

Campbell College Junior School

Safeguarding & Child Protection Policy

Policy Revised: September 2026

Next Revision: September 2027

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Safeguarding is more than child protection. It begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection.

Child Protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer, significant harm.

…Co-Operating to Safeguard Children and Young People in Northern Ireland (August 2017)

Safeguarding & Child Protection Policy

Junior School & Kindergarten

The Governors and Staff of Campbell College are committed to safeguarding and protecting all the children entrusted into our care.

School Vision

To be the best that we can be.

Mission Statement

To nurture, inspire and empower each individual to be the best that they can be.

Core Values

We consider it a privilege to work with children in their formative years and, as our young Campbellians embark upon their educational journey, our aim is to instil core values which will stay with them through life. The S.T.R.I.P.E.S. in our Code of Conduct represent the Core Values that are woven into the fabric of Junior School (Appendix 1).

Child Protection Ethos

Our pupils are at the heart of our Junior School Family, and we seek to provide inspirational and high quality learning experiences which will enable each child to learn and to develop to their full potential. Central to this is our shared belief that children learn best in a caring, supportive and safe environment, in which each child feels valued for their unique qualities, talents and abilities.

In developing our school as a 'Rights Respecting School', we aim to build an ethos that has the four general principles of the UN Convention on the Rights of the Child at its heart:

- Non-discrimination,
- Best interest of the child
- The right to survival & development
- The right to be heard

We have a responsibility for safeguarding and protecting the children entrusted into our care, and strive to carry out this duty by ensuring that the pastoral care, welfare and safety of our pupils are paramount in all our decisions and actions.

All members of our Junior School & Kindergarten staff should be alert to the signs of possible abuse and should know the procedures to be followed where the abuse or neglect of a child is suspected.

This Policy sets out guidance on the action which is required, where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding & Child Protection

The key 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 *Co-operating to Safeguard Children & Young People in Northern Ireland* (DHSSPSNI: 2017), the Department of Education (Northern Ireland) guidance *Safeguarding & Child Protection – A Guide for Schools* (Revised Circular Number 2017/04; update issued on 14th September 2023) and the Safeguarding Board for Northern Ireland *Core Child Protection Policy & Procedures* (2017).

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

- The child's welfare is paramount.
- The voice of the child should be heard.
- It is every child's right to feel safe at all times.
- The preventative curriculum empowers and supports children in keeping themselves safe.
- The welfare, safety and protection of the children must be paramount in our decisions and actions.
- The need to work in partnership with parents and external agencies in the best interests of each child.

Related Policies

We carry out our duty of care by ensuring that safeguarding permeates all activities and functions.

This Safeguarding & Child Protection Policy therefore complements and supports a range of other school policies, including the following (listed alphabetically):

- Acceptable Use of the Internet
- Administration of Medication
- Anti-Bullying
- Attendance
- Concerns & Complaints
- Data Protection
- Drugs
- Educational Visits
- First Aid
- Online Safety
- Health & Safety
- Intimate Care
- Managing a Critical Incident
- Pastoral Care
- Positive Behaviour Management Policy
- Records Management
- Relationships & Sexuality Education
- Special Educational Needs & Inclusion
- Staff Code of Conduct
- Use of Reasonable Force
- Visitors
- Whistleblowing

These are available to parents and any parent wishing to have a copy should contact the School Office.

The Department of Education Circulars and guidance documents which inform our practices can be accessed on the Education Authority website.

Policy Aims

- To embed a safeguarding culture.
- To promote a child-centred approach.
- To safeguard and promote the welfare of all members of our whole school community.
- To ensure all staff members have clear guidance on how to respond to suspected neglect or abuse.
- To promote early identification of needs and risks.
- To facilitate early intervention.
- To establish a defined process of reporting and record keeping.
- To ensure responses to risks and concerns are proportionate, timely, legal, ethical and professional.

College Safeguarding Teams

These teams are a vehicle for ensuring effective coordination and cooperation between the key individuals responsible for safeguarding throughout the College. They meet regularly to discuss Child Protection issues, updates from training attended, review policies and the ETI Safeguarding Proforma.

Junior School & Kindergarten (Appendix 2)

Mr Ronnie Hassard	…Chair of Junior School Governors & Designated Governor for Child Protection
Mr Rob Andrews	…Head of Junior School
Mr Will Keown	…Deputy Designated Teacher
Mrs Leah Wilson	…Kindergarten Leader & Designated Teacher for Kindergarten
Mrs Angela Reynolds	… After School Leader & Designated Teacher for After-School

Mrs Lynsey Keenan (Learning Suppport Coordinator) and Mrs Eunice Hoey (Matron) may be invited to attend meetings, when pupils with whom they are involved are being discussed.

Roles & Responsibilities

Board of Governors must ensure that:

- they carry out their statutory duty to safeguard and promote the welfare of pupils;
- a Designated Governor for Child Protection is appointed;
- a Designated Teacher (DT) & Deputy Designated Teacher (DDT) for Child Protection are appointed;
- they have a full understanding of the roles of the DT and DDT for Child Protection;
- Safeguarding & Child Protection training is given to all staff & governors, including refresher training;
- relevant safeguarding information and guidance is disseminated to governors and staff, with the opportunity to discuss requirements and their impact on roles and responsibilities;
- the school has a Child Protection Policy which is reviewed annually, and that parents receive a copy or summary of the Chld Protection Policy and Concerns & Complaints procedure on intake and at a minimum of every two years;
- the school has an Anti-Bullying Policy, which is reviewed at intervals of no more than four years, and maintains a record of all incidents of bullying behaviour or alleged bullying behaviour (re: Addressing Bullying in Schools Act (NI) 2016);
- there is a Code of Conduct for all adults working in the school;
- all school staff and volunteers are recruited and vetted in line with DE Circular 2021/19;
- they receive a termly and a full annual report on all child protection matters pertaining to the school, including details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- the school maintains child protection records in accordance with DE Circulars 2015/13 Dealing with Allegations of Abuse against a Member of Staff and 2020-07 Child Protection: Record Keeping in Schools: Safeguarding & child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

The Chair of the Board of Governors plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment, and must ensure that:

- he has received all relevant Education Authority training;
- he takes a lead role in creating and maintaining a safeguarding ethos within the school environment;
- the school has a Child Protection Policy in place and that staff implement this Policy.
- Governors undertake Child Protection and Recruitment & Selection training provided by the Education Authority Governor Support & HR Departments and CPSS;
- a Designated Governor is appointed;
- he assumes lead responsibility for managing any Child Protection complaints or allegations made against the Head of Junior School, in keeping with guidance issued by the Department of Education, the Education Authority and the school's own policies and procedures;
- the Board of Governors receives regular updates at Junior School Committee Meetings and a full written annual report in relation to all matters pertaining to Child Protection;

- he takes responsibility for compliance with legislation, and ensuring that Child Protection records are kept in accordance with DE Circular 2016/20 Child Protection: Record Keeping in Schools and DE Circular 2015/13 Dealing with Abuse against a Member of Staff;
- he signs & dates the Record of Child Abuse Complaints against staff members annually, even if there have been no entries.

The Designated Governor for Child Protection is delegated by the Board of Governors to take the lead in Safeguarding & Child Protection matters, in order to advise the governors on the:

- role of the Designated Teacher and Deputy Designated Teacher;
- content of Safeguarding & Child Protection policies;
- content of our Code of Conduct for all adults within the school;
- content of termly updates and the full Annual Designated Teacher's Report;
- recruitment, selection, vetting and induction of staff.

The Head of Junior School will assist the Board of Governors to fulfil its safeguarding and child protection duties. She has delegated responsibility from the Board of Governors for establishing and managing the Safeguarding & Child Protection operational systems and procedures within Junior School, and must ensure that:

- Child Protection is featured as a standing item on the agenda of all Junior School Committee and Curriculum & Pastoral Committee Meetings;
- the Board of Governors is kept fully informed of any changes to guidance, procedure or legislation in relation to Safeguarding & Child Protection, and that DE Circulars and guidance are shared promptly;
- confidentiality is paramount, and so information will only be shared with the Board of Governors on a need to know basis.
- suitable staff are appointed to the key roles of DT and DDT, and that they receive relevant EA training and are given protected time and support to fulfil their safeguarding responsibilities effectively;
- the Safeguarding & Child Protection Policy is reviewed annually and that parents and pupils receive a copy or summary at intake and, at a minimum, every two years.
- ensure safe and effective recruitment and selection, including Safeguarding & Child Protection awareness training for all new members of staff and volunteers as part of their induction programme.
- all staff receive Safeguarding & Child Protection training and know when to contact the DT and DDT;
- takes the lead in managing child protection concerns relating to staff;
- maintain the school's Record of Child Abuse Complaints against staff members.

Designated Teacher & Deputy Designated Teacher

These are highly skilled roles, developed and supported through a structured training programme, requiring knowledge and professional judgement on complex and emotive issues.

Those appointed are required to work in partnership to:

- avail of all relevant training, to ensure they are aware of their roles and responsibilities;
- promote a safeguarding and child protection ethos in the school;
- organise the induction and training of all members of staff, to ensure they aware of our Safeguarding & Child Protection Policy and procedures and that they are kept appropriately informed about child protection issues;
- take lead responsibility for the development of the school's Safeguarding & Child Protection Policy and procedures;

- act as a point of contact for staff and parents, and be available to discuss their concerns;
- maintain a current awareness of early intervention supports and other local services (eg: Family Support Hubs);
- co-ordinate action by staff in cases of suspected child abuse;
- consult with and seek advice and support from the Education Authority's Child Protection Support Service (CPSS) as soon as concerns of a safeguarding and/or child protection nature arise;
- consult with and seek clarification and advice from a Senior Social Worker from the Gateway Team (provided no child is identified by name, the case and its circumstances may be discussed with complete confidentiality and with the full understanding that Socal Services cannot be further involved until a formal referral is made);
- make referrals to Social Services' Gateway Team or PSNI, where appropriate;
- maintain records of all child protection concerns on our *Child Protection Online Management System* (CPOMS) and use this system to assist with monitoring all safeguarding, well-being & pastoral issues;
- keep the Head of Junior School informed of any child protection concerns;
- regularly report in writing to the Junior School Committee and Curriculum & Pastoral Committee of the Board of Governors regarding child protection, including a full Annual Report.

Every effort is made to ensure that all members of our school community are aware of who the DT and DDT for Child Protection are, and the important role they play (eg: shared at assemblies, taught during PDMU lessons, photographs featured on posters displayed throughout the school, highlighted in our Parent Handbook and during Kindergarten and Prep 1 Induction Meetings, featured on the College website and regularly included in our Junior Journal newsletter).

Other Members of School Staff *(including permanent, temporary, paid, unpaid, teaching, non-teaching and volunteers)* must be aware of their role and of the role of Junior School's Safeguarding Team in responding to Child Protection concerns. They must:

- avail of whole staff training on safeguarding and child protection, and any other relevant training;
- be aware of the Safeguarding & Child Protection Policy and procedures which are in place;
- be alert to physical, behavioural and emotional indicators of neglect and abuse;
- remember to follow the '**5R**' **Principles** (***Receive***, ***Reassure***, ***Respond***, ***Record*** and ***Refer***) if a child makes a disclosure to them which gives rise to concerns regarding possible abuse *(see page 12)*;
- not give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.
- without delay, refer any Child Protection concerns to the Designated Teacher (Scott Bolingbroke) or to the Deputy Designated Teacher (Will Keown) if he is not available.
- Work in partnership with parents and external agencies in the best interests of each child.

Class Teachers should complete a 'Note of Concern' (Appendix 11) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including indicators of self-harm or suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.

Support Staff should immediately bring any concerns to the attention of the Designated Teacher (Rob Andrews) or Deputy Designated Teacher (Will Keown) if he is not available. A detailed written record of the concerns will be made and any further necessary action will be taken.

Parents

The primary responsibility for the safeguarding and protection of children rests with their parents, who should feel confident about raising any concerns they have in relation to their child.

They can play their part in safeguarding by:

- familiarising themselves with our pastoral care policies and procedures, including Safeguarding & Child Protection, Positive Behaviour, Anti-Bullying, Online Safety and Acceptable Use of the Internet;
- informing us who has parental responsibility for their child and if there are any Court Orders in place relating to the safety or well-being of a parent or child;
- ensuring that the school has up-to-date contact details for each parent;
- informing us if there is any change in a child's circumstances (eg: change of address, change of contact details, change of name or change of parental responsibility);
- giving consent to the school to provide intimate care, or agree to make alternative arrangements;
- informing us of any medical conditions or requirements their child may have and completing an Administration of Medication proforma when required;
- informing us of any additional need their child may have, including educational needs;
- telephoning the school on the morning of an absence, explaining the reason for their child's absence;
- informing the school in advance if there is a change to arrangements for travelling to and from school (eg: change in who brings their child to school and who collects them from school);
- following our procedures for visiting the school (eg: reporting to the office upon arrival);
- following our procedures if they wish to raise a concern or make a complaint.

Further information on Parental Responsibility is available in a leaflet published by the Education Authority: https://www.eani.org.uk/sites/default/files/2018-10/cpsss_parental_responsibility_leaflet_0.pdf

Operation Encompass

Campbell College is an *Operation Encompass* school.

Operation Encompass is an early intervention partnership between the police and schools, aimed at supporting children who are victims of domestic violence and abuse.

As a school, we recognise that children's exposure to domestic violence can be a highly traumatic experience for them. Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience (ACE) and can lead to emotional, physical and psychological harm.

Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means that children are better safeguarded against the short, medium and long-term effects of domestic abuse.

As an *Operation Encompass* school, when the police have attended a domestic incident and one of our pupils is present, they will make contact at the start of the next working day to share this information with a member of Junior School's Safeguarding Team.

This will allow our Safeguarding Team to provide immediate emotional support to this child as well as giving the Designated Teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of Child Protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's Child Protection file.

The information received on an *Operation Encompass* call from the police will only be shared outside of the Safeguarding Team on a proportionate and need-to-know basis.

The Designated Teachers within Junior School's Safeguarding Team will complete online *Operation Encompass* training, so that they are able to take these calls.

All members of staff who are responsible for answering the phone at Junior School will be made aware of *Operation Encompass* and the need to pass these calls on with urgency to a member of our Safeguarding Team.

Further information see:
The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022.

Child Protection Definitions

The following definitions have been taken from DE Circular 2017/04 Safeguarding & Child Protection in Schools: A Guide for Schools *(update issued on 14th September 2023)*.

Co-operating to Safeguard Children and Young People in Northern Ireland (2019)

https://www.education-ni.gov.uk/sites/default/files/publications/education/safeguarding-and-child-protection-in-schools-guide-pdf-for-website-%28september-2019%29.pdf

Definition of Harm

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others.

It is important to note that the definition of 'Harm' in the Children (NI) Order 1995 is now broadened and aligned with the new domestic abuse legislation in NI. This means that 'impairment of health' in the definition of harm includes *impairment to a child as a result of ill treatment of another person or abusive behaviour directed at another person, regardless of whether the child has seen, heard or been present during the ill-treatment or behaviour.*

Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the 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. Effective and ongoing information sharing is key between professionals.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm.

Harm can be caused by:

- **Sexual Abuse**
- **Emotional Abuse**
- **Physical Abuse**
- **Neglect**
- **Exploitation**

Sexual Abuse

This 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.

Emotional Abuse

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.

Physical Abuse

Deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Neglect

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 also suffer from other types of abuse.

The impact on children from neglect can result in far-reaching and long-term impairment of their social, emotional and physical development.

Exploitation

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, and 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 can be sexual in nature.

Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in Junior School are aware of and have therefore included them in our policy (Appendix 3).

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English or sexual orientation. We have included information about children with increased vulnerabilities in our policy (Appendix 4).

Signs and Symptoms of Abuse

Signs and symptoms of abuse, taken from the SBNI Regional Core Policies and Procedures guidance, are listed in our policy (Appendix 5).

Adult Safeguarding

An '**Adult at risk of harm'** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) Personal characteristics and/or
b) Life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An **'Adult in need of protection'** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) Personal characteristics and/or
b) Life circumstances and
c) Who is unable to protect their own well-being, property, assets, rights or other interests; and
d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

Responding to Safeguarding & Child Protection Concerns

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection.

Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm.

…Co-Operating to Safeguard Children and Young People in Northern Ireland (August 2017)

How a Parent can Raise a Concern

At Junior School, we aim to work closely with parents in supporting all aspects of their 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 their child's class teacher or any member of our school's Safeguarding Team: Mr Rob Andrews (Head of Junior School), Mr Will Keown (Deputy Designated Teacher), Mrs Leah Wilson (Kindergarten's Designated Teacher) or Mrs Angela Reynolds (Afterschool Leader & Designated Teacher for Afterschool).
- If they are still concerned, they may contact Mr Ronnie Hassard (Chair of Junior School Governors).
- If after this a parent still has concerns, they may contact the NI Public Services Ombudsman.
- At any time, a parent may talk to a social worker in Social Services' Gateway Team or to the PSNI Central Referral Unit.
- Parents of Kindergarten pupils and those availing of wrap-around care may also contact Mrs Máirín McDermott from the Early Years Team.

Details of who to contact, including telephone contact details, are shown in the flowchart in Appendix 6.

Response to a Disclosure made by a Child

All staff are made aware of how they should respond if a child makes a disclosure which gives rise to concerns of a child protection nature, through training on the **5R** Principles (Appendix ?).

5R Principles: Receive ▶ Reassure ▶ React ▶ Record ▶ Refer

If a child makes a disclosure to a teacher, or other member of staff, which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a **Note of Concern** (Appendix 11) and act promptly.

They will not investigate, as this is a matter for Social Services, but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he is not available.

The Designated Teacher will consult with other relevant staff, always taking care to avoid undue delay. If the Head of Junior School is not available, he will consult with Mr Will Keown (Designated Teacher for the Senior School) or Mr Jonathan Anderson (Headmaster).

DENI Revised Circular Number: 2017/04, issued on 14th September 2023, makes it clear that contact should be made with the Education Authority's Child Protection Support Service (CPSS) for advice and support, as soon as concerns of a safeguarding and/or child protection nature arise. The Designated Teacher may be advised by the CPSS to seek clarification from the child, or from their parent/carer.

If a child protection referral is not required, the school may consider other options including monitoring, signposting or referring to other support agencies (eg: Family Support Hub) with parental consent and, where appropriate, with the child's consent.

If a child protection referral is required, the Designated Teacher will seek consent from the parent/carer and/or the child (if they are competent to give this), unless this would place the child at risk of significant harm.

The Designated Teacher will phone the Gateway Team and/or the PSNI and will submit a completed UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form.

Where appropriate, the source of the concern will be informed of the action taken.

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

The procedures in DE Circular 2015/13 should be followed.

When a complaint about possible child abuse is made against a member of staff, the Head of Junior School (the Designated Teacher) must be informed immediately.

If the complaint is against the Head of Junior School, then the Deputy Designated Teacher should be informed and he will inform the Chairperson of the Board of Governors, who will take the lead in managing the allegation and consider what action is required, in consultation with the employing authority.

Potential witnesses should not be interviewed, or asked to provide a written statement, as this is the role of the statutory investigating agencies.

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.

Consent

Prior to making a referral to Social Services, the consent of the parent/carers and/or the child (if they are competent to give this) will normally be sought. The exception to this is where to seek such consent would put that child or others at increased risk of significant harm or an adult at risk of serious 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.

Where staff decide not to seek parental consent before making a referral to children's social services in the local Health and Social Care Trust or the police, the reason for this decision must be clearly noted in the child's records and included within the verbal and written/UNOCINI referral. (Appendix 11)

The communication/language needs of the parents/carers should be established for example in relation to disability/ethnicity and the parent's capacity to understand should be ascertained. These should be addressed through the provision of appropriate communication methods, including, where necessary, translators, signers, intermediaries or advocacy services.

In circumstances where the consent of the parent/carer and/or the child has been sought and is withheld, we will consider and where possible respect their wishes. However, our primary consideration must be the safety and welfare of the child and we will make a referral in cases where consent is withheld if we believe on the basis of the information available that it is in the best interests of the child to do so.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and do not consent, the following action should be taken:

- the reason for proceeding without parental consent must be recorded;
- the withholding of permission by the parent/carer must be included in the verbal and written referral to children's social services;
- the parent/carer should be contacted to inform them that, after considering their wishes, a referral has been made.

Staff making a referral may ask for their anonymity to be protected as far as possible because of a genuine threat to self/family. In such instances, this anonymity should be protected with an explanation to the staff member that absolute confidentiality cannot be guaranteed as information may become the subject of court processes.

Confidentiality and Information Sharing

When information about possible child abuse is disclosed to a member of staff, it 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.

In keeping with the principle of confidentiality, the sharing of information with school staff will be on a ‘need to know basis’.

Staff should not give a child or young person undertakings of confidentiality, although they can and should reassure that information will be disclosed only to those professionals who need to know.

Where there have been, or are current, child protection concerns about a pupil who transfers to another school, we will consider what information should be shared with the Designated Teacher in the receiving school.

Where it is necessary to safeguard children, information will be shared with other statutory agencies in accordance with the requirements of this policy, the College’s Data Protection Policy and the General Data Protection Regulations (GDPR).

Record Keeping

In accordance with DE Circular 2016/20 Child Protection: Record Keeping in School, procedures have been developed for the recording, storage, retention and destruction of both manual and electronic records where they relate to child protection concerns.

All child protection records, information and confidential notes concerning pupils in Junior School are stored securely, and only the Designated Teacher, Deputy Designated Teacher and Head of Junior School have access to them. In accordance with DE guidance on the disposal of child protection records, these records will be stored from child's date of birth plus 30 years.

Digital child protection records will be securely stored on our *Child Protection Online Management System* (CPOMS), to which only the Designated Teacher/Head of Junior School have access. A discreet tag will be placed on a pupil's main file to indicate that further records relating to the child are being stored on CPOMS. If any other child protection information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and password protected.

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 DT or DDT. The person who reports the incident must treat the matter in confidence.

Any instances of concern regarding a member of staff are recorded in a hard backed and bound book, which is retained securely and signed by the Chairperson of the Board of Governors on an annual basis.

Safe Recruitment Procedures

All staff who are appointed to positions at Junior School, in a paid or unpaid capacity, are vetted in accordance with relevant legislation and DE guidance, and Enhanced disclosure certificates from AccessNI are required before taking up post. This is a key preventative measure to ensure that unsuitable individuals do not have access to the children in our care.

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

Temporary teachers are employed through the NI Substitute Teacher Register (NISTR), to ensure that Enhanced AccessNI Checks have been completed.

Volunteers may also be vetted, as required. Those who work unsupervised are required to have an Enhanced Disclosure Certificate through AccessNI. Those who work in a supervised capacity are not required to obtain an Enhanced Disclosure Certificate, however we determine whether the level of supervision meets the statutory standard using DE Circular 2012/19.

We ensure that coaches and tutors who are employed by others have the necessary clearance in place.

Visitors to Junior School do not routinely need to be vetted before being allowed onto school premises. However, they are managed by school staff and their access to areas and movement within the school is restricted as needs require. They are:

- welcomed at reception and directed by school staff;
- required to sign in and out of the school;
- issued with a clearly identifiable visitor pass;
- given restricted access to specific areas of the school;
- where appropriate, escorted by a member of staff;
- given restricted access to pupils, according to the purpose of their visit.

It is the responsibility of university colleges to ensure Enhanced Disclosure Certificates are obtained for **students on placement**.

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 process is applied.

Code of Conduct for all Staff (paid and 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.

All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors (Appendix 13).

The Preventative Curriculum

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (2017/04).

In Junior School and Kindergarten, we seek to promote our pupils' awareness and understanding of safeguarding issues, including those related to child protection through our curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects.

Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.

Throughout the school year, child protection issues are addressed through assemblies and there are permanent child protection displays in corridors which feature guidance and child helpline numbers.

A PDMU Pathway is currently under development, featuring the involvement of a range of external agencies.

Monitoring & Evaluation

This policy will be reviewed annually by the College's Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through Junior School's staff induction and training programme and as part of day to day practice.

Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the College's Safeguarding Team.

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.

Appendix 1

Junior School S.T.R.I.P.E.S. Code

Our Code of Conduct is centred on an agreed set of core values. These are the **S.T.R.I.P.E.S.** that are woven into the fabric of Junior School. Pupils are encouraged to 'earn their stripes' by following our Code of Conduct.

Core Values	Code of Conduct
Spirit	We inspire others. We are boys you can trust. We represent our College well.
Tradition	We wear our uniform with pride. We display fine manners. We are proud to be Campbellians.
Respect	We treat others in the way we want to be treated. We keep ourselves safe. We look after our environment.
Individuality	We celebrate what makes us unique. We are confident in who we are. We think 'outside the box'!
Perseverance	We have a go – and don't give up! We learn from our mistakes. We bounce back!
Effort	We are keen to learn. We always try our best. We step out of our comfort zones!
Selflessness	We are caring. We put others first. We help to improve our world.

Child Protection

Junior School's Governors and Staff are committed to safeguarding and protecting all the children entrusted into our care.

Junior School's Safeguarding Team



Mr Hassard
Designated Governor for Child Protection



Mr Andrews
Head of Junior School



Mr Keown
Vice-Principal (Pastoral)
Deputy Designated Teacher



Mrs Wilson
Kindergarten Leader
Designated Teacher



Mrs Reynolds
After-School Leader
Designated Teacher

If you have any concerns regarding a child's welfare or safety, please talk to a member of our Safeguarding Team as soon as possible.

Our Safeguarding & Child Protection Policy can be accessed via the College website and School Offices.

Social Services Gateway Team: **(028) 9050 7000** (9am–5pm) or **0800 1979995** (out of hours)

Appendix 3

Specific Types of Abuse

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the 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 in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

Adults may misuse online settings e.g. chat rooms, social and gaming environments and other forms of digital communications, to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared. Those working or volunteering with children should be alert to signs that may indicate grooming, and take early action in line with their child protection and safeguarding policies and procedures to enable preventative action to be taken, if possible, before harm occurs. Practitioners should be aware that 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. Careful consideration should always be given to any punitive approach or 'criminalising' young people who may, themselves, still be victims and/or acting under duress, control, threat, the fear of, or actual violence. In consultation with the PSNI and where necessary the PPS, HSC professionals must consider whether children used to groom others should be considered a child in need or requiring protection from significant harm

If the staff in Junior School become aware of signs that may indicate grooming they will take early action and follow the school's child protection policies and procedures. The HSCT and PSNI should be involved as early as possible to ensure any evidence that may assist prosecution is not lost and to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim to be put in place without delay.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where 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. (Co-operating to Safeguard Children and Young People in NI. DHSSPS version 2.0 2017).

Any child under the age of eighteen, male or female, can be a victim of CSE. Although younger children can experience CSE, the average age at which concerns are first identified is 12-15 years of age. Sixteen and seventeen year olds, although legally able to consent to sexual activity can also be sexually exploited.

CSE can be perpetrated by adults or by young people's peers, on an individual or group basis, or a combination of both, and can be perpetrated by females as well as males. While children in care are known to experience disproportionate risk of CSE, **the majority of CSE victims are living at home**.

Statutory Responsibilities

CSE is a form of child abuse and, as such, any member of staff suspecting that CSE is occurring will follow the school's child protection policy and procedures, including reporting to the appropriate agencies.

Domestic and Sexual Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy (2016) defines domestic and sexual violence and abuse as follows:-

Domestic Violence and Abuse:

'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.'

Sexual Violence and Abuse

'Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).' Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

If it comes to the attention of school staff that Domestic Abuse, is or may be, affecting a child this will be passed on to the Designated/Deputy Designated Teacher who has an obligation to share the information with the Social Services Gateway Team.

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 and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in our school policy. Where there is a concern that a child or young person may be at immediate risk of FGM this should be reported to the PSNI without delay. Contact can be made directly to the Sexual Referral Unit (based within the Public Protection Unit) at 028 9025 9299. Where there is a concern that a child or young person may be at risk of FGM, referral should be made to the relevant HSCT Gateway Team.

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. Forced marriage is a criminal offence in Northern Ireland and if in Junior School we have knowledge or suspicion of a forced marriage in relation to a child or young person, we will contact the PSNI immediately.

Children Who Display Harmful Sexualised Behaviour

Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships. As a school, we support children and young people, through the Personal Development element of the curriculum, to develop their understanding of relationships and sexuality and the responsibilities of healthy relationships. Teachers are often therefore in a good position to consider if behaviour is within the normal continuum or otherwise.

It must also be borne in mind that sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the school's positive behaviour policy but it is important to always apply principles that remain child centred.

It is important to distinguish between different sexual behaviours - these can be defined as 'healthy', 'problematic' or 'sexually harmful'. Healthy sexual behaviour will normally have no need for intervention, however consideration may be required as to appropriateness within a school setting.

Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education.

Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if additional advice from PSNI or Social Services is required. We will also take guidance from DE Circular 2016/05 to address concerns about harmful sexualised behaviour displayed by children and young people.

What is Harmful Sexualised Behaviour?

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 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.

Sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the schools positive behaviour policy but it is important to always apply principles that remain child centred.

Harmful sexualised behaviour will always require intervention and we will follow the procedures in the child protection policy and, seek support from the EA CPSS.

E-Safety/Internet Abuse

Online safety means acting and staying safe when using digital technologies. It is wider than simply internet technology and includes electronic communication via text messages, social environments and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

In January 2014, the SBNI published its report 'An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland' which identified the associated risks around online safety 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.

We in Junior School have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

The school's actions and governance of online safety are reflected clearly in our safeguarding arrangements. Safeguarding and promoting pupils' welfare around digital technology is the responsibility of everyone who comes into contact with the pupils in the school or on school-organised activities.

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

1. **Sexting between Individuals in a Relationship**

   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) and in these cases we will contact local police on 101 for advice and guidance.

   We may also seek advice from the EA Child Protection Support Service

   Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all of the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a young person from seeking help if they feel entrapped by the misuse of a sexual image.

2. **Sharing an Inappropriate Image with an Intent to Cause Distress**

   If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**.

   Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 to share an inappropriate image of another person without the individuals consent.

   For further information see: www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

   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 of the school will be followed.

Appendix 4

Children with Increased Vulnerabilities

Children With a Disability

Children and young people with disabilities (i.e. any child or young person who has a physical, sensory or learning impairment or a significant health condition) may be more vulnerable to abuse and those working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues.

Staff must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. Staff and volunteers working with children with disabilities will receive training to enable them to identify and refer concerns early in order to allow preventative action to be taken.

Children With Limited Fluency in English

Children whose first language is not English/Newcomer pupils should be given the opportunity to express themselves to a member of staff or other professional with appropriate language/communication skills, especially where there are concerns that abuse may have occurred. DTs and other relevant school staff should seek advice and support from the EA's Intercultural Education Service if necessary.

All schools should create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

Pre-School Provision

Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parent[s]/carer[s].

Teachers, nursery assistants and other adults will come into contact with children while helping them with toileting, washing and changing their clothing. Staff in pre-school settings should consider whether the Code of Conduct meets the needs of their particular responsibilities and should make clear the boundaries of appropriate physical contact, and their Code to staff and parents.

Gender Identity Issues and Sexual Orientation

Schools should strive to provide a happy environment where all young people feel safe and secure. All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity, and not to be treated any less favourably due to their actual or perceived sexual orientation.

DE requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. It is via this policy that schools are expected to cover issues relating to relationships and sexuality, including those affecting LGB&T children and young people.

https://www.eani.org.uk/school-management/policies-and-guidance/supporting-transgender-young-people

We will support young people from the LGBTQ+ community to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

Boarding Schools and Residential Settings

Children in the above settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance.

Work Experience, School Trips and Educational Visits

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE and EA guidance on educational visits, school trips and work experience to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

Appendix 5

Signs and Symptoms of Child Abuse

This section contains information for all professionals working with children and families and is not an exhaustive list. The following pages provide guidance only and should not be used as a checklist.

1. The first indication that a child is being abused may not necessarily be the presence of a severe injury. Concerns may become apparent in a number of ways, for example:
   - by bruises or marks on a child's body
   - by remarks made by a child, his parents or friends
   - by overhearing conversation by the child, or his parents
   - by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents.
   - by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding.
   - by a child not thriving or developing at a rate which one would expect for his age and stage of development.
   - by the observation of a child's behaviour and changes in his behaviour.
   - by indications that the family is under stress and needs support in caring for their children.
   - by repeat visits to a general practitioner or hospital.

2. There may be a series of events which in themselves do not necessarily cause concern but are significant, if viewed together. Initially, the incident may not seem serious but it should be remembered that prompt help to a family under stress may prevent minor abuse escalating into something more serious.

3. It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s). Staff should familiarise themselves on 'attachment theory' and its implications for assessing the bond between parents and their children.

4. Suspicions should be raised by, for example:
   - discrepancy between an injury and the explanation
   - conflicting explanation, or no explanation, for an injury
   - delay in seeking treatment for any health problem
   - injuries of different ages
   - history of previous concerns or injuries
   - faltering growth (failure to thrive)
   - parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
   - evidence of domestic violence
   - parents with mental health difficulties, particularly of a psychotic nature
   - evidence of parental substance abuse

5. Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

Parental Response to Allegations of Child Abuse Which Raise Concern

Parents' responses to allegations of abuse of their child are very varied. The following types of response are of concern:

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.
- parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.
- blame or responsibility for harm may be inappropriately placed on the child or unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

Physical Abuse

Children receive bumps and bruises as a result of the rough and tumble of normal play. Most children will have bruises or other injuries, therefore, from time to time. These will be accidental and can be easily explained.

It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.

Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.

If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.

A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

Recognition of Physical Abuse

a) Bruises & Soft Tissue Injuries

Common sites for accidental bruising depend on the developmental stage of the child include:

- forehead
- crown of head
- bony spinal protuberances
- elbows and below
- hips
- hands
- shins

Less common sites for accidental bruising include:

- eyes
- ears
- cheeks
- mouth
- neck
- shoulders
- chest
- upper and inner arms
- stomach
- genitals
- upper and inner thighs
- lower back and buttocks
- upper lip and frenulum
- back of the hands.

Non-accidental bruises may be:

- frequent
- patterned e.g. finger & thumb marks in unusual positions (note developmental level and activity of the child).

Research on aging of bruises (from photographs) has shown that it is impossible to accurately age bruises although it can be concluded that a bruise with a yellow colour is more than 18 hours old. Tender or swollen bruises are more likely to be fresh. It is not possible to conclude definitely that bruises of different colours were sustained at different times.

The following should give rise to concern:

- bruising in a non-mobile child, in the absence of an adequate explanation,
- bruises other than at the common sites of accidental injury for a child of that developmental stage,
- facial bruising, particularly around eyes, cheeks, mouth or ears, especially in very young children.
- soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation.
- a torn upper lip frenulum (skin which joins the lip and gum).
- patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back.
- ligature marks caused by tying up or strangulation.

Most falls or accidents produce one bruise on a single surface, usually a bony protuberance. A child who falls downstairs would generally only have one or two bruises. Children usually fall forwards and therefore bruising is most usually found on the front of the body. In addition, there may be marks on their hands if they have tried to break their fall.

Bruising may be difficult to see on a dark skinned child. Mongolian blue spots are natural pigmentation to the skin, which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children whose parents are darker skinned.

b) Eye Injuries

Injuries which should give cause for concern:

- black eyes can occur from any direct injury, both accidental and non-accidental. Determining how the injury occurred is vital, therefore; bilateral "black eyes" can occur accidentally as a result of blood tracking from a very hard blow to the central forehead (injury should be evident on mid-forehead, bridge of nose). It is rare for both eyes to be bruised separately, accidentally however and at the same time.
- sub conjunctival haemorrhage
- retinal haemorrhage.

c) Burns and Scalds

Accidental scalds often:

- are on the upper part of the body
- are on a convex (curved) surface
- are irregular
- are superficial
- leave a recognisable pattern.

It can be difficult to distinguish between accidental and non-accidental burns. Any burn or scald with a clear outline should be regarded with suspicion e.g.

- circular burns
- linear burns
- burns of uniform depth over a large area
- friction burns
- scalds that have a line which could indicate immersion or poured liquid
- splash marks
- old scars indicating previous burns or scalds.

When a child presents with a burn or scald it is important to remember:

- a responsible adult checks the temperature of the bath before a child gets in to it.
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet.
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container (e.g. bath, sink).
- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks.
- small round burns may be cigarette burns, but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

d) Fractures

The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain and it is very difficult for a parent to be unaware that a child has been hurt. In infants, rib and metaphysical limb fractures may produce no detectable ongoing pain however.

It is very rare for a child aged under one year to sustain a fracture accidentally, but there may be some underlying medical condition, e.g. brittle bone disease, which can cause fractures in babies.

The most common non-accidental fractures are to the long bones in the arms and legs and to the ribs. The following should give cause for concern and further investigation may be necessary:

- any fracture in a child under one year of age
- any skull fracture in children under three years of age
- a history of previous skeletal injuries which may suggest abuse
- skeletal injuries at different stages of healing
- evidence of previous fractures which were left untreated.

e) Scars

Children may have scars from previous injuries. Particular note should be taken if there is a large number of scars of different ages, or of unusual shapes or large scars from burns or lacerations that have not received medical treatment.

f) Bites

Bites are always non-accidental in origin; they can be caused by animals or human beings (adult/child); a dental surgeon with forensic experience may be needed to secure detailed evidence in such cases.

g) Other Types of Physical Injuries

- poisoning, either through acts of omission or commission
- ingestion of other damaging substances, e.g. bleach
- administration of drugs to children where they are not medically indicated or prescribed
- female genital mutilation, which is an offence, regardless of cultural reasons
- unexplained neurological signs and symptoms, e.g. subdural haematoma

h) Fabricated or Induced Illness

Fabricated or induced illness, previously known as Munchausen's Syndrome by Proxy, is a condition where a child suffers harm through the deliberate action of the main carer, in most cases the mother, but which is attributed to another medical cause.

It is important not to confuse this deliberate activity with the behaviour and actions of over-anxious parents who constantly seek advice from doctors, health visitors and other health professionals about their child's wellbeing.

There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.

(R v Cannings (2004) EWCA Criml (19 January 2004)).

The following behaviours exhibited by parents can be associated with fabricated or induced illness:

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.
- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

There are a number of presentations in which fabricated or induced illness may be a possibility:

- failure to thrive/growth faltering (sometimes through deliberate withholding of food.)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions.
- pyrexia (high temperature).
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen).
- apnoea (stops breathing).
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent ‘accidental’ overdoses (especially in very young children).

Concerns may arise when:

- reported symptoms and signs found on examinations are not explained by any medical condition from which the child may be suffering.
- physical examination and results of medical investigations do not explain reported symptoms & signs.
- there is an inexplicably poor response to prescribed medication and other treatment.
- new symptoms are reported on resolution of previous ones.
- reported symptoms and/or clinical signs do not occur when the carers are absent
- over time the child is repeatedly presented to health professionals with a range of signs and symptoms.
- the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.

It is important to note that the child may also have an illness that has been diagnosed and needs regular treatment. This may make the diagnosis of fabricated or induced illness difficult, as the presenting symptoms may be similar to those of the diagnosed illness.

Sexual Abuse

Most child victims are sexually abused by someone they know, either a family member or someone well known to them or their family. In recent years, there has been an increasing recognition that both male and female children and older children are sexually abused to a greater extent than had previously been realised.

There are no 'typical' sexually abusing families. Children who have been sexually abused are likely to have been put under considerable pressure not to reveal what has been happening to them. Sexual abuse is damaging to children, both in the short and long term.

Both boys and girls of all ages are abused and the abuse may continue for many years before it is disclosed. Abusers may be both male and female.

It is important to note that children and young people may also abuse other children sexually.

Children disclosing sexual abuse have the right to be listened to and to have their allegations taken seriously. Research shows it is rare for children to invent allegations of sexual abuse and that in fact they are more likely to claim they are not being abused when they are.

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused.

Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

Sexual abuse often presents in an obscure way.

Whilst some child victims have obvious genital injuries, a sexually transmitted infection or are pregnant, relatively few children are so easily diagnosed. The majority of children subjected to sexual abuse, even when penetration has occurred, have on medical examination no evidence of the abuse having occurred.

The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together.

The following list is not exhaustive and should not be used as a check list.

Pre-School Child (0-4years)

Possible physical indicators in the pre-school aged child include:

- bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs
- itching, soreness, discharge or unexplained bleeding
- physical damage to genital area or mouth
- signs of sexually transmitted infections
- pain on urination
- semen in vagina, anus, external genitalia
- difficulty in walking or sitting
- torn, stained or bloody underclothes or evidence of clothing having been removed and replaced
- psychosomatic symptoms such as recurrent abdominal pain or headache.

Possible behavioural indicators include:

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

In addition to the above there may be other behaviour especially noticeable in school:

- poor peer group relationships and inability to make friends.
- inability to concentrate, learning difficulties or a sudden drop in school performance.
- reluctance to participate in physical activity or to change clothes for PE, games or swimming.
- unusual or bizarre sexual themes in child's art work or stories.
- frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child’s school performance.
- unusual reluctance or fear of going home after school.

Possible behavioural indicators include:

- repeated running away from home
- sleep problems - insomnia, recurrent nightmares, fear of going to bed or overdressing for bed
- dependence on alcohol or drug
- suicide attempts and self-mutilation
- hysterical behaviour, depression, withdrawal, mood swings;
- vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity
- eating disorders — e.g. anorexia nervosa and bulimia
- low self-esteem and low expectation of others
- persistent stealing and /or lying
- sudden school problems - taunting, lack of concentration, falling standard or work etc.
- fear or abhorrence of one particular individual.

Emotional Abuse

Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.

Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on a child's development.

The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.

An emotionally abused child may be subject to constant criticism and being made a scapegoat, the continuous withholding of approval and affection, severe discipline or a total lack of appropriate boundaries and control. A child may be used to fulfil a parent's emotional needs.

The potential of emotional abuse should always be considered in referrals where instances of domestic violence have been reported.

Recognition of Emotional Abuse

Whilst emotional abuse can occur in the absence of other types of abuse, it is important to recognise that it does often co-exist with them, to a greater or lesser extent.

Child Behaviours associated with Emotional Abuse

Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms may suggest emotional abuse they are not necessarily pathognomic of this since they often can be seen in other conditions.

Possible behaviours that may indicate emotional abuse include:

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears…etc.
- marked behavioural and conduct difficulties (e.g. opposition and aggression, stealing, running away, promiscuity, lying).
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction.
- physical problems such as repeated illnesses, severe eating problems, severe toileting problem.
- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride.
- lack of any sense of pleasure in achievement, over-serious or apathetic.
- over anxiety, e.g. constantly checking or over anxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

Behaviour shown by parents which, if persistent, may indicate emotionally abusive behaviour includes:

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child (e.g. too high or too low)

- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

Neglect

Neglect and failure to thrive/growth faltering for non-organic reasons requires medical diagnosis.

Non-organic failure to thrive is where there is a poor growth for which no medical cause is found, especially when there is a dramatic improvement in growth on a nutritional diet away from the parent's care. Failure to thrive tends to be associated with young children but neglect can also cause difficulties for older children.

There is a tendency to associate neglect with poverty and social disadvantage. Persistent neglect over long periods of time is likely to have causes other than poverty, however. There has to be a distinction made between financial poverty and emotional poverty.

There are a number of types of neglect that can occur separately or together, for example:

- medical neglect
- educational neglect
- simulative neglect / environmental neglect
- environmental neglect
- failure to provide adequate supervision and a safe environment.

Recognition of Neglect

Neglect is a chronic, persistent problem. The concerns about the parents not providing "good enough" care for their child will develop over time. It is the accumulation of such concerns which will trigger the need to invoke the Child Protection Process. In cases of neglect it is important that details about the standard of care of the child are recorded and there is regular inter-agency sharing of this information.

It is important to remember that the degree of neglect can fluctuate, sometimes rapidly, therefore ongoing inter-agency assessment and monitoring is essential.

The assessment of neglect should take account of the child's age and stage of development, whether the neglect is severe in nature and whether it is resulting in, or likely to result in, significant impairment to the child's health and development.

The following areas should be considered when assessing whether the quality of care a child receives constitutes neglect.

Child

Health presentation indicators include:

- non-organic failure to thrive (growth faltering)
- poor weight gain (improvement when away from the care of the parents
- poor height gain
- unmet medical needs
- untreated head lice/other infestations
- frequent attendance at 'accident and emergency' and/or frequent hospital admissions
- tired or depressed child, including a child who is anaemic or has rickets
- poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding)

Emotional and behavioural development indicators include:

- developmental delay/special needs
- presents as being under-stimulated
- abnormal reaction to separation/ or attachment, disorder
- over-active and/or aggressive
- soiling and/or wetting
- repeated running away from home
- substance misuse
- offending behaviour, including stealing food
- teenage pregnancy

Family and social relationship indicators include:

- high criticism/low warmth
- excluded by family
- sibling violence
- isolated child
- attachment disorders and /or seeking comfort from strangers
- left unattended/or to care for other children
- left to wander alone day or night
- constantly late to school/late being collected
- not wanting to go home from school or refusing to go to school
- poor attendance at school/nursery
- frequent name changes and/or change of address or parental figures within the home.
- management of a child with a disability who is not attaining the level of functioning which is
- commensurate with the disability.

Consideration should be given as to whether a child and adolescent mental health assessment is required.
Have all children in the family been seen and their views explored and documented?

Parents

Lack of emotional warmth indicators include:

- unrealistic expectations of child
- inability to consider or put child's needs first
- name calling/degrading remarks
- lack of appropriate affection for the child
- violence within the home from which the child is not shielded
- partner resenting non-biological child and hostile in attitude towards him
- failure to provide basic care for the child.

Lack of stability indicators include:

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home
- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

Issues relating to providing guidance and setting boundaries indicators include:

- poor boundary setting
- inconsistent attitudes and reactions, especially to child's behaviour
- continuously failing appointments
- refusing offers of help and services
- failure to seek or use advice and/or help offered appropriately
- seeks to mislead professionals by providing inaccurate or confusing information
- failure to provide safe environment.

Social Presentation

- aggressive/threatening behaviour towards professionals and volunteers
- disguised compliance
- low self-esteem
- lack of self-care.

Health

- mental ill health
- substance misuse
- learning difficulties
- (post-natal) depression
- history of parental child abuse or poor parenting
- physical health.

Home and Environmental Conditions

The following home and environmental conditions should be considered:

- poor housing conditions
- overcrowding
- lack of water, heating, sanitation
- no access to washing machine
- piles of dirty washing
- little or no adequate clean bedding/furniture
- little or no food in cupboards
- human and/or animal excrement
- uncared for animals
- referrals to environmental health
- unsafe environment
- rural isolation

Impediments to ongoing assessment and appropriate multidisciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable;
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002)

When staff become aware of any of the above features they should review the case with their line manager.

Children with Disability

In recognising child abuse, all professionals should be aware that children with a disability can be particularly vulnerable to abuse. They may need a high degree of physical care, they may have less access to protection and there may be a reluctance on the part of professionals to consider the possibility of abuse.

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care
- there is a reluctance to accept that children with disabilities may be abused

Children with disability will usually display the same symptoms and signs of abuse as other children. These may be incorrectly attributed, however, to the child's disability.

Risk Factors Associated with Child Abuse

A number of factors may increase the likelihood of abuse to a child. The following list is not exhaustive and does not preclude the possibility of abuse in families where none of these factors are evident.

Child

- poor bonding due to neo-natal problems
- attachment interfered with by multiple caring arrangements
- a 'difficult' child, a 'demanding' baby
- a child under five years is considered to be most vulnerable
- a child's name or sibling's names previously on the Child Protection Register
- a baby/child with feeding/sleeping difficulties
- birth defects/chronic illness/developmental delay

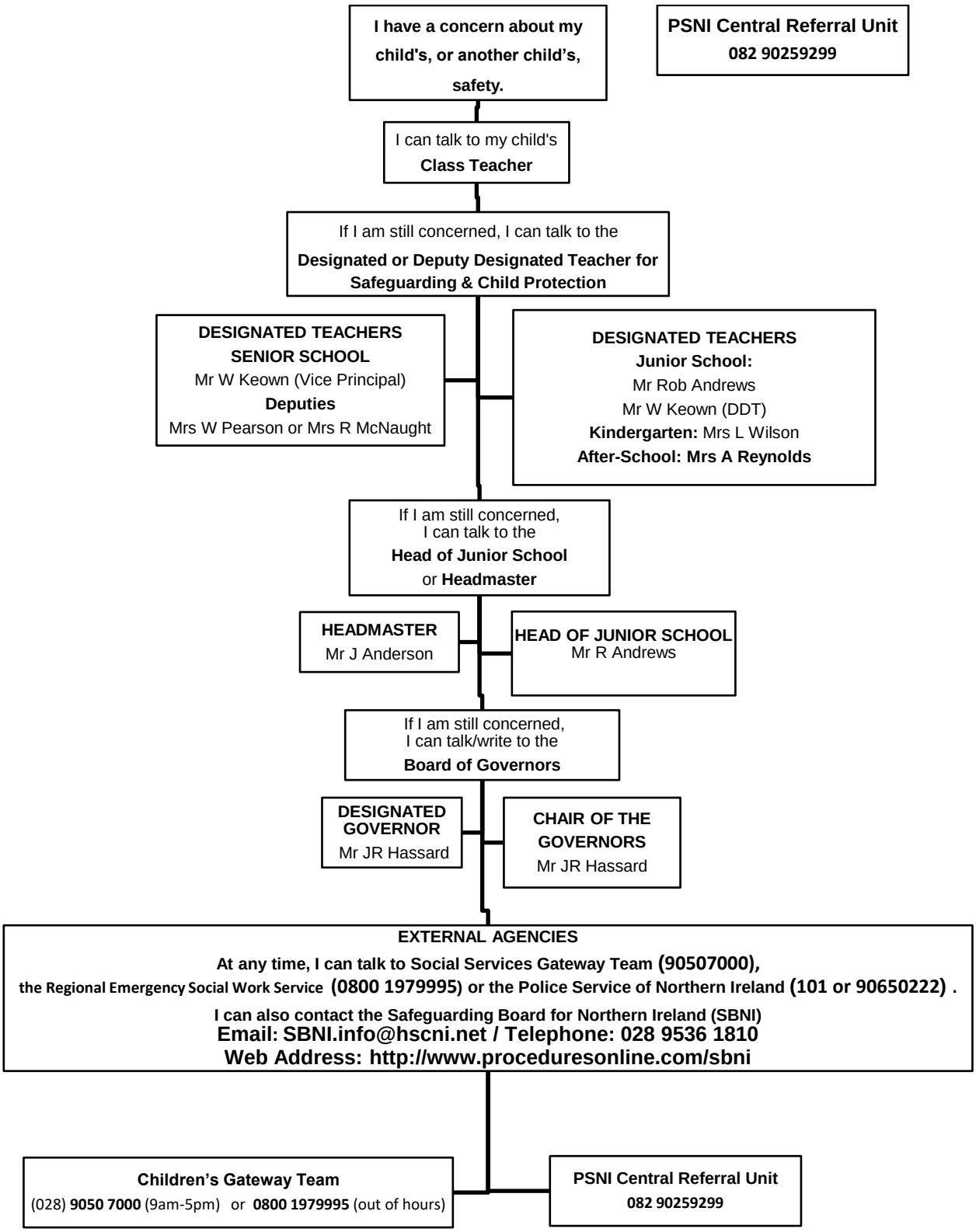
Parents

- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- slow jealousy and rivalry with the child
- expect the child to meet their needs
- unrealistic expectations/rigid ideas about child development
- history of mental illness in one or both parents
- history of domestic violence
- drug and alcohol misuse in one or both parents of the child
- frequent changes of carers
- history of aggressive behaviour by either parent
- unplanned pregnancy
- unrealistic expectations of themselves as parents.

Home and Environmental Conditions

- unemployment
- no income/poverty
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently
- debt
- large family

Appendix 6 How a Parent/Adult Can Raise a Child Protection Concern



Where a complaint is relevant to the quality of care, fabric of the setting or Safeguarding & Child Protection within our Kindergarten or After-School Club, a parent may wish to contact the Registering Social Worker for the Setting (Mrs Máirín McDermott) at the Health & Social Care Trust's Early Years Team.

Belfast Health & Social Care Trust, Early Years Services,
Everton Complex, 585-587 Crumlin Road, Belfast, BT14 7GB (Telephone: 95042811)

If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the College's Complaints Policy.

This should culminate in the option for you to contact the **NI Public Services Ombudsman** (NIPSO), who has the legislative power to investigate your complaint.

Appendix 7 **How a Pupil Can Raise a Concern**

The following information is displayed around the Junior School and reinforced regularly with pupils:

Worried about something?



Talk to someone you trust.









You can also call ChildLine

Calls are free, confidential and do not show up on your telephone bill.

ChildLine 0800 1111

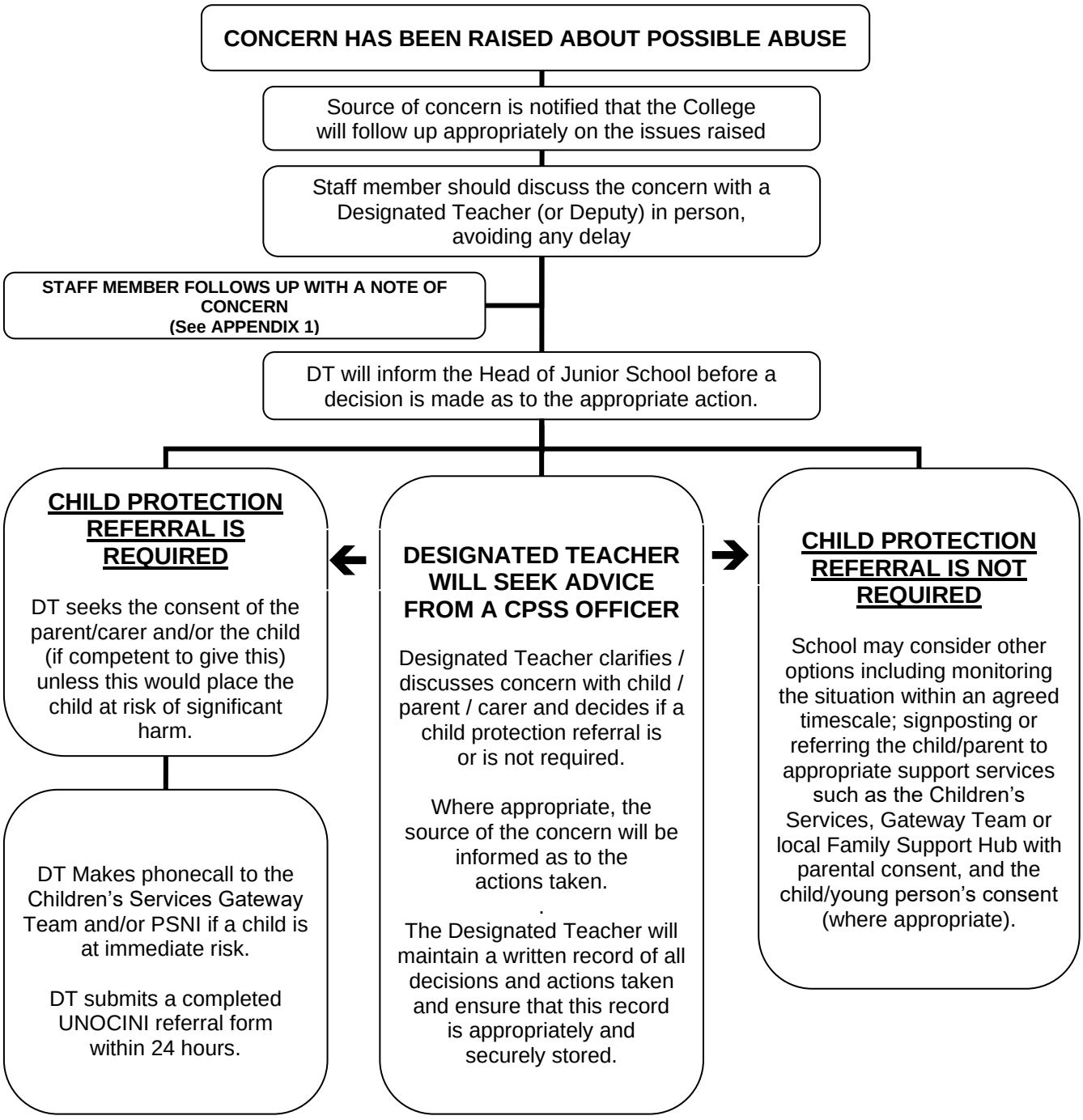
Appendix 8 **How staff should respond if a child makes a disclosure which gives rise to concerns of a child protection nature: The 5R Principles**

RECEIVE → REASSURE → RESPOND → RECORD → REFER

DO	DO NOT
• Stay calm. • Listen to what the child says. • Accept what is being said. • Be discreet.	• Do not display shock or disbelief. • Do not delay, to arrange for another member of staff to be present. If the pupil has chosen to come to you, you should be the one to listen.
• Reassure the child, only so far as is honest and reliable. • Reassure the child that talking is the right thing to do: *"You have done the right thing in telling me."* • Reassure the child of ongoing support: *"We are always here if you need to talk."* • Reassure and alleviate guilt, if the child refers to it.	• Do not give the child assurances, such as, *"Everything will be alright"*, because it may not be (particularly in the short term). • Do not promise to keep secrets.
• Respond only as far as is necessary for you to establish whether or not you need to refer this matter. • **Ask open questions**. *"Can you tell me what happened?"* *"Is there anything else you need to tell me?"* • **Do not criticise the alleged perpetrator**, as this may be someone the child or young person loves. • **Explain that you cannot keep this a secret.** • **Explain what you have to do next and to whom you have to talk**. *"I will need to share what you have told me with _____ (Mr Andrews or Mr Keown), who is a Designated Teacher. He will know what to do next."* Reassure them that the information will be shared only with those professionals who need to know. • **Seek support for yourself.**	• Do not interrogate for full details. • Do not make the child repeat what they are saying unnecessarily. • Do not ask leading questions (eg: *"Did he touch you?"*, *"What did (s)he do next?"* or *"Do you think this was deliberate?"*), as these may invalidate your evidence, and the child's, in any later investigation or prosecution. • Do not take notes while the child is talking. Give them your full attention. • Never ask for a written statement. If the matter is referred to the PSNI or Social Services, this may jeopardise their process. • Do not promise confidentiality, as you have a duty to report.
• Make notes at the time and write them up as soon as possible. Record accurately, using child's exact words. • Complete a 'Note of Concern' form. Record the date, time, place when the information was shared, any noticeable non-verbal behaviour observations, the actual words used by the pupil and the position and extent of any injuries or bruises noticed. • This record must be kept, in line with procedures.	• Do not destroy your original notes. • Do not translate any words the child uses into adult language. • Record things said and noticed, rather than interpretations, assumptions and opinions.
• **You must act promptly** by referring concerns about possible abuse to the DT or DDT as soon as possible. • This will help to ensure there is time for the DT/DDT to seek advice regarding any action to be taken, in advance of the child going home.	• Do not delay in speaking to the DT or DDT.

Appendix 9

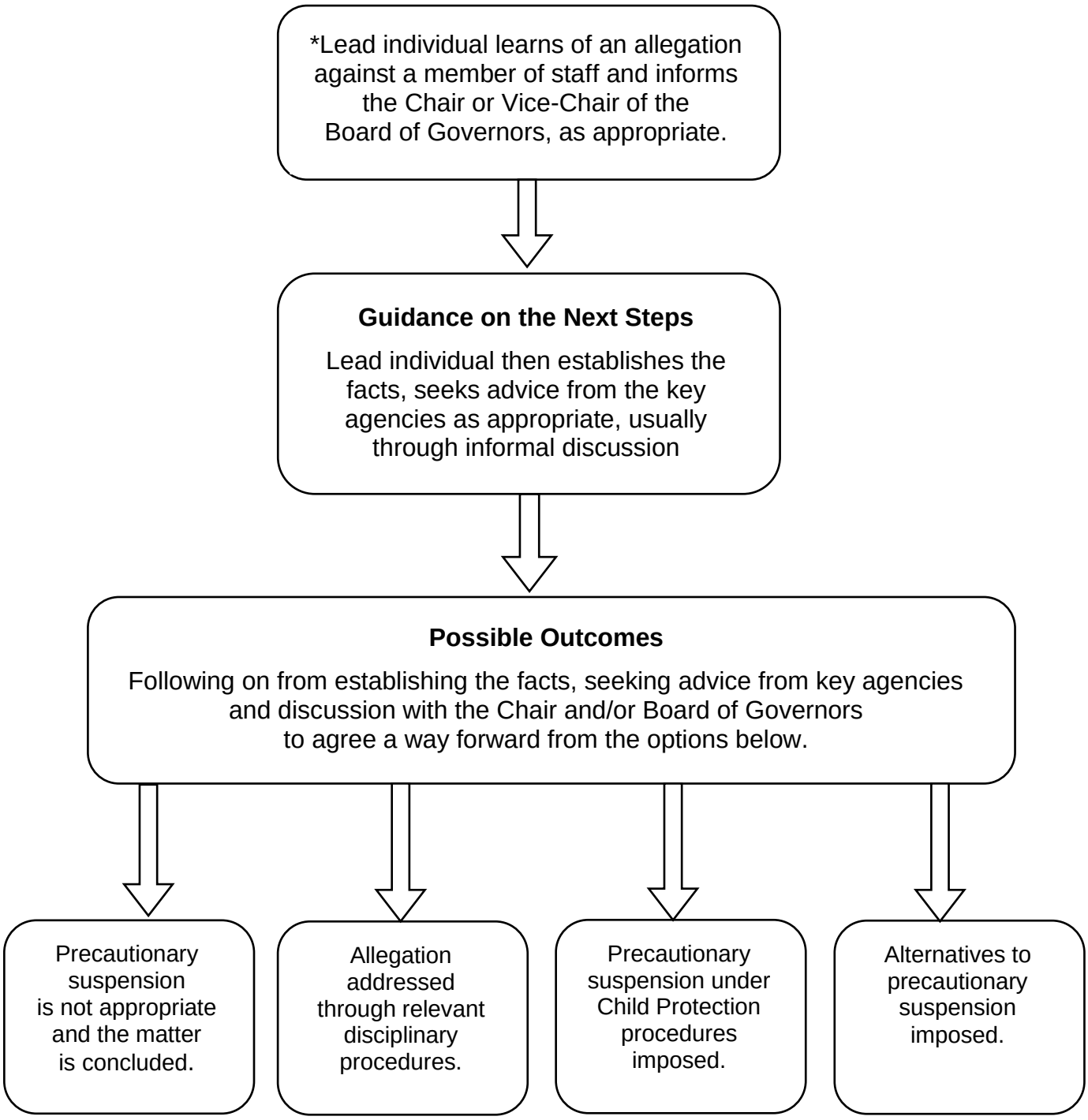
Procedure where the school has concerns, or has been given information, about Possible Abuse by someone other than a member of the school staff



If a member of the staff of the College receives information which gives rise to concern about possible child abuse by someone outside the school, or by a person working in the school in a volunteer capacity, the person making the complaint should be advised of their responsibility to refer to the local Health & Social Care Trust Gateway Team.

Appendix 10

Dealing with Allegations of Abuse Against a Member of Staff



**Lead Individual to manage the handling of an allegation should be identified from the outset, normally the Head of Junior School or a designated senior member of staff.*

Appendix 11

CONFIDENTIAL

NOTE OF CONCERN

Child Protection Record: Report to Designated Teacher

To be completed as soon as possible after the incident/disclosure.

It is important that only factual information is recorded.
Please check your report is clear, accurate and would be easily understood by someone reading it in the future.

Name of Pupil:
Year Group & Class Teacher:
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 the Designated Teacher: Yes ☐ No ☐ If 'No', state the reason:
Date and Time of Report to the Designated Teacher:
Written Note from Staff Member placed on the pupil's Child Protection File: Yes ☐ No ☐ If 'No', state the reason:

Name of Staff Member making the Report: _____ Role: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

Appendix 12

SAFEGUARDING CONTACT NUMBERS

All staff should have the mobile numbers of Campbell College's Designated Teachers.

Child Protection & Safeguarding Contacts:

Child Protection Support Service for Schools (CPSS)

Monday – Friday: 9.00am to 4.30pm Telephone: **(028) 9598 5590**

Social Services (Gateway)

Office Hours (9.00am – 5.00pm) Telephone: **(028) 9050 7000**

Out of Hours (Regional Emergency Social Work Service) Telephone: **0800 1979995**

Early Years Team of the Health & Social Care Trust Telephone: **(028) 9504 2811**
(re: Kindergarten & After-School pupils)

Police – PSNI

Telephone: **101** or **(028) 90650222**
Emergency Number: **999**

Central Referral Unit for Child Sexual & Physical Abuse Cases Telephone **082 90259299**
(Monday - Friday: 8.00am - 9.00pm & Weekends: 9.00am - 5.00pm)

NSPCC Advice Line (24 hours) for support if you are worried about a child: **0808 800 5000**

Helplines:

Childline Telephone: **0800 11 11** *(Calls are free and do not show up on telephone bills)*

Lifeline Telephone: **0808 808 8000** *(24 hours, 7 days/week)*
Lifeline will provide counselling for self-harm, depression, suicidal thoughts & many other issues

The Samaritans Telephone: **116 123**

Cruse Bereavement Telephone: **0844 477 9400**

Appendix 13

Safeguarding Code of Conduct for Staff & Volunteers in the College

OBJECTIVE, SCOPE AND PRINCIPLES

This Code of Conduct is designed to give clear guidance on the standards of behaviour all school staff and volunteers are expected to observe. School staff and volunteers are role models and are in a unique position of influence and trust; they must adhere to behaviour that sets a good example to all the pupils within the school. As a member of the Campbell Community, each person has an individual responsibility to maintain their reputation and the reputation of the College, whether inside or outside working hours.

This Code of Conduct applies to all staff and volunteers of the College.

This Code of Conduct does not form part of any employee's contract of employment.

This Code of Conduct should be read carefully along with the codes of conduct and guidance for staff contained within:

- Online Safety Policy
- Educational Visits Policy
- Reasonable Force & Safe Handling Policy

If a member of staff has any concern regarding appropriate conduct, whether it be their conduct, a pupil's conduct or the conduct of a colleague or other adult, they should talk to the Designated Teacher or to the Head of Junior School.

1. Setting an Example

- All staff and volunteers who work in schools set examples of behaviour and conduct which can be copied by pupils. Staff must therefore for example avoid using inappropriate or offensive language at all times.

- All staff and volunteers must, therefore, demonstrate high standards of conduct in order to encourage our pupils to do the same.

- All staff and volunteers must also avoid putting themselves at risk of allegations of abusive or unprofessional conduct.

- This Code helps all staff and volunteers to understand what behaviour is and is not acceptable, and regard should also be given to the disciplinary rules set out by the employing authority.

- All staff and volunteers are expected to familiarise themselves and comply with all school policies and procedures.

- Teaching materials should be chosen carefully and at all times age-appropriate (this includes any videos or websites used).

2. Safeguarding Pupils

- All staff and volunteers have a duty to safeguard pupils from physical abuse, sexual abuse, emotional abuse, neglect and exploitation.

- The duty to safeguard pupils includes the duty to report concerns about a pupil or colleague to a member of the school's Safeguarding team (Designated Teacher for Child Protection, Deputy Designated Teacher or the Head of Junior School).

- All staff and volunteers are provided with personal copies of the school's Child Protection Policy and Whistleblowing Policy and must be familiar with these documents and other relevant school policies (eg: Online Safety and Acceptable Use Policy, Educational Visits Policy, Reasonable Force and Safe Handling Policy). Most policies can be accessed on the College website and all are available on the staff intranet, or by request.

- All staff and volunteers should treat children with respect and dignity. They must not demean or undermine pupils, their parents, carers or colleagues.

- All staff and volunteers should not demonstrate behaviours that may be perceived as sarcasm, make jokes at the expense of students, embarrass or humiliate students, discriminate against or favour students.

- All staff and volunteers must take reasonable care of the children in their care with the aim of ensuring their safety and welfare. Staff should also complete risk assessments, where appropriate, in accordance with school policies.

3. Relationships with Pupils

- All staff should be mindful of having one-to-one meetings with pupils where there is/are no other adult(s) present. Meetings should be held in a corridor or a room where there is open space and clear sightlines by other colleagues. Staff should avoid being in a car with a pupil, unless another adult is present.

- All staff and volunteers must declare any relationships that they may have with pupils outside of school; this may include mutual membership of social groups, tutoring or family connections. Staff and volunteers should not assume that the school is aware of any such connections. A declaration form is available and should be returned to the Designated Teacher.

- Relationships with students must be professional at all times; sexual relationships with students are not permitted and may lead to an abuse of trust and criminal conviction.

4. Pupil Development

- All staff and volunteers must comply with school policies and procedures that support and promote the well-being and development of pupils.

- All staff and volunteers must co-operate and collaborate with colleagues and with external agencies, where necessary, to support the development of pupils.

5. Honesty and Integrity

- All staff and volunteers must maintain high standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.

- Gifts from suppliers or associates of the school must be declared to the Head of Junior School, with the exception of 'one off' token gifts from students or parents. Personal gifts from individual members of staff or volunteers to students are inappropriate; they could be misinterpreted and may lead to disciplinary action. A record will be kept of all gifts received.

6. Conduct Outside of Work

- All staff and volunteers must not engage in conduct outside work which could seriously damage the reputation and standing of the College, or the member of staff, or the volunteer's own reputation or the reputation of other members of the school community.

- In particular, criminal offences that involve violence, possession or use of illegal drugs or sexual misconduct are to be regarded as unacceptable.

- Staff may undertake work outside school, either paid or voluntary, provided it does not conflict with the interests of the school. It should not contravene the working time regulations or affect an individual's work performance in the school. Staff should seek advice from the Head of Junior School when considering work outside the school. Staff are required to submit a form to declare any connections with pupils outside of school (eg: Youth Clubs, family friends, private tutoring).

7. Online Safety and Internet Use

- Staff must exercise caution when using information technology and be aware of the risks to themselves and others. Regard should be given to the school's Online Safety and Acceptable Use Policy at all times, both inside and outside of work.

- Staff and volunteers must not engage in inappropriate use of social network sites which may bring themselves, the school, the school community or employer into disrepute. Staff and volunteers should ensure that they adopt suitably high security settings on any personal profiles they may have.

- Staff should exercise caution in their use of all social media or other web based presence they may have, including written content, videos or photographs and views expressed either directly or by 'liking' certain pages or posts established by others. This may also include the use of dating websites, where staff could encounter pupils either with their own profile or acting covertly.

- Contact with pupils must be via school authorised mechanisms. At no time should personal telephone numbers, email addresses or communication routes via personal accounts on social media platforms be used to communicate with pupils.

- If contacted by a student by an inappropriate route, staff should report the contact to the Designated Teacher/Head of Junior School immediately.

- Photographs/stills or video footage of students should only be taken using school equipment for purposes authorised by the school. Any such use should always be transparent and only occur where parental consent has been given. The resultant files from such recording or taking of photographs must be retained and destroyed in accordance with the College's Records Management Policy and Disposal Schedules.

8. Confidentiality

- Members of staff and volunteers may have access to confidential information about pupils in order to undertake their everyday responsibilities. In some circumstances, staff may be given additional highly sensitive or private information. They should never use confidential or personal information about a pupil or his family for their own, or others' advantage. Information must never be used to intimidate, humiliate or embarrass the pupil.
- Confidential information about pupils should never be used casually in conversation or shared with any person, other than on a need to know basis. In circumstances where the student's identity does not need to be disclosed, the information should be used anonymously.
- There are some circumstances in which a member of staff may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals have a duty to pass the information on without delay, but only to those with designated child protection responsibilities.
- If a member of staff is in any doubt about whether to share information or keep it confidential, he or she should seek guidance from the Designated Teacher or Head of Junior School. Any media or legal enquiries should be passed to the College's Senior Leadership Team.
- Adults need to be aware that, although it is important to listen to and support pupils, they must not promise confidentiality or request that pupils do the same under any circumstance.
- Additionally concerns and allegations about adults should be treated as confidential and passed to the Designated Teacher or Head of Junior School without delay.

9. Dress & Appearance

- All staff and volunteers must dress in a manner that is appropriate to a professional role and promoting a professional image.
- Staff and volunteers should dress in a manner that is not offensive, revealing or sexually provocative.
- Staff and volunteers should dress in a manner that is absent from political or other contentious slogans.
- Concerns regarding staff dress should be referred to the Designated Teacher.

10. Physical Contact

- Any inappropriate or unwanted physical contact should be avoided.
- When absolutely necessary (e.g. demonstrations in PE/games, First-Aid) contact should be used judiciously and appropriately.
- Under no circumstances should concerns about physical contact stop a member of staff administering First Aid or protecting an individual against injury.
- If any member of staff feels, in retrospect, that there may have been some misunderstanding of such a situation, they should report it to the Designated Teacher and an incident form should be completed.
- Staff should be aware of the guidance given in the **Use of Reasonable Force Policy**.

In Junior School and Kindergarten, there may be occasions where a distressed pupil needs comfort and reassurance. At these times, staff will ensure that physical contact is minimal and that other adults are present. Parents will be informed of such circumstances, when appropriate.

We are committed to ensuring that all staff responsible for the intimate care of our pupils will undertake their duties in a professional manner and be sensitive to each individual child's needs. They will do so in a way that ensures that the rights, dignity and welfare of the child are protected.

Junior School's **Intimate Care Policy** outlines our approach and procedures for safeguarding the dignity, rights and well-being of pupils, including the responsibilities of staff and parents.

11. Boarding Department

Appropriate Positive Relationships

- Within Boarding there can be a less formal relationship between staff and pupils; however there is a need for an appropriate balance in the relationship between staff and pupils. While staff may be concerned that any physical support for children in distress may be misconstrued, it would be quite wrong for fears about allegations of abuse to prevent appropriately warm and supportive relationships between staff and boarders. However, there is a clear boundary between appropriate support and care for boarders and an inappropriate use of staff position of trust.

Protocol for Entering a Pupil's Room

- When visiting a pupil who is in their own room, staff should leave the door open or stand in the doorway with the door open.
- Staff should knock before entering a bedroom, leaving sufficient time for a pupil to respond (the exception to this rule is during prep time).
- If it is necessary to check a sensitive area, such as bathroom or shower room, a member of staff should announce their entrance in good time.
- Should the situation be considered an emergency, speed of response and the safety of the pupil overrides the above – but still use common sense.

Further considerations are detailed in the **Boarding Staff Handbook**.

12. Educational Visits

Adult supervisors leading or accompanying a group of pupils are at all times bound by the College's Safeguarding & Child Protection Policy.

Further details are included in the **Educational Visits Policy**.

13. Disciplinary Action

Staff and volunteers should be aware that a failure to comply with this Code of Conduct could result in disciplinary action including but not limited to dismissal.

14. Compliance

This Code of Conduct will be referred to during our annual Safeguarding briefing.

Appendix 14

CAMPBELL COLLEGE

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RELATIONSHIPS WITH STUDENTS OUTSIDE WORK DECLARATION

STAFF NAME		POSITION HELD	

It is recognised that there may be circumstances whereby staff & volunteers of the College are known to pupils outside of work. Examples include membership of sports clubs, family connections, or private tutoring.

Staff must declare any relationships outside of school that they may have with students.

Name of Pupil	**Relationship**	**Date started (if relevant)** *(Complete if the relationship ends)*

I can confirm that I am fully aware of the Code of Conduct relating to contact out of school with students in line with the Safeguarding and Child Protection Policy.

If I am tutoring outside of school, I am aware that the following must be adhered to:

- I do not, at any point, teach the pupil in question as part of my daily timetable – this is stipulation of such tutoring
- I emphasise to parents that this is done completely independently of the College
- No monies come through the College at any point, informally (eg via the pupil) or formally
- No private tutoring takes place on the school premises (this may be considered in the case of a Boarder)

I confirm that if these circumstances change at any time, I will update this form, or complete a new form to ensure the College is aware of any relationships.

Signed _____ Date _____

Once completed, please return to the Designated Teacher or Head of Junior School.

Appendix 15

SPECIFIC CONSIDERATIONS ON EDUCATIONAL VISITS

The Code of Conduct for staff (and pupils) is included in the Educational Visits Policy.

Adult supervisors leading or accompanying a group of students are at all times bound by the College's Safeguarding & Child Protection Policy.

ALL supervisors who may be with pupils unsupervised, or who are involved in a residential visit, must be vetted according to Safeguarding procedures.

The Group Leader should have with them at all times the contact numbers for the Designated Teacher and the Head of Junior School. If they are not contactable, he/she should contact Social Services for advice and support (Emergency Contact Numbers are listed in Appendix 2).

Given the particular circumstances of educational visits, adult supervisors should note the following guidelines:

- The Group Leader and all supervisors must familiarise themselves with the roles and responsibilities contained within this and the Educational Trips Policy.
- As members of Campbell College staff, staff are expected to act and dress professionally at all times.
- Supervisors must consider the welfare and safeguarding of pupils as paramount and should never leave them unduly unsupervised.
- Supervisors must be aware of the Safeguarding procedures that apply on educational visits.
- Supervisors must ensure that those attending know and abide by the Code of Conduct for Pupils and for Staff.
- Residential trips should ideally have at least one male member of staff attending.
- Supervisors must ensure that their relationships with pupils are appropriate and should ensure that their conduct does not give rise to comment or speculation.
- If members of staff use their private car, they must have a valid UK driving licence and appropriate insurance (they may need to inform their insurance company that their car is being used for business). If pupils are travelling with a supervisor in a private car, their parents should be aware and one supervisor must not be driving fewer than two pupils at any one time.
- Supervisors who are driving pupils must uphold the driving laws of the land and ensure the safety of pupils at all times.
- Supervisors should not enter the bedroom or sleeping accommodation of pupils unless accompanied by another supervisor, except in an emergency or when such action is completely unavoidable.
- Supervisors should avoid physical contact with pupils, unless administering First Aid or where contact is necessary in accordance with the Reasonable Force Policy.
- Supervisors must not smoke in the presence of pupils, and must not at any time consume alcohol in the presence of pupils or when responsible for pupils.
- When taking photographs, staff must be aware that the parents of some pupils may not have given permission for their photograph to be taken. Where possible, use a school camera and not a personal mobile phone camera. Images must be removed after the trip, and not stored on a personal device.
- If an incident occurs during the trip, where a supervisor feels that his/her actions may have been misconstrued, they should report the incident to the Group Leader immediately, and should discuss the incident with the Designated Teacher/Head of Junior School as soon as possible upon return.

Appendix 16

CAMPBELL COLLEGE

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Summary of Safeguarding & Child Protection Information for Short Term Staff & Volunteers

At Campbell College, we are committed to safeguarding and promoting the welfare of all the children entrusted into our care. We seek to provide a safe and welcoming learning environment, in which each child is respected and valued.

Our Safeguarding & Child Protection Policy and procedures are in place to ensure that all our pupils receive effective protection and support.

Physical and emotional well-being, health and personal safety are promoted through our school ethos and Personal Development programme, thereby enabling the children to develop protective behaviours.

While working at Campbell College, we expect you to:

1. **Safeguard and promote the welfare of our pupils by following our Safeguarding & Child Protection Policy and procedures.**

2. **Be alert to the physical, behavioural and emotional indicators of neglect and abuse.**
   These are outlined on pages 2&3 of this booklet.

3. **Follow the 5R Principles (*Receive*, *Reassure*, *Respond*, *Record* and *Refer*) if a child makes a disclosure which gives rise to concerns regarding possible abuse.**
   This is outlined on page 4 of this booklet.

4. **Speak to a Designated Teacher or the Head of Junior School without delay if you are concerned about a pupil's welfare or safety.**



Designated Teacher
Rob Andrews
Head of Junior School



Deputy Designated Teacher
Will Keown
Vice-Principal (Pastoral)

Junior School & Kindergarten's full Safeguarding & Child Protection Policy is available on the College Website and from the Junior School Offices.

Be alert to the physical, behavioural and emotional indicators of neglect and abuse.

Please be alert to possible indicators of abuse; any outward symptoms or change in appearance, behaviour, learning pattern or development.

These may be due to a variety of other possible causes, including accidental injuries, changes in family circumstances and beareavement. Sometimes, however, they may be due to child abuse.

The following table sets out some examples of possible physical and behavioural indicators. Any combination may be accompanied by increased absenteeism and/or marked deterioration in performance.

Neglect

Possible Physical Indicators	Possible Behavioural Indicators
• Looks very thin, poorly and sad • Poor growth • Apparent deficiency in nutrition • Constant hunger • Lack of energy • Untreated medical problems • Special needs of child not being met • Constant tiredness • Inadequate clothing • Poor hygiene • 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 parent or carer is at home • Low self-esteem • Persistent non-attendance at school • Exposure to violence (eg: unsuitable videos)

Physical Abuse

Possible Physical Indicators	Possible Behavioural Indicators
• Unexplained bruises in various stages of healing Bruises of a regular shape which may indicate the use of an implement (eg: strap) or mark of a hand Symmetrical bruising (eg: on both ears) should be treated with suspicion • Injuries occurring in a time pattern (eg: every Monday) • Grip marks on arms • Slap marks • Human bite marks • Welts • Bald spots • Unexplained/untreated burns (especially cigarette) • Unexplained fractures, lacerations or abrasions • Untreated injuries	• Self-destructive tendencies • Aggressive towards 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 • Comes to school early or stays last, as if afraid to be at home • Clothing inappropriate to weather (to hide part of body) • Uncomfortable getting changed for PE/Games/swimming • Violent themes in art-work or stories

Emotional Abuse

Possible Physical Indicators	Possible Behavioural Indicators
• Well below average in height and weight • "Failure to thrive" • Poor hair and skin; alopecia; • Swollen extremities (ie: icy cold and swollen hands and feet) • Recurrent diarrhoea, wetting and soiling • Sudden speech disorders • Signs of self-mutilation • Signs of solvent abuse (eg: mouth sores, smell of glue, drowsiness) • Extremes of physical, mental and emotional development (eg 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 • Excessive dependence (attention needy) • Poor peer relationships

Sexual Abuse

Possible Physical Indicators	Possible 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, swimming) • Unexplained pregnancies, where the identity 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 (eg 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 (eg: deterioration in school work or behaviour) • Inappropriate sexual behaviour / sex play • Repeated attempts to run away from home • Unusual or bizarre sexual themes in children's artwork or stories • Vulnerability to sexual and emotional exploitation • Promiscuity • Exposure to pornographic material

How you should respond if a child makes a disclosure which gives rise to concerns of a child protection nature: The 5R Principles

RECEIVE → REASSURE → RESPOND → RECORD → REFER

DO	DO NOT
• Stay calm. • Listen to what the child says. • Accept what is being said. • Be discreet.	• Do not display shock or disbelief. • Do not delay, to arrange for another member of staff to be present. If the pupil has chosen to come to you, you should be the one to listen.
• Reassure the child, only so far as is honest and reliable. • Reassure the child that talking is the right thing to do: *"You have done the right thing in telling me."* • Reassure the child of ongoing support: *"We are always here if you need to talk."* • Reassure and alleviate guilt, if the child refers to it.	• Do not give the child assurances, such as, *"Everything will be alright"*, because it may not be (particularly in the short term). • Do not promise to keep secrets.
• Respond only as far as is necessary for you to establish whether or not you need to refer this matter. • **Ask open questions**. *"Can you tell me what happened?"* *"Is there anything else you need to tell me?"* • **Do not criticise the alleged perpetrator**, as this may be someone the child or young person loves. • **Explain that you cannot keep this a secret.** • **Explain what you have to do next and to whom you have to talk**. *"I will need to share what you have told me with _____ (Mr Andrews or Mr Keown), who is a Designated Teacher. He will know what to do next."* Reassure them that the information will be shared only with those professionals who need to know. • **Seek support for yourself.**	• Do not interrogate for full details. • Do not make the child repeat what they are saying unnecessarily. • Do not ask leading questions (eg: *"Did he touch you?"*, *"What did (s)he do next?"* or *"Do you think this was deliberate?"*), as these may invalidate your evidence, and the child's, in any later investigation or prosecution. • Do not take notes while the child is talking. Give them your full attention. • Never ask for a written statement. If the matter is referred to the PSNI or Social Services, this may jeopardise their process. • Do not promise confidentiality, as you have a duty to report.
• Make notes at the time and write them up as soon as possible. Record accurately, using child's exact words. • Complete a 'Note of Concern' form. Record the date, time, place when the information was shared, any noticeable non-verbal behaviour observations, the actual words used by the pupil and the position and extent of any injuries or bruises noticed. • This record must be kept, in line with procedures.	• Do not destroy your original notes. • Do not translate any words the child uses into adult language. • Record things said and noticed, rather than interpretations, assumptions and opinions.
• **You must act promptly** by referring concerns about possible abuse to the DT or DDT as soon as possible. • This will help to ensure there is time for the DT/DDT to seek advice regarding any action to be taken, in advance of the child going home.	• Do not delay in speaking to the DT or DDT.

Appendix 17

Safeguarding & Child Protection during periods of School Closure

…such as those which occurred in response to the COVID-10 Pandemic

Context

The national health concerns relating to the Covid-19 pandemic created uncertainty in the lives of children. Daily routines, family life, friendship groups and the safe space that schools provide were disrupted. For many children, spending increased time at home over lockdown periods was an additional challenge and, for some, an additional safeguarding risk factor. Periods of self-isolation, as a result of contracting the virus or as a result of direct contact with someone who has tested positive, also proved challenging for children and their families.

Guiding Principles

During periods of school closure, it is important that the adults responsible for safeguarding children are sensitive to their physical, social and emotional needs. It is critically important that any children who may be at risk are identified so that that a proportionate, compassionate and sensitive response can be taken.

This may include the introduction of new protocols and protective measures designed to safeguard our whole school community at Campbell.

However, our Safeguarding & Child Protection Policy will fundamentally remain the same:

- We are committed to safeguarding all the children who are entrusted into our care.
- Staff should immediately contact the Designated Teacher regarding any concerns for a child's welfare or safety, in line with our established safeguarding procedures.
- We will adhere to the latest government guidance and keep abreast of any updated advice from the Child Protection Support Service of the Education Authority.

Changes to Procedures

During school closures, arrangements will be put in place to support families and monitor pupil safety:

A. Communication Systems

- Every effort will be made to ensure regular, timely and clear communication of the latest information and guidance with our whole school community via *Parentmail*, the *Junior Journal* and the College website.
- At the start of each school year, Teachers and Kindergarten Leaders share their Gmail addresses with the parents of their pupils, to facilitate more effective communication between home and school.
- At least one member of our Safeguarding Team will always be on site, when the school is open.
- Parents will be regularly reminded of the 'out of hours' contact telephone numbers for Social Services' Gateway Team, the PSNI Central Referral Unit and the NSPCC Advice Line.
- Pupils will be regularly reminded of the contact details for *Childline*.

- The Head of Junior School and Designated Teachers will contact families by telephone or *Zoom*, should they require additional support. This will enable them to signpost parents in need of help to the Gateway service, Family Support Hub or other external agency.
- Should a member of staff use their own telephone or mobile to contact parents, they will withhold their number to protect their personal information.

B. Awareness of Increased Risk

- The pressures on children, their families and our staff during school closures could be significant, and may relate to anxiety over health issues and/or financial matters. Increased vigilance will enable any concerns regarding their mental health and well-being to be reported to our Safeguarding Team.
- The following guidance, developed by DENI, will be used to help identify and support vulnerable children: https://www.education-ni.gov.uk/news/new-vulnerable-children-guidance-published-schools-and-parents
- Should a child in the school's view be at risk of significant harm and local agencies be unable to respond, we will immediately follow the safeguarding children partnership escalation procedure.
- The Designated Teacher will liaise with external agencies (eg: social services) and attend case conferences via telephone or the *Zoom* platform, as required.

C. Attendance

- Should different codes be issued by DENI, these will be used to record when pupils' attendance is affected by the reason for school closure.
- Pastoral Check-Ins will be arranged in support of pupils' emotional well-being, via the *Zoom* platform, in the event of school closure.

D. Remote Learning

- Procedures will be put in place to minimise risk when learning is being provided remotely via digital platforms, including *Purple Mash* and *Google Classroom*.
- During periods of closure, Pastoral Check-Ins via *Zoom* will be arranged on a group basis.
- Pastoral Check-Ins will also be arranged for individual pupils, where this is deemed appropriate.
- Our Learning Support Coordinator will liaise with the parents of children with special educational needs during periods of school closure, and report any concerns to our Designated Teacher. Classroom assistants who have been designated for children with Statements of Special Educational Needs will regularly 'check in' with the children and their parents via telephone and/or the *Zoom* platform and report any concerns to our Desigated Teacher.
- Information regarding how to access guidance and support from external agencies will be shared with parents (eg: *Parenting NI*, *NSPCC*) and children (eg: *Childline*, *ThinkUKnow*).

Online Safety

To safeguard our staff and pupils when communicating via online video conferencing, we will seek to minimise potential risk by obtaining parental permission, controlling the settings and adhering to the College's Acceptable Use Guidance.

Staff have received training on all the procedures and protocols involved, which are intended to safeguard participants and ensure a positive experience for all.

These include:

- Sharing the scheduled date and time for each meeting with parents via *ParentMail*.
- Ensuring that sessions are time limited.
- Sharing an invite link via *Google Classroom* a few minutes before the meeting is due to begin.
- Admitting pupils to a 'Waiting Room', ready for their teacher to admit them.
- Locking the meeting after everyone has joined, or five minutes after the scheduled starting time.

Pupils and their parents will be required to agree to follow these procedures and protocols.

Pupil Agreement:

- I will display the same high standard of behaviour expected of me in Junior School, as outlined in our S.T.R.I.P.E.S. Code.
- I will respect the privacy of others by making no attempt to record the meeting.
- I will not take, share or upload any images from the meeting.
- I will join the *Zoom* meeting on time, with my video enabled and using my full first name and surname.
- I will make sure that I am in an appropriate ('public') location within my home whilst attending the meeting (eg: the living room or dining room, not a bedroom) and I will not use a virtual background.
- I will make sure I am appropriately dressed (not wearing pyjamas or other sleep wear).
- I will make sure my device is plugged in and that the camera and microphone are working, prior to joining the meeting.
- I will not share any details of my log ins, invites or *Google Classroom* Class Code with anyone.
- I will remember that not everyone who tries to contact me online has my interests at heart. If I have any worries or concerns about something that has happened to me online, I will speak to my parents or make contact with my teacher via *Google Classroom*.
- I understand that I may be removed from a Pastoral Check-In, and be unable to attend future Check-Ins, if I do not adhere to the guidance above.

Guidance issued to Parents

- Parental approval must be given before contact can be made.
- Given the age of the boys, please help them to adhere to the guidelines outlined above.
- Parents are responsible for ensuring that the privacy of their home and other family members is maintained during video sessions.
- When a meeting is ended by the teacher, it will be ended for all participants. To ensure effective safeguarding, please note that teachers will not be able to talk on a 1:1 basis with any boys or parents when video conferencing.
- These meetings are intended to enable the boys to connect with their teachers. Parents should continue to seek support regarding any queries or concerns of a pastoral, academic or pastoral nature via the usual channels.
- I understand that my son may be removed from a Pastoral Check-In, and be unable to attend any future Check-Ins, if the above guidelines are not adhered to.

Staff, pupils and parents will be reminded to report any concerns to a member of our Safeguarding Team. A disclosure or concern over any online forum will be followed up as it would be in school.

If there is a breach to any of these procedures, the session will be immediately terminated by the teacher and the Head of Junior School will be informed.

How a parent can raise an issue or express a concern

We welcome parents asking for advice and support, if they have concerns about their child's well-being or safety. Asking for help is a protective factor and parental concerns and requests for help will always be taken seriously.

Members of staff will listen carefully to parental concerns and ensure that requests for help, if necessary, are brought to the attention of a member of the Safeguarding Team without delay. In this case, a decision can be made as to how best to provide support.

How a child can raise a concern

While many children will enjoy their time at home, during a school closure, others may feel scared, lonely and miss being at school.

Our safeguarding responsibility to all our pupils will remain paramount and we will seek to keep connected with them and signpost them to support agencies (eg: NSPCC Childline, CEOP, Safer Schools App).

Through *Google Classroom*, all Prep 4-7 pupils are able to connect with their teachers digitally.

Should any concerning comments be posted on digital platforms, teachers will draw these to the attention of our Safeguarding Team.

Key Worker Provision

If Junior School & Kindergarten are open for vulnerable pupils and the children of key workers during school closures, we will adhere to the Education Authority's guidance.

If we form part of a cluster of schools which are open, we will share relevant safeguarding information with the Designated Teacher and/or Principal of that school. In accordance with our Child Protection procedures, this information will be shared on a need to know basis.

In any event, we will follow current Department of Education and Department of Health guidelines regarding social distancing, hygiene and personal protective equipment, to ensure the safety of both pupils and staff.

CONTACT TELEPHONE NUMBERS

Campbell College Switchboard	(028) **90763076**
Social Services Gateway Team	(028) **90507000**
Regional Emergency Social Work Service	**0800 1979995** (outside office hours & Public holidays)
Health & Social Care Trust:	(028) **9504 2811**
Police	**999** (Emergency) or **101**
NSPCC Advice Line (24 hours)	**08088005000**
Childline	**08001111**

USEFUL LINKS

- https://learning.nspcc.org.uk/safeguarding-child-protection/
- https://www.camhs-resources.co.uk/
- https://www.childline.org.uk/
- https://www.saferinternet.org.uk/helpline/report-harmful-content
- https://www.ceop.police.uk/Safety-Centre/
- https://www.net-aware.org.uk/