

PASTORAL CARE - LISMORE COMPREHENSIVE SCHOOL
CHILD PROTECTION REFERRAL FORM

RESTRICTED INFORMATION

*Section A - **REFERRAL INFORMATION*** (To be completed by member of staff making referral to Designated/Deputy Designated Teacher, following disclosure of information or regarding concerns.)

Name of Pupil: _____ D.O.B. _____ Form: _____
Reason for referral (factual account of what was said/observed):

Time and date (e.g. - when disclosure/observation was made):

Circumstances(e.g. venue, others present, etc.):

Signs/Symptoms (Where concern relates to possible abuse - please give a brief description of these. N.B. Under no circumstances should a child's clothing be removed.):

Signed: _____ Date: _____

Designation (Form Tutor, Classroom Assistant, etc.):

*Section B - **ACTION TAKEN*** (To be completed by Designated Teacher and Principal)

Consultation	Date/Time	YES	NO	Contact Name/Summary of advice given
Social Services				
CPSSS				
EWS				
Parents/Guardian				
PSNI				
Other (specify)				

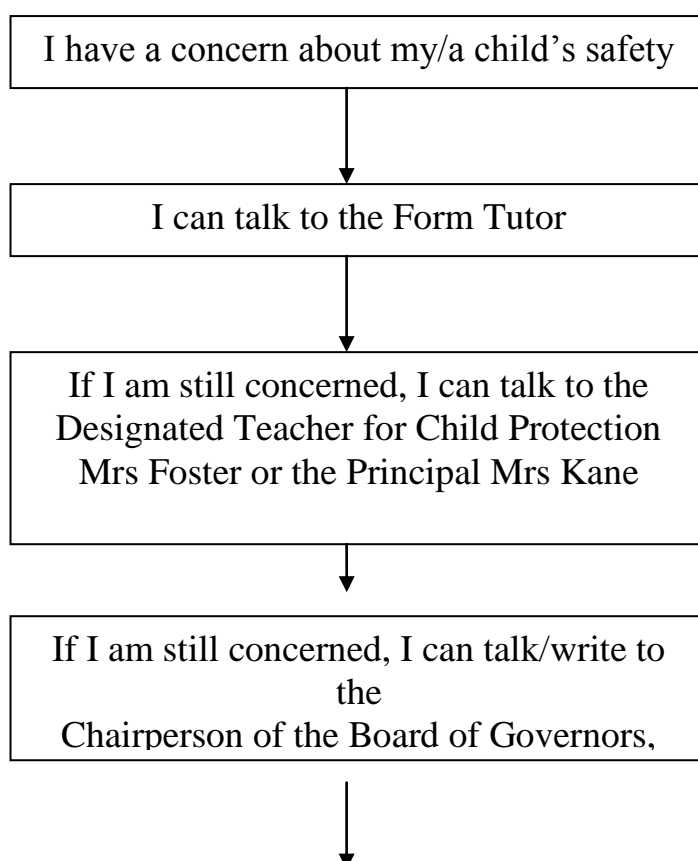
Referral	Date/Time	YES	NO	Contact Name/Summary of action taken
Referral Decision:				

Signed: _____ Designation _____ Date: _____

Appendix 2

PASTORAL CARE - LISMORE COMPREHENSIVE SCHOOL

How a Parent can report a concern



At any time a parent can talk to a Social Worker at the

Gateway Team **Tel: 028 37415285**
(Or Free Phone from a landline – **0800 7837745**)

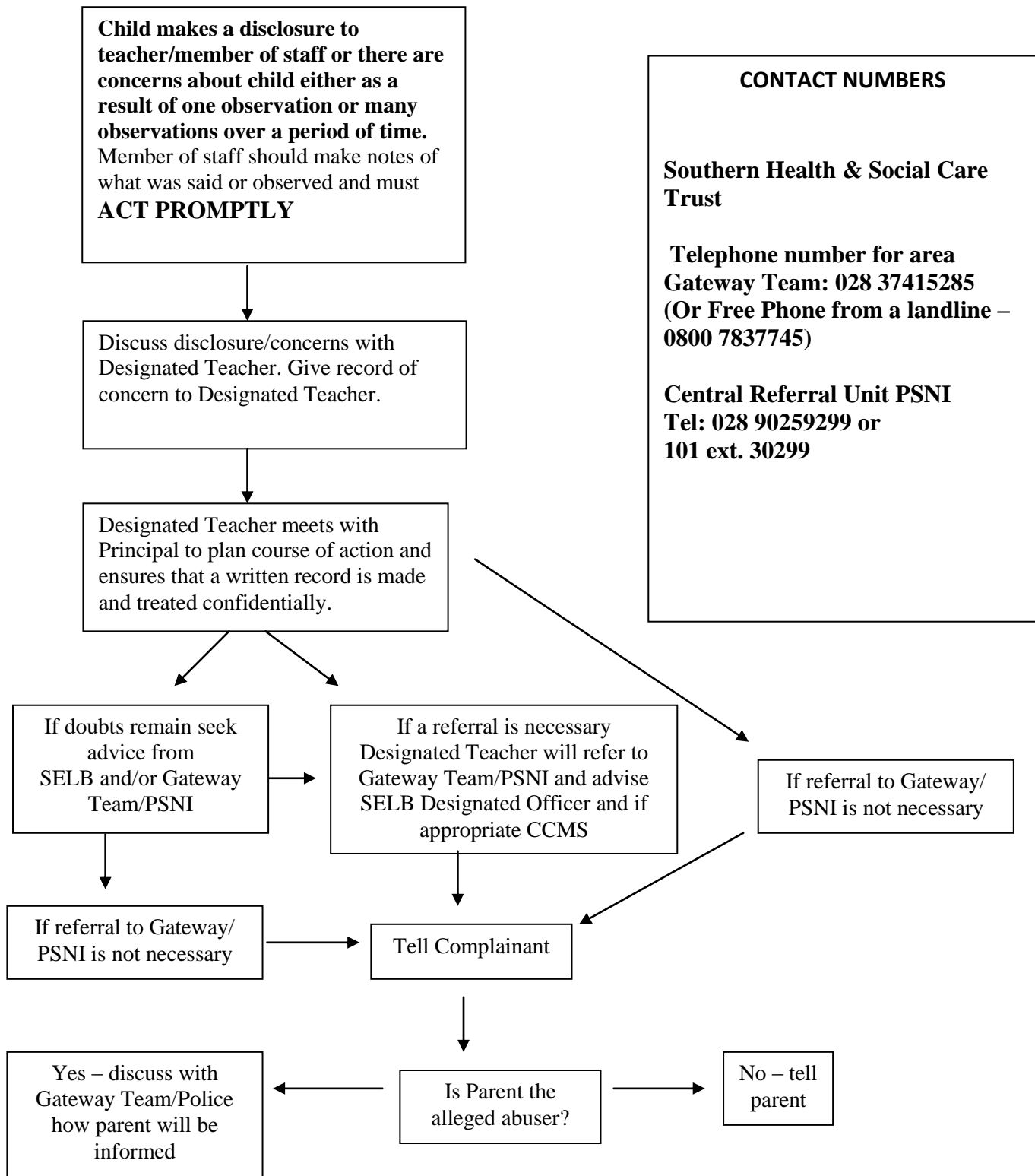
or the

Central Referral Unit PSNI
Tel: 028 90259299 or
101 ext. 30299

Appendix 3

PASTORAL CARE - LISMORE COMPREHENSIVE SCHOOL

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



PASTORAL CARE - LISMORE COMPREHENSIVE SCHOOL

Dealing With Allegations of Abuse against a Member of Staff

Key Points

Lead Individual learns of an allegation against a member of staff and informs the Chair/Vice Chair of BoG as appropriate

Guidance on next steps

Lead Individual then:
Establishes the facts, seeks advice from the Key Agencies as appropriate, usually through informal discussion

Possible Outcomes

Following on from establishing the facts, seeking advice from Key Agencies and discussion with the Chair and/or BoG to agree way forward from the options below

Precautionary suspension is not appropriate and the matter is concluded

Allegation addressed through relevant Disciplinary Procedures

Precautionary suspension under Child Protection Procedures imposed

Alternatives to precautionary Suspension imposed