

CHILD PROTECTION POLICY

Safeguarding Children

Bunscoil Bheanna Boirche

| Date last reviewed | Date last updated | Comments |
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Principle of Paramourncy

The fundamental principle in child care law and practice is that the welfare of the child (0-18 years) must always be the paramount consideration in decisions taken about him or her.

Background

We in Bunscoil Bheanna Boirche have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our pastoral care policy, which aims to provide a caring, supportive and safe environment, valuing individuals for their unique talents and abilities, in which all our young people can learn and develop to their full potential.

One way in which we seek to protect our pupils is by helping them learn about the risks of possible abuse, helping them to recognise unwelcome behaviour in others and acquire the confidence and skills they need to keep themselves safe. This preventative curriculum is delivered primarily through the implementation of the CCEA PDMU programme 'Living Learning Together' and the NSPCC 'Keeping Safe' Programme, conducting lessons and assemblies on keeping safe and identifying unsafe behaviours throughout the year.

The purpose of the following Child Protection procedures is to protect our pupils by ensuring that everyone who works in our school - teachers, non-teaching staff and volunteers - has clear guidance on the action which is required where abuse or neglect of a child is suspected.

All our staff and volunteers have been subject to appropriate background checks.

The overriding concern of all caring adults must be the care, welfare and safety of the child, and the welfare of each child is our paramount consideration. The problem of child abuse will not be ignored by anyone who works in our school, and we know that some forms of child abuse are also a criminal offence.

Levels of Abuse

Potential - where circumstances make abuse likely to happen

Suspected - where the appearance, behaviour or injury to a child or young person alerts someone to suspect that abuse has occurred or is occurring.

Confirmed - where the facts have been proven in court in criminal or care proceedings or where there has been an admission of guilt.

Definition of Child Abuse

The abuse may be the result of a direct act or a failure to act on the part of a parent or carer to provide proper care and take a number of forms including -

Neglect: The persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

Physical injury: The deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

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

Emotional abuse: The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children, including online bullying or grooming.

****Domestic Violence.** Whilst we are aware that Domestic Violence (DV) is not one of the four categories listed as forms of abuse, domestic violence, adult mental health problems and potential substance (prescribed and non-prescribed) misuse may expose a child to emotional harm, and therefore if we become aware of any of the above, we are obliged to make a referral.

1. Neglect - Physical Indicators

- Constant hunger
- Exposed to danger; lack of supervision
- Inadequate/inappropriate clothing
- Poor personal hygiene
- Untreated medical problems
- Emaciation

Neglect - Behavioural Indicators

- Tiredness, listlessness, lack of concentration
- Lack of peer relationships
- Low self esteem
- Destructive tendencies
- Compulsive stealing/begging
- Frequent lateness/non attendance at school
- Chronic running away
- Scavenging for food or clothes

2. Physical Injury - Physical Indicators

- Scratches
- Bite marks or welts
- Bruises in places difficult to see/mark eg behind ears, groin
- Burns, especially cigarette burns
- Untreated injuries

Physical Injury - Behavioural Indicators

- Self mutilation tendencies
- Chronic runaway
- Bullying
- Aggressive or withdrawn
- Admission of punishment which seem excessive
- Fear of returning home/of parents being contacted
- Undue fear of adults
- Flinching at sudden movements/withdrawal from physical contact
- Fearful watchfulness
- Improbable excuses given to explain injuries
- Refusal to discuss injuries

3. Sexual Abuse - Physical Indicators

- Soreness, bleeding in genital or anal area
- Itching in genital area
- Stained or bloody underwear
- Stomach pains or headaches
- Pain on urination
- Difficulty in walking or sitting
- Bruises on inner thighs or buttocks
- Anorexia/bulimic
- Pregnancy/abortion

Sexual Abuse - Behavioural Indicators

- Chronic depression
- Self mutilation
- Inappropriate language, sexual knowledge for age group
- Sexualised play with explicit acts
- Making sexual advances to adults or other children
- Obsessive washing
- Low self esteem
- Afraid of dark
- Wariness of being approached by anyone
- Substance/drug abuse
- Unexplained large sums of money/gifts
- Truancy/running away

4. Emotional Abuse - Physical Indicators

- Sudden speech disorders
- Wetting and soiling
- Signs of mutilation
- Frequent vomiting

Emotional Abuse - Behavioural Indicators

- Rocking, thumb sucking, hair twisting
- Chronic running away
- Poor peer relationships
- Overreaction to mistakes
- Inappropriate emotional responses to stressful situations
- Self mutilation
- Extremes of passivity or aggression
- Substance/drug abuse

Bullying

Bullying, be it face-to-face or online, is a highly distressing and damaging form of abuse and is not tolerated in our school. All staff are vigilant at all times to the possibility of bullying occurring, and will take immediate steps to stop it happening, to protect and reassure the victim and to discipline the bully. Parents of both victim and bully will be personally contacted immediately if bullying behaviour is identified.

Any complaint by a parent that their child is, or may be, being bullied will be fully investigated by the designated teacher for child protection or the principal, and team action will be taken to protect the victim. This will usually include ensuring that another child or small group of children befriends and supports the child being bullied during the school day.

A parent making a complaint about bullying will have a personal response from the designated teacher or principal within one week of making the complaint, indicating the investigation which has been carried out and the action being taken.

The sanctions taken against a pupil who bullies will depend on the seriousness of the case, but will include the loss of any privileges or position of responsibility he/she holds in the school. The sanctions will follow procedures as outlined in our school Ant-Bullying Policy and in our school Positive Behaviour Policy. His/her behaviour will be carefully monitored until staff are satisfied that the problem has stopped.

If a pupil's bullying behaviour persists, the second stage will be to instigate the child protection procedures described below.

Procedures for reporting suspected (or disclosed) child abuse

The designated teacher for child protection is Máire Boden. In her absence **Aingeal Nic an tSábhaisigh** will assume responsibility for child protection matters.

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, **the member of staff must act promptly.**

He/she should not investigate - this is a matter for the Social Services - but should report these concerns immediately to the designated teacher, discuss the matter with him/her, and make full notes. The designated teacher will discuss the matter with the Principal as a matter of urgency to plan a course of action, and ensure that a written record is made. The Principal, in consultation with the designated teacher, will decide whether, in the best interests of the child, the matter needs to be referred to Social Services.

If there are concerns that the child may be at risk, the school is obliged to make a referral.

Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately.

The Principal may seek clarification or advice and consult with the Board's Designated Officer or the Senior Social Worker before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice.

The safety of the child is our first priority.

Where there are concerns about possible abuse, the Principal will inform:

- Social Services
- PSNI
- the Education Authority's Designated Officer for Child Protection

(This will be done in an envelope marked 'CONFIDENTIAL - CHILD PROTECTION')

Responding To Indicators Of Abuse

- Look for a cluster of indicators.
- Record and date all observations of worrying marks and/or behaviours.
- Seek clarification from the child and/or parent to help explain injuries, behaviours etc.
- Remember you do not have an investigative role.
- Seek advice.

Why Children Keep Abuse To Themselves

- Bribery and exploitation.
- Violence
- Intimidation
- Fear of not being believed or of being blamed
- Confusion about what is happening to them and inability to explain
- Loyalty to parents/other members of the family
- Difficulties in communication
- Societal taboos

**PROCEDURE FOR REPORTING AN INCIDENT OF
SUSPECTED/DISCLOSED CHILD ABUSE IN SCHOOL**

Child makes a disclosure to Teacher or Teacher has concerns about child either as a result of one observation or many observations over a period of time. Teacher does not investigate.

MUST ACT PROMPTLY

Teacher refers matter to Designated Teacher, discusses with Designated Teacher, makes full notes

Designated Teacher meets with Principal to plan course of action and ensures that a written record is made in school Child Protection Book.

Principal/Designated Teacher makes verbal referral to local Social Services Team;
Principal/Designated Teacher makes verbal referral to PSNI Central Referral Unit (CRU).
Principal/Designated Teacher makes written referral to local Social Services Team on UNOCINI form.

Copy of referral is then sent to Education and Library Board's Designated Officer

Indicate that it is a Child Protection issue in an envelope marked 'CONFIDENTIAL' Supplement by a letter/report if necessary

Procedures for dealing with complaints against a member of staff

If a complaint about possible child abuse is made against a member of staff, the Principal or the designated teachers, (if principal is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the designated teacher). Where the matter is referred to Social Services, the member of staff will be removed from duties involving direct contact with pupils, and may be suspended from duty as a precautionary measure pending investigation by Social Services.

The Chairperson of the Board of Governors will be informed immediately.

If a complaint is made against the Principal, the designated teacher must be informed immediately. She will inform the Chairperson of the Board of Governors and together they will ensure that the necessary action is taken. Together they will follow the above outlined procedures, and the chairperson of the BOG will act in the place of the principal.

If any member of staff feels unsure about what to do if he/she has concerns about a child, or unsure about being able to recognise the signs or symptoms of possible abuse, he/she should speak to the designated teacher.

It should be noted that information given to members of staff about possible child abuse cannot be held 'in confidence'. In the interests of the child, staff may need to share this information with other professionals. However, only those who need to know will be told.

All concerns/queries will be noted in the school Child Protection book.

Intimate Care (see appendix 1)

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

If a child needs assistance to be changed following an accident, where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. In this case, the class teacher will get an additional adult to stand close by while the child is being changed. The safety, dignity and self esteem of the child is paramount. If a child has a specific problem relating to toileting, parental advice and guidance will be sought so that the child's needs are met. Please refer to our 'Intimate Care Policy' for further guidance and information.

Protecting the Teacher

(Reprinted from "child abuse guidance to members" Irish National Teachers' Organisation, 1993, by kind permission)

Private meeting with pupils

- a. Teachers should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place, but, where possible, such interviews should be conducted in a room with visual access, or with the door open, or in a room or area which is likely to be frequented by other people.
- b. Where such conditions cannot apply teachers are advised to ensure that another adult knows that the interview is taking place. The use of 'engaged' signs or lights is not advisable.
- c. Where possible another pupil or another adult should be present or nearby during the interview.

Physical contact with pupils

- a. As a general principle teachers are advised not to make unnecessary physical contact with their pupils. This is particularly the case with children of secondary school age and maturing children of primary school age.
- b. Physical contact which may be misconstrued by the pupil, parent or other casual observer should be avoided. Such contact can include well intentioned informal gestures such as putting a hand on the shoulder or arm, which if repeated with an individual pupil, could be misconstrued, as well as more obvious and more intimate contact which should never occur.
- c. There may be occasions when a distressed child needs comfort and reassurance which may include physical comforting such as a caring parent would give. Teachers should use their discretion in such cases to ensure that what is, and what is seen by others present to be, normal and natural does not become unnecessary and unjustified contact, particularly with the same child over a period of time.
- d. Some teachers are likely to come into physical contact with their pupils from time to time in the course of their teaching, for example when showing a pupil how to use a piece of apparatus or equipment or while demonstrating a move or exercise during games or PE. Teachers should be aware of the limits teachers' professional judgement will be exercised

Ratified by BOG 28/6/18

and for the vast majority of teachers this Code of Conduct confirms, what has always been their practice.

From time to time, however, it is wise for all teachers to review their teaching styles, relationships with pupils and their manner and approach to individual pupils, to ensure that they give no grounds for doubt about their intentions, in the minds of colleagues, of pupils or of their parents.

Will be reviewed and updated as and when required.

All Child Protection referrals should be sent to Social Services Single Point of Entry (SPOE) Team in writing on UNOCINI template within 24 hours of the telephone referral.

All Child in Need referrals should be sent in writing on UNOCINI template within 48 hours of the concern arising.

South Eastern Board Area

Gateway Team 0300 1000 300 Out of Hours 02890 565444

PSNI Central Referral Unit (CRU) 02890 259299 (or 101 extension 30299)

Any cases which, upon verbally referring to Social Services, are not deemed Child Protection issues but are still of concern, should be referred for support for the area 'Family Support Hub'.

Karen Otley, Family Support Coordinator, Lisburn Health Centre 028 9250 1357
www.familysupportni.gov.uk

APPENDIX 1

Bunscoil Bheanna Boirche

INTIMATE CARE POLICY

DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Supervision of a child involved in intimate self-care
- Cleaning up a child after wetting/soiling accident

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the Policy and Guidelines are based:

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

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues and will have been provided with Child Protection training on a regular basis, as per DE guidelines.

Staff deliver a full personal safety curriculum, as part of Personal Development and Mutual Understanding, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home. Bunscoil Bheanna Boirche is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Bunscoil Bheanna Boirche recognizes that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes.

There is careful communication with each child who needs help with intimate care, in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. In this case, the class teacher will get an additional adult to stand close by while the child is being changed. In the case of one child being cared for by one adult, doors will be kept open and physical contact will be kept to a minimum. The safety, dignity and self esteem of the child is paramount. If a child has a specific problem relating to toileting, parental advice and guidance will be sought so that the child's needs are met. It should be noted that by the time a child

starts school they will normally be expected to be independent in terms of their use of toilet facilities.

We require parental permission for the above procedures. Where this is not given, the parent/carer will have the option to come into school to undertake the intimate care of the child or to take the child home. The Parental/ Carer Permission Form is included at the end of this policy, and is expected to be signed and returned by all parents every September when overall permission forms are given out for the new school year.

Wherever possible, the same child will not be cared for by the same adult on a regular basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc she/he will immediately report concerns to the appropriate person for child protection (Máire, Designated Teacher for Child Protection, Aingeal, Deputy Designated Teacher for Child Protection). A clear record of the concern will be completed and referred on if necessary (see child protection policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process, in order to reach a resolution. The child's needs will remain paramount. Further advice will be taken from outside agencies if necessary.

INTIMATE CARE GOOD PRACTICE CHECKLIST FOR STAFF

Such care might be necessary with;

- A child who has wet or soiled themselves
- A child who has been hurt and treatment requires removal of clothing

1. Ensure the child's dignity at all times; there should be appropriate discretion used to ensure the pupil is not visible to others.
2. Reassure the child and tell them what you plan to do.
3. Listen to the child's wishes.
4. Where a child has "wet" him/herself, the child will be brought to the toilets discretely and afforded the opportunity to change him/herself into the underwear provided (which is available from the class teacher).
5. Where the child requires more intimate care (e.g soils him/herself),

the parent/carer will be contacted immediately and asked to come to school to assist the child or to take him/ her home. The parent will be reassured that the child will be well cared for while awaiting the arrival of the parent/carer

6. Should hands-on assistance be needed, one staff member should provide physical assistance in view of the other staff member, while he/she holds the door of the toilets open in order to protect both the child and the staff member.
7. Staff should always wear gloves when administering intimate care.
8. Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.
9. If they are distressed or protest, stop the care immediately and seek advice or assistance from another member of staff.
10. If necessary, the pupil will be provided with clean underwear and trousers.
11. Record the duty of intimate care in the class incident book, and if you observe any unusual markings, discolourations or swelling including the genital area/have any Child-Protection concerns, report immediately to your designated/deputy designated teacher (Máire or Aingeal).
12. Inform the parent about the care that was administered in writing.
13. Wet/soiled clothing should be placed into a plastic bag and returned home with the pupil.
14. If a staff member has concerns about a colleague's intimate care practice they must report this to the designated Child Protection officer.

BUNSCOIL agus NAÍScoil BHEANNA BOIRCHE – INTIMATE CARE PROCEDURES

Please complete and return this sheet to your child's teacher.

- It is the policy of Bunscoil agus Naíscoil Bheanna Boirche to involve the child in their intimate care and to try to encourage the child's independence as far as possible in his/her intimate care.
- Where a child has "wet" him/herself, he/she will be accompanied to the toilet by a staff member. The child will be afforded the opportunity to change him/herself into the underwear provided (which is available from the class teacher). Parents/carers will be informed.
- It is recommended that parents of Foundation Stage pupils (Naíscoil , Rang 1 and 2) should include a spare pair of trousers and some socks and underwear in their schoolbags in case a wetting incident should occur, as spare underwear is not always returned to school after previous incidents.
- Where the child requires more intimate care (e.g soils him/herself), the parent/carer will be contacted immediately and asked to come to school to assist the child or to take him/ her home. The child will be encouraged to clean themselves, made comfortable, and will be reassured while awaiting the arrival of his/her parent/carer.
- In the case of a soiling incident in the Naíscoil, with written permission, staff members will change children after a soiling incident.
- We will endeavour to ensure that our practice in intimate care is consistent. A record of the intimate care given will be recorded and parents/ carers will be notified.
- We will treat every child with dignity and respect and at all times will ensure privacy appropriate to the child's age and situation. We will try to involve the child in his/her own intimate care, where appropriate.

I have read the above Intimate Care Policy and Procedures and agree to their implementation, if required. A full copy of our Child Protection and Intimate Care Policy is available to view at www.bunscoilbb.com.

Child's Name: _____

Parent/carer's Signature: _____

Naíscoil parents only

I agree to staff assisting my child to change after a soiling incident.

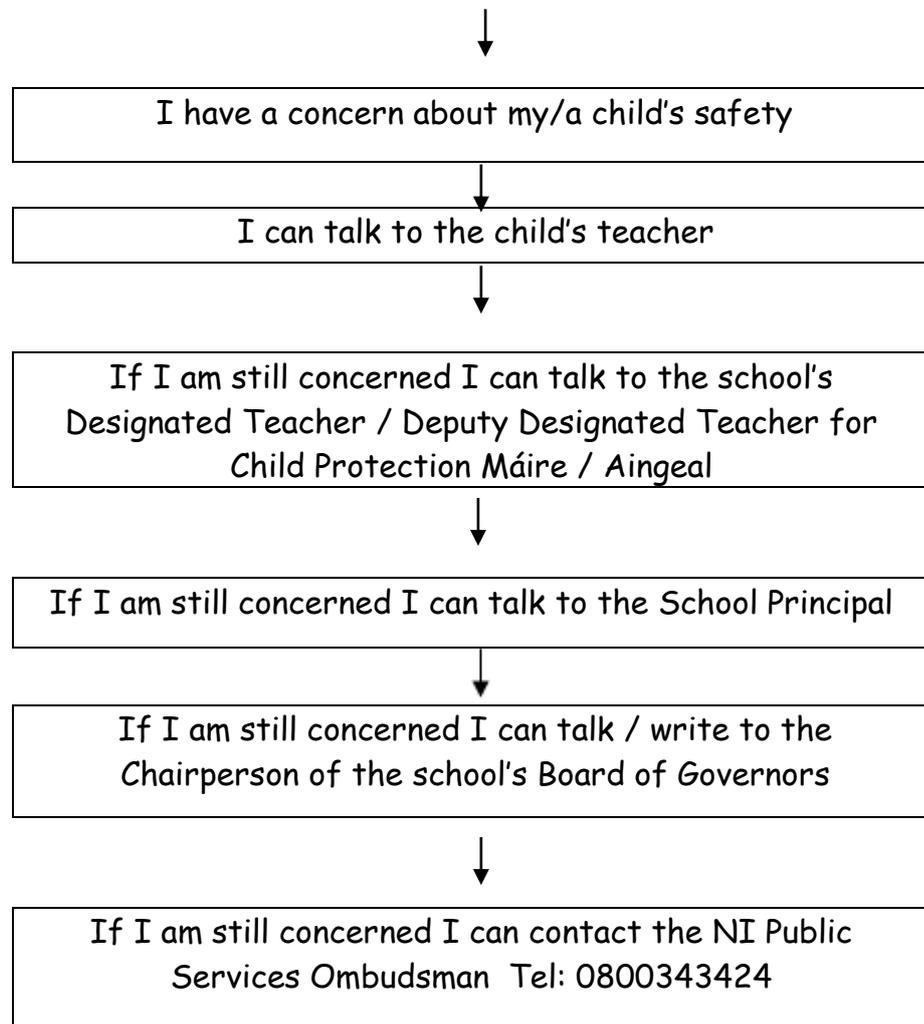
Parent/carer's signature: _____

Date: _____

APPENDIX 2

Child Protection and Safeguarding at Bunscoil agus Naíscoil Bheanna Boirche

If you have a concern about a child protection issue, you should follow the steps outlined below:



At any time parents can talk to a social worker in the Gateway Team based in Downpatrick 02844613511

APPENDIX 3

DISCLOSURE AND BARRING ARRANGEMENTS CHANGES TO PRE-EMPLOYMENT VETTING CHECKS FOR VOLUNTEERS WORKING IN SCHOOLS FROM 10 SEPTEMBER 2012 (Circular Number: 2012/19)

Following a Government led review of vetting and barring arrangements a number of changes to the pre-employment vetting requirements in the education sector came into effect from 10 September 2012 as part of new Disclosure and Barring Arrangements (DBA).

SCHOOL VOLUNTEERS Under the new DBA the law regarding the vetting of school volunteers has changed. There are now two types of volunteers working in schools:

- Those who work unsupervised and
- Those who work under supervision

Regulated Activity is defined as unsupervised activity in a limited range of establishments, with the opportunity for contact with children, such as schools and childcare premises including pre-school establishments. In addition, in order to be regarded as Regulated Activity such unsupervised activity performed at such a specified place must be done regularly. Regularly means carried out by the same person frequently (once a week or more often), or on four or more days in a 30 day period (or in some cases, overnight).

VOLUNTEERS WHO WORK UNDER SUPERVISION: If a volunteer is supervised then under the new DBA they are not regarded as working in Regulated Activity and therefore a school is not required to obtain an EDC (Enhanced Disclosure Certificate). However, a school is still entitled to obtain an EDC if it so wishes but it will be unlawful for a school to seek a barred list check in these circumstances. You must ensure that you apply to AccessNI for the appropriate type of check which would not include a check of the barred lists. AccessNI guidance is available at www.dojni.gov.uk/accessni. In addition, the AccessNI Helpline is available for advice on how to complete the application form: 0300 200 7888.