



Tandragee Junior High School

Child Protection Policy and Procedures

Updated by Designated Teacher for Child protection following receipt of Regional CP policy guidance and Operation Encompass– 25th September 2023
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1. Tandragee Junior High School Ethos and Mission Statement

Tandragee Junior High School fully recognises its responsibilities for child protection and is an “Operation Encompass” school. The school will do its utmost to safeguard and promote the welfare of all registered pupils. In all actions the child’s best interests shall be the primary consideration. Our policy applies to all staff, pupils, parents, governors and to anyone working in the school. This policy should be read in conjunction with the School Anti-Bullying Policy.

Ethos Statement: We are a learning community with strong Christian values and a family atmosphere where parental support and involvement is encouraged. Celebrating individual, group and whole school success is important to us. We believe the effective pastoral care of our pupils is pivotal to the success of the individual and the school.

All pupils are encouraged to work hard and develop competence in a range of life skills required in their personal, social and working lives, while becoming responsible, caring and compassionate individuals. Our school motto of “Care, Courtesy and Consideration” epitomises our ethos.

The Mission Statement of this school has been formulated and agreed by the Board of Governors and all members of staff.

**“To instil in pupils the core values of Care, Courtesy and Consideration
in a Christian ethos and to promote positive attitudes to learning
by encouraging each pupil to develop holistically.”**

We in Tandragee Junior High School have a responsibility for the safeguarding and child protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, “Co-Operating to Safeguard Children and Young People in Northern Ireland” (DOH, 2017), the Department of Education (Northern Ireland) guidance “Safeguarding and Child Protection in Schools” (DENI Circular 2017/04) (amended September 2023) and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2017).

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

- the child or young person’s welfare is paramount
- the voice of the child or young person should be heard
- parents are supported to exercise parental responsibility and families helped stay together

- partnership
- prevention
- responses should be proportionate to the circumstances
- protection and
- evidence based and informed decision making

There are five main elements to our policy:

- Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- Supporting pupils who have been abused in accordance with their agreed child protection plan
- Establishing a safe environment in which children can learn and develop.

2. Other related policies –

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

- Anti-Bullying Policy
- Attendance Policy
- Positive Behaviour Policy inclusive of Use of Mobile Phones/Cameras
- Code of Conduct
- Complaint's policy
- Data protection Policy
- Misuse of Substances policy
- Educational Visits
- E-Safety Policy
- First Aid and Administration of Medicines
- Health and Safety Policy
- Intimate Care
- Period Dignity and Menstrual Well-Being Policy
- Privacy Notice
- Records Management Policy
- Relationships and Sexuality Education
- Special Educational Needs
- Use of Reasonable Force/Safe Handling
- Whistleblowing Policy

These policies are available to parents and any parent wishing to have a copy should contact the school office or visit the school website at www.tjhs.co.uk

3. School Safeguarding Team

The following are members of the school's Safeguarding Team:

- Chair of the Board of Governors (Mr R Leckey)
- Designated Governor for Child Protection (Mr L McIlwrath)
- Principal (Mr C W Brown)
- Designated Teacher (Mrs D L Inns)
- Deputy Designated Teacher(s) (Mrs Gilmore, Mrs Harris, Mrs R Magennis, Mrs Mc Callan and Mrs Wilson)

Roles and Responsibilities

Board of Governors

- a Designated Governor for Child Protection is appointed.
- a Designated and Deputy Designated Teacher are appointed in their schools.
- they have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
- safeguarding and child protection training is given to all staff and governors including refresher training.
- relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- the school has a Child Protection Policy which is reviewed annually, and parents and pupils receive a copy of the child protection policy and complaints procedure 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 or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
- the school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- there is a code of conduct for all adults working in the school and this was updated in 2018.
- all school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19
- they receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- the school maintains the following child protection records in line 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 and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

Chair of the Board of Governors – Mr R Leckey

The Chairperson of the Board of Governors plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment. As such, the Chairperson should ensure that he/she has received the appropriate EA Child Protection Training from both Human Resources and the Child Protection Support Service for Schools (CPSSS) to fulfil his/her responsibilities. In addition, the Chairperson should also ensure that at least **one governor** has EA recruitment and selection training. In

the event of a Child Protection complaint or concern being made against the Principal, it is the Chairperson who must assume responsibility for managing the complaint/allegation. The Chair must also ensure compliance with legislation, Child Protection record keeping and policies.

Designated Governor for Child Protection – Mr L McIlwrath

Advises the Board of Governors on: -

- the role of the Designated Teachers.
- the content of child protection policies.
- the content of a code of conduct for adults within the school.
- the content of the termly updates and full Annual Designated Teachers Report; recruitment, selection, vetting and induction of staff.

Head of the Safe-Guarding/Child protection team – Mr C W Brown

The Principal, Mr C W Brown, as the Secretary to the BoG, will assist the BoG to fulfil its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and termly inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff.

The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT Designated Teacher posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme.

It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.

The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

Their specific duties include: -

- as secretary to the Board of Governors, assist in fulfilling its safeguarding and child protection duties
- ensure the Board of Governors are kept fully informed of all developments relating to safeguarding including changes to legislation, policy, procedures, DE circulars, inclusion of Child Protection on the termly meeting agenda
- to manage allegations / complaints against school staff
- to establish and manage the operational systems for safeguarding and child protection
- to appoint and manage Designated Teacher/Deputy Designated Teachers who are enabled to fulfil their safeguarding responsibilities.
- to ensure safe and effective recruitment and selection including awareness of safeguarding and child protection for new staff and volunteers
- ensure that parents and pupils receive a copy or summary of the Child Protection policy at intake and at a minimum every 2 years.
- to maintain the schools Record of Child Abuse Complaints

Designated Teacher – Mrs D L Inns, Vice-Principal

Every school is required to have a Designated and Deputy Designated Teacher(s) with responsibility for Child Protection. This is a highly skilled role developed and supported through specialised training requiring knowledge and professional judgement on complex and emotive issues. The Deputy Designated Teacher/s are members of the Safeguarding team who will actively support the Designated Teacher in carrying out the following duties

- The induction and training of all School staff including support staff/ancillary staff/Canteen staff
- Being available to discuss Safeguarding or Child Protection concerns of any member of staff
- Responsibility for record keeping of all Child Protection concerns
- maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs
- Making referral to Social Services or PSNI where appropriate
- Liaison with the EA Designated Officers for Child Protection
- Keeping the School Principal involved and informed.
- Lead responsibility for the School's Child Protection Policy
- Promotion of a Safeguarding and Child Protection ethos within the school
- Written reports to the Board of Governors regarding Child Protection
- Notifying the following of Child protection referrals:

The Chair of the Board of Governors, Mr R Leckey and the CP Governor, Mr L McIlwrath.

Deputy Designated Teachers – Mrs Gilmore, Mrs Harris, Mrs R Magennis, Mrs McCallan and Mrs Wilson

To support and undertake the duties of the Designated Teacher for Child Protection as stated above and when required. It is important that the DDTs work in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

The names of the Chairman, Designated governor and Child Protection team are displayed on the Pupil General Noticeboard and around the school in the following languages – English, Polish, Lithuanian and Romanian.

Other members of school staff

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection, Mrs D L Inns or to the Deputy Designated Teachers, Mrs Gilmore, Mrs Harris, Mrs R Magennis, Mrs McCallan and Mrs Wilson if he/she is not available.
- Class Teachers and Head of Years should complete the Note of Concern (see Appendix 6 and also available in Staff resources) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and 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;

- **staff should not** give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

Support Staff

- if any member of the support staff has concerns about a child or staff member, they should report these concerns to the Designated Teacher or Deputy Designated Teacher if he/she 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 safeguarding and protection of children rests with parents who should feel confident about raising any concerns they have in relation to their child.

Parents can play their part in safeguarding by informing the school:

- if the child has a medical condition or educational need.
- if there are any Court Orders relating to the safety or wellbeing of a parent or child.
- if there is any change in a child's circumstances for example – change of address, change of contact details, change of name, change of parental responsibility.
- if there are any changes to arrangements about who brings their child to and from school.
- if their child is absent and should send in a note on the child's return to school. This assures the school that the parent/carer knows about the absence. More information on parental responsibility can be found on the EA website at: www.eani.org.uk/schools/safeguarding-and-child-protection

It is essential that the school has up to date contact details for the parent/carer.

4. Definition of Harm

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

Domestic abuse

Sexual Abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games, or mobile phones – by a child's peers.

Physical Abuse is 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 is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision, or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, 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.

Domestic Abuse - Operation Encompass

We are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience 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 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 contact the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school 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. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

Further information see [The Domestic Abuse Information Sharing with Schools etc. Regulations \(Northern Ireland\) 2022](#).

Safeguarding in Specific Circumstances:

In addition to the types of abuse described above there are also some specific types of abuse that we in **Tandragee Junior High school** are aware of and have therefore included them in our policy. Please see these in [Appendix 1](#)

Signs and Symptoms of Abuse – Possible Indicators

Physical Abuse

Physical Indicators	Behavioural Indicators
Unexplained bruises – in various stages of healing – grip marks on arms Slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns; (glove like); unexplained fractures; lacerations; or abrasions; Untreated injuries; Bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; Injuries occurring in a time pattern e.g. every Monday;	Self-destructive tendencies; Aggressive to other children; Behavioural extremes (withdrawn or aggressive) Appears frightened or cowed in presence of adults; Improbable excuses to explain injuries; Chronic runaway; Uncomfortable with physical contact; Come to school early or stays last as if afraid to be at home; Clothing inappropriate to weather – to hide part of body; Violent themes in art work or stories

Emotional Abuse

Physical Indicators	Behavioural Indicators
<p>Well below average in height and weight: Failing to 'thrive' Poor hair and skin; alopecia; Swollen extremities i.e. icy cold and swollen hands and feet; Recurrent diarrhoea, wetting and soiling; Sudden speech disorders; Signs of self-mutilation; Signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness; Extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping)</p>	<p>Apathy and dejection; Inappropriate emotional responses to painful situations; Rocking/head banging; Inability to play; Indifference to separation from family indiscriminate attachment; Reluctance for parental liaison; Fear of new situation; Chronic runaway; Attention seeking/needing behaviour; Poor peer relationships.</p>

Neglect

Physical Indicators	Behavioural Indicators
<p>Looks very thin, poorly and sad; Constant hunger; lack of energy; Untreated medical problems; Special needs of children not being met; Constant tiredness; Inappropriate dress; Poor hygiene; Repeatedly unwashed; smelly; Repeated accidents especially burns;</p>	<p>Tired or listless (falls asleep in class) Steal food; compulsive eating; Begging from friends; Withdrawn; Lacks concentration; Misses school medicals; Reports that no carer is at home; Low self-esteem; Persistent non-attendance at school; Exposure to violence including unsuitable videos.</p>

Sexual Abuse

Physical Indicators	Behavioural Indicators
<p>Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; Bruises or bleeding in genital or anal areas; Torn stained or bloody underclothes; Chronic ailments such as recurrent abdominal pains or headaches; Difficulty in sitting or walking; Frequent urinary infections; Avoidance of lessons especially PE, games, showers;</p>	<p>What the child tell you; Withdrawn; chronic depression; Excessive sexual precociousness; Seductiveness; Children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; Parent/child role reversal; Over concerned for siblings; Poor self-esteem; self-devaluation; Lack of confidence; peer problems;</p>

<p>Unexplained pregnancies where the identity of the father is vague; Anorexia/gross over eating;</p>	<p>Lack of involvement; Massive weight change; Suicide attempts (especially adolescents) Hysterical/angry outbursts; Lack of emotional control; Sudden school difficulties e.g. deterioration in school work or behaviour; Inappropriate sex play; Repeated attempts to run away from home; Unusual or bizarre sexual themes in children’s art work or stories; Vulnerability to sexual and emotional exploitation; promiscuity. Exposure to pornographic material;</p>
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Please find attached the link to signs and symptoms from the SBNI Regional Core Policies and Procedures guidance as well as more details in [Appendix 1.1](https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf)
<https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf>.

Children with increased vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English and sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see these in [Appendix 2](#)

5. Responding to safeguarding and 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 harm¹.

How a parent can raise a concern

In **Tandragee Junior High school** we aim to work closely with parents/guardians 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 the Form Teacher/Head of Year, the Designated or any of the Deputy Designated Teachers for child protection or the Principal.

If they are still concerned, they may talk to the Chair of the Board of Governors. If after this a parent still has concerns, they can contact the NI Public Services Ombudsman.

At any time, a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in [Appendix 3](#).

Where School has concerns or has been given information about possible abuse by someone other than a member of staff (see [Appendix 4](#))

In **Tandragee Junior High school** 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 (see [Appendix 6](#)) and act promptly. **They will not investigate** – this is a matter for Social Services – but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher(s) if he/she is not available.

The Designated or Deputy Designated Teacher(s) will consult with the Principal or other relevant staff always taking care to avoid due delay. If required, advice may be sought from an Education Authority Child Protection Officer. The Designated or Deputy Designated Teacher(s) may also seek clarification from the child or young person, 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 e.g., Family Support Hub with parental consent and, where appropriate, with the child/young person's consent.

If a child protection referral is required, the Designated or Deputy Designated Teacher(s) 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 or Deputy Designated Teacher(s) will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI 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

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal, then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in [Appendix 5](#) will be followed.

6. Consent

Concerns about the safety or welfare of a child/young person, should, where practicable, be discussed with the parent and consent sought for a referral to children's social services in the local HSC Trust, unless seeking agreement is likely to place the child/young person at further risk through delay or undermine any criminal investigative process (for example in circumstances where there are concerns or suspicions that a crime has taken place); or there is concern raised about the parent's actions or reactions. The communication/language needs of the parents/carers should be established for example in relation to disability/ethnicity and the parent's/carer'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.

Effective protection for children/young people may, on occasions, require the sharing of information without prior parental/carer consent in advance of that information being shared.

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/young person's records and included within the verbal and written/UNOCINI referral.

When a referral is deemed to be necessary in the interests of the child/young person, and the parents/carers 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

Information given to members of staff about possible child abuse cannot be held "in confidence". In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a 'need to know' basis.

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 school data protection policy and the General Data Protection Regulations (GDPR).

Record Keeping

In accordance with DE guidance, we must consider and develop clear guidelines for the recording, storage, retention, and destruction of both manual and electronic records where they relate to child protection concerns.

To meet these requirements all child protection records, information and confidential notes concerning pupils in **Tandragee Junior High school** are stored securely and only the Designated Teacher/Deputy Designated Teacher(s) and Principal 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. If information is held electronically, whether on a laptop or on a portable memory device, all must be encrypted and appropriately 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 Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence. [See Circular Number 2019/08 "Child protection Record keeping in Schools" which provides advice and guidance to schools on the recording and retention of child protection concerns.](#) www.education-ni.gov.uk/

7. Safe Recruitment Procedures

Vetting checks are a key preventative measure in preventing unsuitable individuals' access to children and vulnerable adults through the education system and schools must ensure that all persons on school property are vetted, inducted, and supervised as appropriate. All staff paid or unpaid who are appointed to positions in **Tandragee Junior High school** are vetted / supervised in accordance with relevant legislation and Departmental guidance.

8. Code of Conduct for all Staff – Paid or Unpaid

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. 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.

[\(See Appendix 7 or the school's Staff Code of Conduct as well as the Policy and Procedures for Vetting and Inviting Visiting Speakers into School.\)](#)

9. 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)

Tandragee Junior High School seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its 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 class assemblies and there is a permanent child protection poster in classrooms and in school corridors with relevant information, which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g., PSNI, Online Safety, NIABF, CEOP initiatives, etc.

10. Monitoring and evaluation

This policy will be reviewed annually by the Safeguarding Team and approved every 3 years by the Board of Governors for dissemination to parents, pupils, and staff. It will be implemented through the 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 Schools 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.

Date Policy Reviewed: _____

Signed: _____ **(Designated Teacher)**

_____ **(Principal)**

_____ **(Chair of Board of Governors)**

Appendix 1 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.

If the staff in **Tandragee Junior High school** become aware of signs that may indicate grooming they will take early action and follow the school's child protection policies and procedures.

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)

The key factor that distinguishes cases of CSE from other forms of child sexual abuse is the concept of exchange – the fact that someone coerces or manipulates a child into engaging in sexual activity **in return for something** they need or desire and/or for the gain of those perpetrating or facilitating the abuse. The something received by the child or young person can include both tangible items and/or more intangible 'rewards' OR 'benefits' such as perceived affection, protection or a sense of value or belonging.

Any child under the age of eighteen, male or female, can be a victim of CSE, including those who can legally consent to have sex. The abuse most frequently impacts upon those of a post-primary age and can be perpetrated by adults or peers, on an individual or group basis.

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 can have a profoundly negative effect on a child's emotional, psychological and social well-being. A child does not have to witness domestic violence to be adversely affected by it. Living in a violent or abusive domestic environment is harmful to children.

Domestic violence and abuse is defined as 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.' Sexual Violence and Abuse is defined as '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).' (Stopping Domestic and Sexual Violence and Abuse in Northern Ireland A Seven Year Strategy: March 2016).

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.

Operation Encompass

We are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience 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 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 with the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school 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. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

Further information see [The Domestic Abuse Information Sharing with Schools etc. Regulations \(Northern Ireland\) 2022](#).

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.

Forced Marriage A 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 **Tandragee Junior High 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 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. 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
- Harmful sexualised behaviour can include: Using age inappropriate sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other is not.

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

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 in our school we will refer to our child protection policy and, seek the support that is available from the 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 **Tandragee Junior High 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:

Aspect 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.

Aspect 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 (www.legislation.gov.uk/ukpga/2015/2/section/33/enacted) to share an inappropriate image of another person without the individual's consent.

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.

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.

1.1 **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 e.g.**

- 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.

1.2 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.

1.3 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.

1.4 Suspicious should be raised by e.g.

- 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

1.5 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

1.6 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 the harm may be inappropriately placed on the child or an 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

- 1.7 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.
- 1.8 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.
- 1.9 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.
- 1.10 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.
- 1.11 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

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

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

1.13 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.

1.14 **Non-accidental bruises may be:**

- frequent
- patterned, e.g., finger and 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 e.g.

- 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 the 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.

1.15 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.

1.16 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

1.17 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

1.18 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.

1.19 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.

1.20 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 etc.
- 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

1.21 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.

1.22 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.

1.23 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

1.24 Children may have scars from previous injuries. 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

1.25 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

1.26

- 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

1.27 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.

1.28 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.

1.29 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)).

1.30 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.

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

- 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).

1.32 Concerns may arise when:

- reported symptoms and signs found on examinations are not (3 explained by any medical condition from which the child may be suffering).
- physical examination and results of medical investigations do not explain reported symptoms and 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.

1.33 *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

1.34 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.

1.35 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.

1.36 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.

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

1.38 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.

1.39 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

1.40 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.

1.41 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)

1.42 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.

1.43 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

1.44 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 physical education, games or swimming.
- unusual or bizarre sexual themes in child's artwork 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.

The Adolescent

1.45 In addition to the physical indicators previously outlined in the preschool and pre-adolescent child, the following indicators relate specifically to the adolescent:

- recurrent urinary tract infections.
- pregnancy, especially where the information about or the identity of the father is vague or secret or where there is complete denial of the pregnancy by the girl and her family.
- sexually transmitted infections.

1.46 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

1.47 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.

1.48 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.

1.49 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.

1.50 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.

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

Recognition of Emotional Abuse

1.52 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

1.53 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.

1.54 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 overanxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

1.55 **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

1.56 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.

1.57 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.

1.58 **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

1.59 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.

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

2.61 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.

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

Child

1.63 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).

1.64 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.

2.65 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

1.66 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.

1.67 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.

1.68 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.

1.69 Social Presentation

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

1.70 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

1.71 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.

1.72 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

2.73 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

1.74 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.

1.75 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

1.76 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 2

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**

As with children with a special educational need, children who are not fluent in English should be given the chance 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.

Designated Teachers should work with their SEN co-ordinators along with school staff with responsibility for newcomer pupils, seeking advice from the EA's Inclusion and Diversity Service to identify and respond to any particular communication needs that a child may have. All schools should try to 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]

- **Looked After Children**

In consultation with other agencies and professionals, a Health and Social Care Trust may determine that a child or young person's welfare cannot be safeguarded if they remain at home. In these circumstances, a child may be accommodated through a voluntary arrangement with the persons with parental responsibility for the child or the HSCT may make an application to the Court for a Care Order to place the child or young person in an alternative placement provided by the Trust. The HSCT will then make arrangements for the child to be looked after, either permanently or temporarily. It is important that the views of children, young people and their parents and/or others with parental responsibility for the looked child are taken into account when decisions are made.

A member of school staff will attend LAC meetings and will provide a written report. Where necessary, school support will be put in place for the child/young person. Information will be shared with relevant staff on a need to know basis.

- **Children / young people who go missing**

Children and young people who go missing come from all backgrounds and communities and are known to be at greater risk of harm. This includes risks of being sexually abused or exploited although children and young people may also become homeless or a victim or perpetrator of crime. Those who go missing from their family home may have no involvement with services as not all children and young people who run away or go missing from their family home have underlying issues within the family, or are reported to the police as missing.

The patterns of going missing may include overnight absences or those who have infrequent unauthorised absences of short time duration. When a child or young person returns, having been missing for a period, we should be alert to the possibility that they may have been harmed and to any behaviours or relationships or other indicators that children and young people may have been abused.

School staff will work in partnership with those who look after the child or young person who goes missing and, if appropriate, will complete a risk assessment. Current school policies will apply e.g. attendance, safeguarding, relationships and sexuality education.

- **Young people in supported accommodation**

Staff will work in partnership with those agencies involved with young people leaving care and those living in supported accommodation and will provide pastoral support as necessary.

- **Young people who are homeless**

If we become aware that a young person in our school is homeless, we will share this information with Social Services whose role is to carry out a comprehensive needs and risk assessment. We will contribute to the assessment and attend multi-disciplinary meetings.

- **Separated, unaccompanied and trafficked children and young people**

Separated children and young people are those who have been separated from their parents, or from their previous legal or customary primary caregiver. **Unaccompanied children** and young people are those seeking asylum without the presence of a legal guardian. Consideration must be given to the fact that separated or unaccompanied children may be a victim of human trafficking.

Child Trafficking is the recruitment, transportation, transfer, harbouring or receipt of a child or young person, whether by force or not, by a third person or group, for the purpose of different types of exploitation.

If we become aware of a child or young person who may be separated, unaccompanied or a victim of human trafficking we in Tandragee Junior High School will immediately follow our safeguarding and child protection procedures

- **Children of parents with additional support needs**

Children and young people can be affected by the disability of those caring for them. Parents, carers or siblings with disabilities may have additional support needs which impact on the safety and wellbeing of children and young people in the family, possibly affecting their education or physical and emotional development. It is important that any action school staff take to safeguard children and young people at risk of harm in these circumstances encompasses joint working between specialist disability and children's social workers and other professionals and agencies involved in providing services to adult family members. This will assist us in ensuring the welfare of the children and young people in the family is promoted and they are safeguarded as effectively as possible.

Where it is known or suspected that parents or carers have impaired ability to care for a child, the safeguarding team will give consideration to the need for a child protection response in addition to the provision of family support and intervention.

- **Gender identity issues and sexual orientation**

Young people from the LGBT community may face particular difficulties which could make them more vulnerable to harm. These difficulties could range from intolerance and homophobic bullying from others to difficulties for the young person themselves in exploring and understanding their sexuality. At such times young people may be more vulnerable to predatory advances from adults seeking to exploit or abuse them. This could impede a young person's ability or willingness to raise concerns if they feel they are at risk or leave young people exposed to contact with people who would exploit them.

As a staff working with young people from the LGBT community we will support them to appropriately access information and offer support on healthy relationships as well as the opportunity to report any concerns or risks of abuse or exploitation. (See [RSE policy](#))

- **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 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.

Children/young people's behaviours

- **Peer abuse**

Children and young people may be at risk of physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. Where a child or young person has been harmed by another, all school staff should be aware of their responsibilities in relation to both children and young people who perpetrate the abuse as well as those who are victims of it and, where necessary, should contribute to an inter-disciplinary and multi-agency response.

- **Self-harm**

Self-harm encompasses a wide range of behaviours and things that people do to themselves in a deliberate and usually hidden way, which are damaging. It may indicate a temporary period of emotional pain or distress, or deeper mental health issues which may result in the development of a progressive pattern of worsening self-harm that may ultimately result in death by misadventure or suicide. Self-harm may involve abuse of substances such as alcohol or drugs, including both illegal and/or prescribed drugs. Self-harming behaviours may indicate that a child or young person has suffered abuse; however this is not always the case. School staff should share concerns about a child or young person who is self-harming with a member of the safeguarding team who will seek advice from appropriately qualified and experienced professionals including those in the non-statutory sector to make informed assessments of risk in relation to self-harming behaviours.

- **Suicidal ideation**

Staff must act without delay if they have concerns about a child or young person who presents as being suicidal as it is important that children and young people who communicate thoughts of suicide or engage in para-suicidal behaviours are seen urgently by an appropriately qualified and experienced professional, including those in the non-statutory sector, to ensure they are taken seriously, treated with empathy, kindness and understanding and informed assessments of risk and needs can be completed as a matter of priority.

Children in Need

Children in need are children who:

- Are considered to be failing at school;
- Have offended;
- Are experiencing behavioural difficulties;
- Are in need of protection;
- Are experiencing ill health, either physical or psychological;
- Are having difficulty accessing services;
- Are homeless;
- Are unaccompanied and seeking asylum;
- Are suffering family breakdown;
- Are suffering Bereavement;
- Are expose to domestic violence;
- Are misusing substances;
- Are teenage parents;
- Are carers;
- Are disabled.

Staff at Tandragee Junior High School are committed to supporting any pupil who is a child in need by working closely with a range of agencies and the child's family and within the scope of this policy, to ensure the pupil's needs are met and that they are protected.

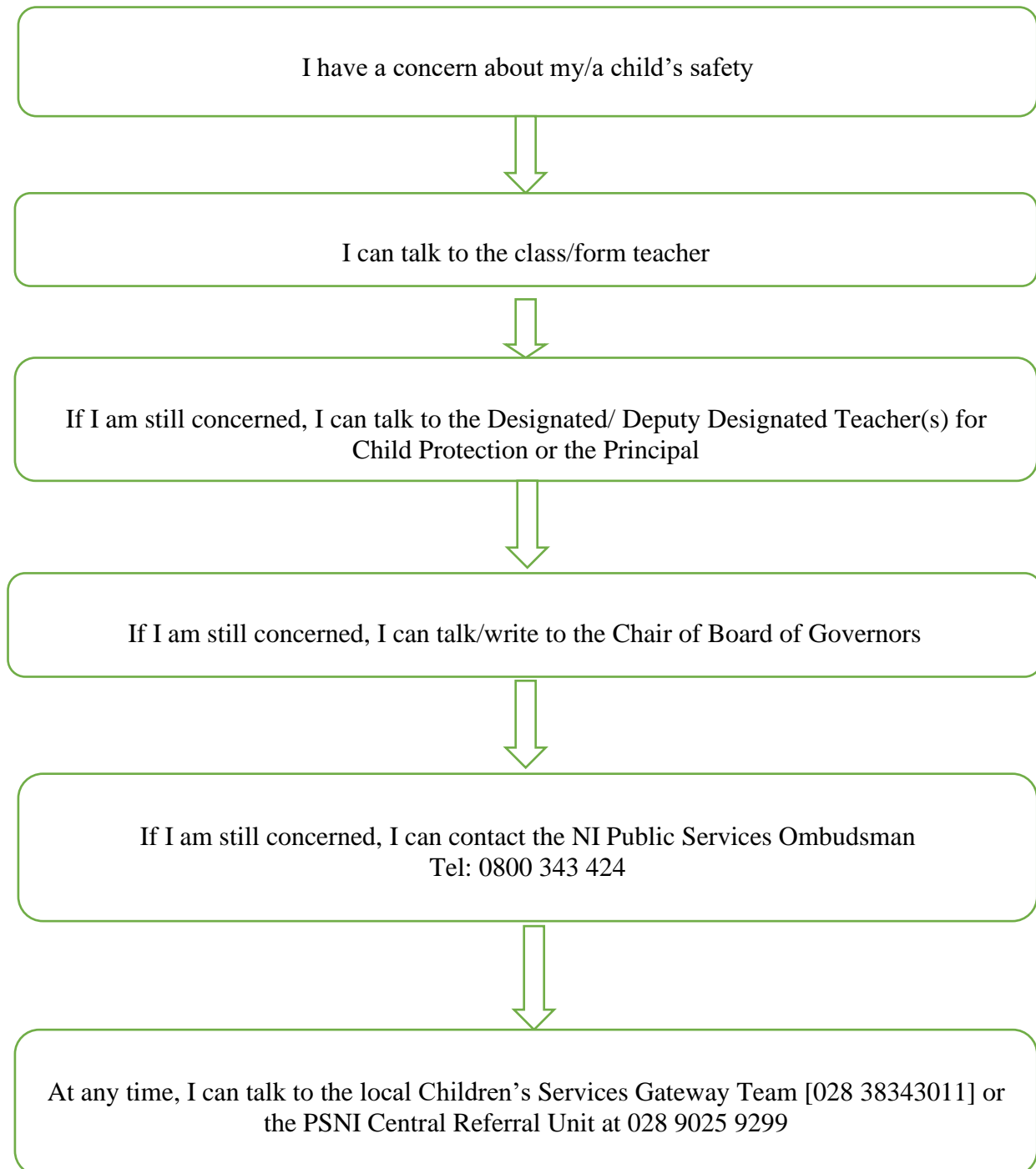
Young Carers

Young carers are pupils who may have caring responsibilities at home. They may fulfil this role well but may struggle with keeping up with school work. Depending on the specific scenario, they or other siblings may be at risk. Young carers are defined as children in need.

Appendix 3

How a Parent can raise a Concern

If a parent has a potential child protection concern:



Appendix 4

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

Member of staff completes the Note of Concern on what has been observed or shared and must ACT PROMPTLY.

Source of concern is notified that the school will follow up appropriately on the issues raised.



Staff member discusses concerns with the Designated Teacher or Deputy Designated Teacher(s) in his/her absence and provides note of concern.



Designated Teacher should consult with the Principal or other relevant staff before deciding upon action to be taken, always taking care to avoid undue delay. If required, advice may be sought from a CPSS officer.



Child Protection referral is required

Designated Teacher seeks consent of 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 then telephones the Children's Services Gateway Team and/or the PSNI if a child is at immediate risk. He/she submits a completed UNOCINI referral form within 24 hours.

Designated Teacher clarifies/discusses concern with child/ parent/carers and decides if a child protection referral is or is not required.

Child Protection referral is not required

School may consider other options including monitoring the situation within an agreed timescale; signposting or referring the child/parent/carers to appropriate support services such as the Children's Services Gateway Team or local Family Support Hub with parental consent, and child/young person's consent (where appropriate).



Where appropriate the source of the concern will be informed as to the action taken. The Designated Teacher will maintain a written record of all decisions and actions taken and ensure that this record is appropriately and securely stored.

Appendix 5

Dealing with Allegations of Abuse against a Member of Staff

Key Points

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



Guidance on the Next Steps

Lead individual then establishes the facts, seeks advice from the key agencies as appropriate, usually through informal discussion.



Possible Outcomes

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



Precautionary suspension is not appropriate, and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed

Alternatives to precautionary suspension imposed

The School's Record of Child Abuse Complaints (Record of Allegations of Abuse Against Staff)

Guidance Note & Template

Introduction

Appendix D of DE Circular 2015/13 "Dealing with Allegations of Abuse Against a Member of Staff" contains specific guidance in relation to the Record of Child Abuse Complaints. DE Circular 2016/20 "Child Protection: Record Keeping in Schools" and DE guidance "Safeguarding and Child Protection in Schools – A Guide for Schools" (April 2017) also include reference to the Record of Child Abuse Complaints. The following is a summary of the DE guidance along with some practice recommendations from CPSS.

Summary of DE Guidance

Where an allegation is made about a member of staff and is pursued either as a referral to Social Services or under the relevant disciplinary procedures, a short summary of the record must also be entered by the Designated Teacher for Child Protection or Principal in the School Record of Child Abuse Complaints book. A copy should be held on the child's file which is maintained for this purpose and kept in a secure place and not circulated.

The summary should include:

- A unique entry number (e.g., Academic Year/No.1).
- The date and brief details of the nature of the allegation.
- By whom and against whom it was made.
- If the allegation was referred to Social Services, to whom it was referred.
- The date of referral.
- If the allegation was dealt with under the relevant disciplinary procedures, a brief note of the outcome.
- A copy should be provided to the person concerned.

The Record of Child Abuse Complaints should be made available to the Board of Governors at least annually. Where an allegation is recorded anonymised information will be shared with Governors including what action was taken and the outcome of the complaint. The Chair should sign and date the Record of Child Abuse Complaints annually, even if there have been no entries.

The Education and Training Inspectorate (ETI) will request sight of the School Record of Child Abuse Complaints book during inspection visits. Although they are not entitled to view the content of the record, they do need to be assured that the record exists and is held in a secure and confidential manner. They will also check that the book has been signed off annually by the Chair of the Board of Governors.

The purpose of the record is to enable accurate information to be given in response to any future request for information, where appropriate. It will provide clarification in cases where future Disclosures reveal information from the police about an allegation that did not result in a criminal conviction and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation re-surfaces after a period of time.

Given the number of recent historical allegations, unless the member of staff concerned is totally exonerated, the record should be retained indefinitely. Where the member of staff concerned is totally exonerated the entry in the school's Record of Child Abuse Complaints must be deleted or struck through.

If the closure or an amalgamation of an educational establishment(s) occurs or when a member of staff retires, leaves or changes post, advice should be sought from the relevant Employing Authority and/or the Information Commissioner's Office.

CPSS Practice Recommendations

1. The record should take the form of a hard backed and bound book titled **School Record of Child Abuse Complaints**.
2. All pages should be numbered so that no pages can be removed. Pages should be in landscape format and contain the details required as per the attached template. It is suggested that each page represent an academic year.
3. The record should be presented annually to a Governor meeting and if an allegation is recorded anonymised information should be shared with Governors including what action has been taken and the outcome of the complaint if known at that stage.
4. Any learning identified should be shared e.g. a staff training need identified and addressed or a relevant policy or practice review undertaken.
5. Governors should be given an opportunity to ask questions and to be assured that appropriate actions have been taken by the school. Following such consideration the Chair of Governors should sign and date the record even if there are no complaints entered.
6. The minutes of the Board of Governors meeting should confirm that the record has been presented and appropriate actions taken or recommended (where relevant).

This guidance was developed and amended by the Child Protection Support Service
September 2018.

SCHOOL RECORD OF CHILD ABUSE COMPLAINTS TEMPLATE

_____ **ACADEMIC YEAR**

Unique Entry No	Date of Complaint	Brief Details of Complaint	Complaint Made By	Complaint Made Against	Action Taken e.g. referral to named person in Social Services	Brief Note of Outcome
<i>e.g 2018/01</i>						

Signed: _____
Chair of Governors

Date: _____

Appendix 6

CONFIDENTIAL

NOTE OF CONCERN

CHILD PROTECTION RECORD – REPORTS TO DESIGNATED TEACHER/DEPUTY DESIGNATED TEACHER

Name of Pupil:
Year Group:
Date, time of incident / disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action taken at the time:
Details of any advice sought, from whom and when:
Any further action taken:
Written report passed to DT/DDT: Yes: No: If 'No' state reason:

Date and time of report to the Designated Teacher:
Written note from staff member placed on pupil's Child Protection file
Yes No
If 'No' state reason:

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of DT/DDT: _____ Date: _____

Responding to a disclosure

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

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

Receive: listen, accept, take and retain notes;

Reassure: **do not** promise confidentiality;
reassure and alleviate guilt if child refers to it;

Respond: **do not** ask leading questions;
 do ask open questions;
 do not criticise perpetrator;
 do explain what you have to do next and to whom you have to talk;

Record: make notes and write them up;
 do not destroy original notes;
 record date, time, place and noticeable non-verbal behaviour and the words
 the child used;
 record actual words used;
 injuries/bruises may be recorded on a diagram showing position and extent;
 note down when the suspicions were reported and to whom.
 Sign and date all notes.

Refer: to designated member of staff.

TJHS Safeguarding Team

School Principal	Mr CW Brown
Designated Teacher	Mrs D L Inns (VP)
Deputy Designated Teachers	Mrs L Gilmore, Mrs T Harris, Mrs R Magennis, Mrs L McCallan and Mrs J Wilson
Chair of Board of Governors	Mr R Leckey
Governor Representative for CP	Mr L McIlwrath

Appendix 7 Child Protection Code of Conduct for Staff and Volunteers

FAO: All permanent staff employed at TJHS- Teaching and Non-Teaching.

Checklist also issued to substitute teachers, temporary ancillary staff, sports staff, short term workers and any others employed in a non-permanent capacity at TJHS.

Child protection is everyone's business

Check list-

- ✓ For your own professional security please ensure that you do not talk to any pupils in a closed room alone- make sure the door is open and both of you can be seen by other staff or pupils.
- ✓ At all times pupils should be addressed formally by their Christian name; care should be taken to avoid use of over familiar terms.
- ✓ Do not use any physical contact with a child. If you have to administer first aid ensure, wherever possible, that other children or another adult is present. In P.E. demonstrations, due to the nature of the lesson, some physical contact is unavoidable.
- ✓ Do ensure that relationships with pupils are appropriate to the age, maturity and sex of the pupils, take care that your conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when dealing with adolescent boy and girls. Pupils must address all staff in a formal manner and not by their Christian name.
- ✓ Do not contact a pupil by private text/email or via social media. Photographs must only be taken using school equipment. Photographs should not be stored on a personal computer, camera or mobile phone.
- ✓ If a situation arises that you feel may have been misconstrued, you must report it immediately to the Designated Teacher or in her absence a Deputy Designated Teacher or the Principal.
- ✓ **If you have concerns about the welfare of a child,** then you must pass these concerns to the Designated Teacher or in her absence a Deputy Designated Teacher. *The person who reports must treat the matter in confidence.*
- ✓ **If a pupil discloses information of abuse to you-**
 - a. **Receive-** listen to the child but do not ask leading questions except to say you have understood.
 - b. **Reassure-** ensure child is reassured that he/she will be safe and that his/her interests come first.
Do not promise confidentiality. Pupils generally accept and understand why this rule exists. Telling an adult indicates that they want help with their problem. Do not investigate- this is a matter for Social Services and/or PSNI.
 - c. **Record-** make a note of what you have heard and/or seen and the date/time/location.
 - d. **Report-** report this to the designated teacher, or if not available to the principal.

Please read carefully the Code of Conduct for all staff at TJHS.

- **This does not replace the TJHS Child Protection Policy. It is intended to be used as a quick view checklist.**
- Full policy is available from the school office or online at www.tandrageejhs.co.uk

All staff must adhere to the following Code of Conduct;

Date Ratified by BOG: _____

Review Date: _____

Objective, Scope and Principles:

This Code of Conduct, which applies to all staff and volunteers, is designed to give guidance on the standards of behaviour which should be observed. School staff and volunteers are role models, in a unique position of influence and trust and their behaviour should set a good example to all the pupils within the school. It does not form part of any employee's contract of employment. It is merely for guidance and specific breaches of the Code must not be viewed as a disciplinary offence.

The Code includes sections on:

- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

Setting an Example

- 1.1** All staff and volunteers in schools set examples of behaviour and conduct which can be copied by pupils. Staff and volunteers should therefore, for example, avoid using inappropriate or offensive language at all times, and demonstrate high standards of conduct in order to encourage our pupils to do the same. All staff and volunteers should be familiar with all school policies and procedures and to comply with these so as to set a good example to pupils.
- 1.2** Staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.

2. Relationships and Attitudes

- 2.1** All staff and volunteers should treat pupils with respect and dignity and not in a manner which demeans or undermines them, their parents or carers, or colleagues. Staff and volunteers should ensure that their relationships with pupils are appropriate to the age and maturity of their pupils. They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of pupils,

embarrassing or humiliating pupils, discriminating against or favouring pupils. Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation. Relationships with pupils must be professional at all times and sexual relationships with current pupils are not permitted and may lead to criminal conviction.

2.2 Staff and volunteers may have less formal contact with pupils outside of school; perhaps through mutual membership of social groups, sporting organisations, or family connections. Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.

1.3 Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:

- acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders;
- co-operating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service; f respect for school property;
- taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises;
- being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers;
- respect for the rights and opinions of others.

All actions concerning children must uphold the best interests of the child 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 children in their charge must be above reproach. This Code of Conduct is not intended to detract from the enriching experiences children gain from positive interaction with staff within the education sector. It is intended to assist staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct.

1. Private meetings with pupils:

- a. Staff should be aware of the dangers that may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place. As far as possible, staff should conduct such interviews in a room with visual access or with the door open.
- b. Where such conditions cannot apply, staff are advised to ensure that another adult knows that the interview is taking place. It may be necessary to use a sign indicating that the room is in use but it is not advisable to use signs prohibiting entry to the room.

- c. Where possible another pupil or (preferably) another adult should be present or nearby during the interview and the school will take active measures to facilitate this.

2. Physical contact with pupils:

- a. As a general principle, staff are advised not to make unnecessary physical contact with their pupils.
- b. It is unrealistic and unnecessary, however, to suggest that staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this, but there should still be minimal physical contact eg arm round shoulder.
- c. Staff should never touch a child who has clearly indicated that he/she is, or would be, uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm. (DENI Circular 1999/9 on the use of reasonable force, gives guidance on Article 4 of the Education (NI) Order 1998 (Power of member of staff to restrain pupils).
- d. Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.
- e. Staff who have to administer first aid to a pupil should ensure wherever possible that this is done in the presence of other children or another adult. However, no member of staff should hesitate to provide first aid in an emergency simply because another person is not present.
- f. Any physical contact, which would be likely to be misinterpreted, by the pupil, parent or other casual observer, should be avoided.
- g. Following any incident where a member of staff feels that his/her actions have been, or may be, misconstrued, a written report of the incident should be submitted immediately to his/her Designated Teacher/Principal.
- h. Staff should be particularly careful when supervising pupils in a residential setting or in approved out of school activities where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school/work environment.

3. Choice and use of teaching materials:

- a. Teachers should avoid teaching material, the choice of which might be misinterpreted and reflect upon the motives for the choice.
- b. When using teaching materials of a sensitive nature a teacher should be aware of the danger that their application, either by pupils or by the teacher,

might after the event be criticised. Schools have already received advice on the value of consulting parents and Governors when proposing to use materials in connection with sex education programmes.

- c. If in doubt about the appropriateness of a particular teaching material, the teacher should consult with the Principal before using it.

4. Relationships and attitudes:

Within the Pastoral Care Policies of the school and the empowering authority, staff should ensure that their relationships with pupils are appropriate to the age, maturity and sex of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought.

5. Honesty and Integrity

- 5.1** All staff and volunteers are expected to maintain the highest standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.

- 5.2** Gifts from suppliers or associates of the school (e.g. a supplier of materials) must be declared to the Principal. A record should be kept of all such gifts received. This requirement does not apply to "one off" token gifts from pupils or parents e.g. at Christmas or the end of the school year. Staff and volunteers should be mindful that gifts to individual pupils may be considered inappropriate and could be misinterpreted.

6. Conduct outside of Work

- 6.1** Staff and volunteers should not engage in conduct outside work which could damage the reputation and standing of the school or the staff/ volunteer's own reputation or the reputation of other members of the school community.

- 6.2** Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school. Advice should be sought from the Principal when considering work outside the school.

7. E-Safety and Internet Use

- 7.1** A staff member or volunteer's off duty hours are their personal concern but all staff and volunteers should exercise caution when using information technology and be fully aware of the risks to themselves and others. For school-based activities, advice is contained in the school's Online Safety Policy.

- 7.2** Staff and volunteers should exercise particular caution in relation to making online associations/friendships with current pupils via social media and using texting/email facilities to communicate with them. It is preferable that any contact with pupils is made via the use of school email accounts or telephone equipment when necessary.

8. Confidentiality

- 8.1** Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should not be shared with any person other than on a need to know basis. In circumstances where the pupil's identity does not need to be disclosed the information should be used anonymously.
- 8.2** There are some circumstances in which a member of staff or volunteer may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals should pass information on without delay, but only to those with designated child protection responsibilities.
- 8.3** If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.
- 8.4** Staff and volunteers need to be aware that although it is important to listen to and support pupils, they must not promise confidentiality or request pupils to do the same under any circumstances. Additionally concerns and allegations about adults should be treated as confidential and passed to the Principal or a member of the safeguarding team without delay.
- 8.5** The school's child protection arrangements should include any external candidates studying or sitting examinations in the school.

9. Out of School and After-School Activities

In light of the increased volume of residential educational visits and after school activities offered to pupils at Tandragee Junior High School, staff should take particular care when supervising students in this less formal atmosphere.

The more relaxed relationships that may promote successful activities can be misinterpreted by young people. It is important to emphasise that the standards of professional conduct and behaviour expected of staff in these situations should be no different to that which applies within the normal school setting.

10. Visitors

In the interests of safety and child protection all visitors on arrival to school should immediately report to reception where they will be issued with a visitor pass which must be returned upon leaving the school.

11. Personal letters and on-line communication/social media

It will rarely be appropriate for staff to write personal notes, letters, phone texts, or email individual students.

If a teacher believes it to be necessary to write a personal note to a student, he/she should discuss the purpose and context with a senior colleague, who should refer to the Principal or Designated Teacher if they require further advice.

This advice is not intended to curtail the use of email or texting where Tandragee Junior High School has agreed the use of this medium for submission of work, advice over aspects of subjects being covered or other professional matters and have ensured that parents and carers are aware of the school's policy. However, all staff and other adults using e-mail or texting in this context need to be aware of the less formal style that can characterise this form of communication and should ensure that responses do not convey an inappropriate tone. In particular, a friendly and chatty style to email or text can easily be misconstrued by the recipient as the 'conversation' is effectively private to just two individuals, with all that this implies.

Staff should keep passwords secure and ensure that no other person can gain access to their email account and maliciously send messages which appear to have been written by them. Both staff and students should use an email address provided as part of an official Tandragee Junior High School C2K internet service, even if they are sending messages while working from home. Since these services can be monitored, they provide a measure of protection for both parties. If staff or students receive inappropriate email or text messages from any source they should inform the Principal or a member of SLT.

Staff should refrain from using their personal/home phones to contact students or take photos. Photographs should only be taken on school equipment. Photographs should not be stored on a personal computer, camera or mobile phone.

The increased availability of internet 'chat rooms' and similar on-line forums also pose risks for children and staff. While they are popular among young people and offer many positive experiences, there is widespread concern about their potential abuse by paedophiles attempting to groom new victims. The EA's advice is that staff should not use unregulated chat rooms for children and should be aware that it is impossible to determine the age of any participant in these environments. Managed services are available in which on-line discussions for educational purposes can be organised in a secure environment for bona fide participants. C2K can provide advice on these and other related facilities.

Conclusion

It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which staff interrelate with children and young people, or where opportunities for their conduct to be misconstrued might occur.

In all circumstances, the professional judgement of staff will be exercised and for the vast majority of staff this Code of Conduct will serve only to confirm what has always been their practice. If staff have any doubts about points in this policy, or how they should act in particular circumstances, they should consult SLT or a representative of their professional association.

From time to time, however, it is prudent for all staff to reappraise their teaching styles, relationship with children/young people and their manner and approach to individual children/young people, to ensure that they give no grounds for doubt about their intentions, in the minds of colleagues, of children/young people or of their parents/guardians.

Key points to remember

1. Do not promise confidentiality to a pupil.
2. Take any serious Child Protection concern directly to a member of the Safe-Guarding team i.e. Mrs D L Inns (Designated Teacher) or any of the Designated Deputies i.e. Mrs L Gilmore, Mrs Harris, Mrs Magennis or Mrs Wilson.
3. Do not investigate a Child protection concern
4. Do not discuss a Child Protection concern with anyone other than Mrs D L Inns, Mrs L Gilmore, Mrs Harris, Mrs Magennis or Mrs Wilson.

Code of Conduct

All staff will be reminded of Procedures on an annual basis. Staff who do not adhere to the Tandragee Junior High School Child Protection Policy and Procedures may be subject to disciplinary procedures.

Policy and Procedures for Vetting and Inviting Visiting Speakers into School.

We acknowledge the importance of ensuring that any external agencies used to support our work with young people must adhere to the **values and ethos** particular to Tandragee Junior High School.

Mission Statement

The School Mission Statement has been formulated and agreed by the Board of Governors and all members of staff.

“To instil in pupils core values of Care, Courtesy and Consideration in a Christian ethos and to promote positive attitudes to learning by encouraging each pupil to develop holistically.”

School Ethos

We are a learning community with strong Christian values and a family atmosphere where parental support and involvement is encouraged. Celebrating individual, group and whole school success is important to us. We believe the effective pastoral care of our pupils is pivotal to the success of the individual and the school.

All pupils are encouraged to work hard and develop competence in a range of life skills required in their personal, social and working lives, while becoming responsible, caring and compassionate individuals. Our school motto of “Care, Courtesy and Consideration” epitomises our ethos.

It is the intention of Tandragee Junior High School that all visitors are treated with courtesy and respect and made to feel welcome during their visit. This policy sets out how this aim is balanced against the overriding duty of the school to maintain safety.

Each person in the school community has a vital role to ensure that pupils, staff and property are safe and secure.

Roles and Responsibilities:

Staff are expected to:

- Notify the main office (and the Principal/Vice Principal) when a visitor is expected in school;
- Meet the visitor at reception and check they have signed in, are wearing appropriate identification and are wearing a temporary pass;
- Ensure that visitors who do not have Access NI clearance do not have unsupervised access to pupils;
- Escort the visitor back to reception upon leaving, ensuring they sign out and have returned the temporary pass;
- Be vigilant around school and report the presence of unauthorised visitors to the Principal or member of SLT, or to reception if they are unavailable.

Office staff will:

- Keep a record of visitors by checking they have appropriate identification, asking them to sign in, giving a reason for their visit and sign out;
- Identify the reception area where visitors should wait until the member of staff they are visiting arrives to accompany them;
- Prepare a temporary pass and ask the visitor to wear it throughout their visit (identification from EA or other organisation should not be accepted as an alternative to the school's own system);
- In the case of an emergency, bring the visitor's book to designated assembly points to check all visitors are safely evacuated;
- Ask the person to sign out and retrieve the temporary pass;

Visitors must:

- Report immediately to reception upon arriving at Tandragee JHS;
- Sign in, providing a reason for their visit;
- Wear the pass provided by office staff;
- Wait in reception until the person they are visiting arrives to greet them;
- In the event of an emergency, that requires the building to be evacuated, assemble at the designated area – the front gravel pitch (following procedures on display in each classroom).
- Sign out and return the temporary pass.

Visitors out of normal school office hours must:

- remain in the company of the member of staff being visited at all times, until such times that they leave school or can sign in using the normal school procedures (as above).

Parents/Carers should:

- Make an appointment with the member of staff they wish to meet, prior to arrival at the school;
- Report only at reception – never go directly to a teacher’s classroom;
- Encourage children to adhere to guidance under *Pupils should*;
- Avoid arranging medical appointments during the school day;

Pupils should:

- **Not** approach any stranger who is not wearing a school pass or school visitor’s pass;
- Report all strangers and intruders immediately to the nearest member of staff;
- Ensure all notes are signed by their Form teacher and the Vice Principal prior to leaving school for an appointment;
- Sign out at reception when leaving, giving the signed note to office staff;
- Sign in at reception should they return to school from an appointment prior to returning to class.

Board of Governors will:

- Be aware of, review and suggest amendments to the school’s Policy and Procedures for Visitors;
- Consider allocation of resources to meet DENI recommendations;
- Liaise with the EA and local PSNI in relation to matters of security.

EANI will:

- Support the school in advisory and financial capacity to ensure that necessary procedures for visitor management and security are in place.

All contributory parties/agencies will be given a copy or are made aware of the school ethos and policy (if appropriate) and should complete a **Service Level Agreement** on the following page. This should be filed by the organising teacher in the Pastoral Care Pack and reviewed with each agency at an appropriate time.

Staff present during the talks/presentation should make the teacher organising the event aware if the content of the programme is in conflict with the school’s ethos and values.

The following checklist will be used by the Schools Designated Child protection Officer to vet External Agencies working in schools.

TANDRAGEE JUNIOR HIGH SCHOOL CARE, COURTESY AND CONSIDERATION



SERVICE LEVEL AGREEMENT FOR USE WITH EXTERNAL AGENCIES WORKING IN SCHOOLS

Mission Statement

The School Mission Statement has been formulated and agreed by the Board of Governors and all members of staff.

“To instil in pupils core values of Care, Courtesy and Consideration in a Christian ethos and to promote positive attitudes to learning by encouraging each pupil to develop holistically.”

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All pupils are encouraged to work hard and develop competence in a range of life skills required in their personal, social and working lives, while becoming responsible, caring and compassionate individuals. Our school motto of “Care, Courtesy and Consideration” epitomises our ethos.

Agency: _____

I/We have read the Mission Statement, School Ethos and if applicable the Policies (including Child Protection Policy) and agree to formally adhere to the Ethos and Policies of TJHS:

- in working with young people and
- in the delivery of the programmes outlined below:

I/We am/are, willing to provide **full** details of material content to:

Senior Management, Teachers, Parents, Governors and other Appropriate Bodies and agree to fully implement any changes deemed necessary by the above representatives.

I accept the right of the school to withdraw the invitation issued to support the school in the education of our Young people.

I/We formally accept the above terms of reference and in so doing I/We will acknowledge the agreement made.

Signed: _____ (External Agency)

Dated: _____

Countersigned: _____ (Principal/Board of Governors)

Dated: _____

Comments:

CHECKLIST FOR USE OF SCHOOLS DESIGNATED CHILD PROTECTION OFFICER TO VET EXTERNAL AGENCIES WORKING IN SCHOOLS

CHECKLIST	TICK	COMMENT
Accredited Body		
Copy of Mission Statement		
Personnel to be used:		
Police Check		
Official Qualification		
Key Person		
All statutory requirements fulfilled : Health and Safety Policy etc		
Sufficient insurance		
Principal informed and approval granted		
School Ethos and Mission Statement read and understood		
Service Agreement completed and signed		
Evidence of current legislation		
Established format for feedback		
Evaluation process in place		

Signed: _____ Date: _____

Vice Principal (Designated Officer for Child Protection)

Appendix 8 Continuous Monitoring for Pupil at Risk of Neglect

OBSERVATIONS	INITIAL COMMENTS	UPDATE 1	UPDATE 2	UPDATE 3
Appearance Clothing, footwear – cleanliness and adequacy				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Personal Hygiene Cleanliness, body odour, halitosis, hair, fingernails				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Attendance and Punctuality				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Behaviour				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Relationships with Peers				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:

Relationships with Staff				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
General Health including hearing, sight, weight, pallor				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Emotional Health including self- harm, risk-taking, anxiety				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Attitude to Life – Optimistic, pessimistic, detached, apathetic, fearful				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:
Educational Development including speech and language				
	Name:	Name:	Name:	Name:
	Date:	Date:	Date:	Date:

APPENDIX 9 RISK ASSESSMENT FORM FOR NON TJHS STAFF

TANDRAGEE JUNIOR HIGH SCHOOL CHILD PROTECTION

Name of Teacher / staff: _____

Department _____

Has he / she been vetted? _____

Has he / she received Child Protection Training? _____

Has he / she received the School Child Protection Policy? _____

Has he/she received the School Code of Conduct? _____

Do all pupils know who to speak to if they have a concern? _____

Signature of Teacher: _____

**Signature of Designated/Deputy
Designated Teacher:** _____

Date: _____

The following letter may be issued as a record of training to a member of staff if requested.



Tandragee Junior High School

Vice Principal: Mrs D L Inns B.Ed (Hons) M Ed MA DASE NPQH

Armagh Road, Tandragee, Co. Armagh, Northern Ireland. UK. BT62 2AY

☎: 028 38840278 Fax: 028 38849928 E-mail: dinns512@tjhs.tandragee.ni.sch.uk

Website: www.tandrageejhs.co.uk

Date:

Record of Child Protection Training

Child Protection Training at Tandragee Junior High School

_____ has now received their Child Protection training at Tandragee Junior High school today by Mrs D L Inns (Designated Teacher) or one of the Deputy Designated Teachers (Mrs Gilmore, Mrs Harris, Mrs R Magennis, Mrs McCallan and Mrs Wilson). This has included EA (SR) guidelines on Safeguarding Children. It is imperative that your training is updated every two years from the date stated.

You have now signed the TJHS Attendance register and a record of this will be kept by CP Safe-Guarding team.

Yours faithfully,

Mrs D L Inns/Mrs Gilmore, Mrs Harris, Mrs R Magennis, Mrs McCallan and Mrs Wilson.
Designated Teacher and/or Deputy Designated Teachers for Child Protection

Appendix 10 PRO-FORMA REPORT TO CHILD PROTECTION CASE CONFERENCE

Pupil's Name:		DOB:	
Address(es):		Year Group	
Parent/Guardian Details:			
% Attendance: (Include reasons given for absences):			
Attainment levels/educational performance:			
Special Educational Needs: (if yes please provide details):			
		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Presentation of work, including homework:			
Participation in teaching/learning activities:			
Behaviour in class:			
Behaviour out of class:			
Relationships with other children:			

Relationships with other children:
Relationships with teacher/other adults in school:
Relationships with family (if relevant/known):
School's contacts with home (e.g. telephone calls):
General remarks (e.g. personal appearance, readiness/preparation for learning):
Contacts with other agencies (e.g. social services, counselling services):

DESIGNATION:	SIGNATURE:	DATE:
Designated Teacher:		
Principal:		

Contact Details

Children and Young Peoples Services: Gateway Teams 028 95985590

Submit UNOCINI referral form within 24 hours and copy to child's file.

TRUST	CONTACT NUMBER
South Eastern Trust	0300 1000 300
Belfast Trust	02890 507000
Western Trust	02871 314090
Southern Trust	02837 415285
Northern Trust	0300 1234 333

Vulnerable Adults: Adult Safeguarding Team

TRUST	CONTACT NUMBER
South Eastern Trust	02892 501227
Belfast Trust	02895041744
Western Trust	02871 611366
Southern Trust	02837 412334 - adultsafeguard.team@southerntrust.com
Northern Trust	0300 1234 333

Regional Emergency Social Work Service

5:00 pm to 9:00 am Monday to Thursday and 5:00 pm Friday to 9:00 am Monday
24 hour cover over public holidays and 365 days per year.

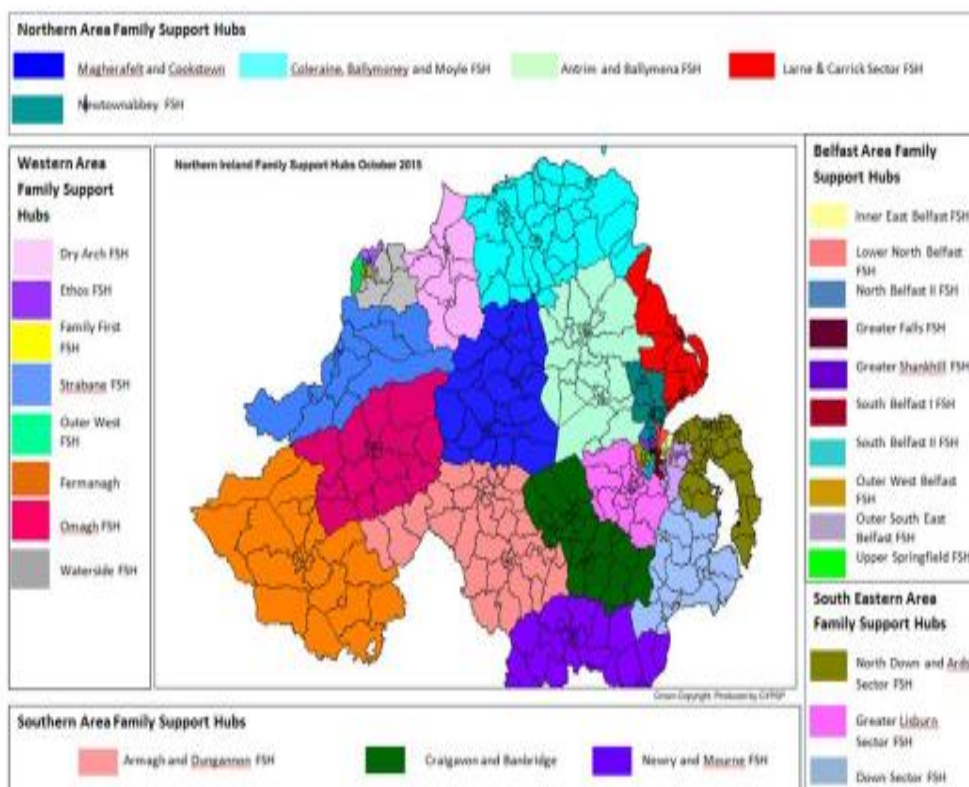
Telephone: 02895 049999

PSNI Central Referral Unit

Telephone: 02890 259299 or 101 x 30299

- This is now the single point of contact for all agencies and partners making referrals for suspected Child Abuse cases.
- It will also provide a specific service in respect of the quality assurance of Domestic Violence investigations across NI.
- From 1st April 2015 all Child Abuse and Domestic Abuse referrals must be made to the CRU rather than the local PPUs.

<http://www.cypsp.org.family-support-hubs>



For contact details for services in your area go to the web address above

Gateway Team (Central)/Duty Social Work Team

<https://www.familysupportni.gov.uk> > child-protection

Contact Information ; Address: Lisnally House, Lisnally Lane , **Armagh** , Co **Armagh**, BT61 7HW ; Contact Person: Duty **Social Worker** ; Telephone Number: 028 3756 7100 ...

Tandragee Junior High School

Appendix 11 DESIGNATED TEACHER'S ANNUAL REPORT TO BOARD OF GOVERNORS ON CHILD PROTECTION/SAFEGUARDING ARRANGEMENTS

YEAR ENDED _____

SCHOOL SAFEGUARDING TEAM

CHAIR OF BOARD OF GOVERNORS:	<i>Mr R Leckey</i>
DESIGNATED GOVERNOR FOR CP:	<i>Mr L McIlwrath</i>
PRINCIPAL:	<i>Mr C W Brown</i>
DESIGNATED TEACHER:	<i>Mrs D L Inns</i>
DEPUTY DESIGNATED TEACHER(S):	<i>Mrs L Gilmore, Mrs T Harris, Mrs R Magennis, Mrs L McCallan, Mrs J Wilson</i>

THEME 1: CHILD PROTECTION/SAFEGUARDING ACTIVITY

1.1 Concerns Of Abuse

Include here a general statement about the types of child protection/safeguarding concerns which have arisen during the year e.g. actual/suspected neglect, emotional harm, physical harm, sexual abuse, self-harm/suicidal thoughts, domestic abuse, on-line safety, indecent images etc. No identifying information should be provided.

Depending on the location, size of school and level of activity you may not require all of the following suggested headings

1.2 Number Of Enquiries To Education Authority CPSS:

1.3 Number Of Referrals To Social Services:

1.4 Number of Child Protection Complaints Against Staff:

1.5 Number Of Children On Child Protection Register:

1.6 Number Of Looked After Children (Children In Care):

1.7 Number Of Children With Social Services Involvement For Family Support (Not On Child Protection Register)

1.8 Number Of Multi-Agency Meetings Attended

- Case Planning Meetings (*Initial and Review family support planning meetings*)
- Child Protection Case Conferences (*Initial & Review*) and *core group meetings*
- LAC reviews
- Other

THEME 2: TRAINING ATTENDED/PROVIDED

1. Designated/ Deputy Designated Teacher e.g. 2 day Introductory Training Course; 1 day Refresher Course; Cluster Group Training e.g. Case Conferences, Domestic Violence ; UNOCINI; Case Management Review Workshops; ‘Safety in Partnership’ Awareness Sessions etc.
2. Principal e.g. 1 day Safeguarding Training, UNOCINI etc.
3. Designated Governor for Child Protection – Strands 1, 2 & 3.
4. Governors e.g. strand 1 training for new Governors, strand 3 training (Recruitment & selection) or other refresher training
5. Whole School

THEME 3: CHILD PROTECTION/SAFEGUARDING POLICY REVIEWS

e.g. Child Protection, Digital Images, Mobile Phone, Intimate care, discipline, Positive behaviour, pastoral care, etc. Dates reviewed and amended included.

THEME 4: THE PREVENTATIVE CURRICULUM

Refer to the Preventative Curriculum and work completed or planned re. safeguarding, e.g. CCEA’s PDMU material, input from external agencies such as PSNI Community Safety Officers, Women’s Aid, Nexus, NSPCC Childline Schools Service, Health Social Guardian Training (Helping Hands training) Promotion Agency, use of Circle Time, anti-bullying initiatives etc.

THEME 5: ANY OTHER ISSUES

This could include reference to any resource or workload issues including any financial implications associated with attendance at meetings, disruption to teaching, time table constraints, support systems for DT, any vetting issues re: volunteers etc.

Signed: _____ (Designated Teacher)

_____ (Principal)

Date: _____

The School's Record of Child Abuse Complaints (Record of Allegations of Abuse against Staff)

Guidance Note & Template

Introduction

Appendix D of DE Circular 2015/13 "Dealing with Allegations of Abuse Against a Member of Staff" contains specific guidance in relation to the Record of Child Abuse Complaints. DE Circular 2016/20 "Child Protection: Record Keeping in Schools" and DE guidance "Safeguarding and Child Protection in Schools – A Guide for Schools" (April 2017) also include reference to the Record of Child Abuse Complaints. The following is a summary of the DE guidance along with some practice recommendations from CPSS.

Summary of DE Guidance

Where an allegation is made about a member of staff, and is pursued either as a referral to Social Services or under the relevant disciplinary procedures, a short summary of the record must also be entered by the Designated Teacher for Child Protection or Principal on the Record of Child Abuse Complaints. A copy should be held on the child's file which is maintained for this purpose and kept in a secure place and not circulated.

The summary should include:

- A unique entry number (e.g. Academic Year/No.1).
- The date and brief details of the nature of the allegation.
- By whom and against whom it was made.²
- If the allegation was referred to Social Services, to whom it was referred.
- The date of referral.
- If the allegation was dealt with under the relevant disciplinary procedures, a brief note of the outcome.
- A copy should be provided to the person concerned.

The Record of Child Abuse Complaints should be made available to the Board of Governors at least annually. Where an allegation is recorded anonymised information will be shared with Governors including what action was taken and the outcome of the complaint. The Chair should sign and date the Record of Child Abuse Complaints annually, even if there have been no entries.

The Education and Training Inspectorate (ETI) will request sight of the Record of Child Abuse Complaints during inspection visits. Although they are not entitled to view the content of the record they do need to be assured that the record exists and is held in a secure and confidential manner. They will also check that the book has been signed off annually by the Chair of the Board of Governors.

The purpose of the record is to enable accurate information to be given in response to any future request for information, where appropriate. It will provide clarification in cases where future DBS Disclosures reveal information from the police about an allegation that did not result in a criminal conviction and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation re-surfaces after a period of time.

Given the number of recent historical allegations, unless the member of staff concerned is totally exonerated, the record should be retained indefinitely. Where the member of staff concerned is totally exonerated the entry in the school's Record of Child Abuse Complaints must be deleted or struck through.

If the closure or an amalgamation of an educational establishment(s) occurs or when a member of staff retires, leaves or changes post, advice should be sought from the relevant Employing Authority and/or the Information Commissioner's Office.

CPSS Practice Recommendations

7. The record should take the form of a hard backed and bound book titled **School Record of Child Abuse Complaints**.
8. All pages should be numbered so that no pages can be removed. Pages should be in landscape format and contain the details required as per the attached template. It is suggested that each page represent an academic year.
9. The record should be presented annually to a Governor meeting and if an allegation is recorded anonymised information should be shared with Governors including what action has been taken and the outcome of the complaint if known at that stage.
10. Any learning identified should be shared e.g. a staff training need identified and addressed or a relevant policy or practice review undertaken.
11. Governors should be given an opportunity to ask questions and to be assured that appropriate actions have been taken by the school. Following such consideration the Chair of Governors should sign and date the record even if there are no complaints entered.
12. The minutes of the Board of Governors meeting should confirm that the record has been presented and appropriate actions taken or recommended (where relevant).

This guidance was developed and amended by the Child Protection Support Service
September 2018

SCHOOL RECORD OF CHILD ABUSE COMPLAINTS TEMPLATE

_____ ACADEMIC YEAR

Unique Entry No	Date of Complaint	Brief Details of Complaint	Complaint Made By	Complaint Made Against	Action Taken e.g. referral to named person in Social Services	Brief Note of Outcome
<i>e.g 2018/01</i>						

Signed: _____

Date: _____

Chair of Governors

Addendum to TJHS Child Protection Policy Covid-19 Arrangements for Safeguarding and Child Protection

1. CONTEXT

From 20 March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of key workers and children who are vulnerable.

The current national health concerns relating to Covid-19 creates uncertainty in the lives of children and young people. Daily routines, family life, friendship groups and the safe space that schools provide have been disrupted. For many children, the need to spend most of their day at home will bring an additional challenge, and for some this will be an additional safeguarding risk factor. It is important that the adults responsible for safeguarding children are sensitive to their physical, social and emotional needs in these most unusual circumstances. It is critically important that children who are or may be at risk are identified so that a proportionate, compassionate and sensitive response can be taken.

Following recent CP training during November 2020, a number of updates have also been brought to the attention of SG/CP teams in all schools

- Signs of Safety Framework – this is being used at some case conferences (Northern Trust at present). There are three questions – What are we worried about? What’s working well? What needs to happen? There is also a scale 0-10 – a safety statement. Each representative will decide where on the scale the child is and provide reasoning for that choice. There is a video on EA TV which can be watched. The Northern Trust is also using a Signs of Safety Unocini.
- Three house model – to work with children and families – House of worries, House of good things and House of dreams.
- SBNI strategy 2018-22 – focus on three areas – Neglect, Domestic + Sexual violence and Child + Parental Mental Health

2. PROCEDURES

Staff will continue to follow the procedures outlined in our school’s Child Protection Policy which is available on our school website.

In addition, the following arrangements have been put in place to support families and monitor pupil safety:

- The school email address, main school phone number and an emergency mobile number have been made available to all parents. Parents have been informed that the DT is available at all times on this number.
- Teachers provide online learning via the school website/ C2k platform with strict procedures in place to minimise risk.

- The website provides parents with a range of resources and links to additional online learning, support and guidance.
- We would remind everyone to stay safe when using online resources and to report any concerns to a member of the safeguarding team.
- The School Counsellor (ICSS) remains available for phone consultation and parents are made aware of this via the website.
- In line with the information previously provided to schools by the EA CPSS, teachers may make phone calls to parents. These will be pastoral in nature and a record will be kept of any issues reported by parents. Any concerns around pupil well-being will be shared without delay with a member of the Safeguarding team.
- If a member of staff is using their personal telephone their number will be withheld to ensure the protection of private information of staff

3. ONLINE SAFETY

In order to ensure the safety of all involved the following guidance should be followed if staff and pupils are engaging in online teaching/communication using video conferencing or platforms recommended by and available via C2K.

- *Teachers and pupils need to be fully dressed and should not wear pyjamas/sleep wear during the session.*
- *Students cannot participate from a bedroom.*
- *The teacher arranges the session and password and shares this only with pupils.*
- *Pupils must agree not to share the password with anyone else.*
- *Parental consent will be sought before their child attends online sessions.*
- *A disclosure or concern over any online forum will be followed up as it would be in school.*
- *Online sessions should be time limited for the benefit of both children and teachers.*

If there is a breach to any of these procedures e.g. pupil gives the password to someone else who joins the group the teacher should immediately terminate the session and advise the Principal.

4. HOW A PARENT CAN RAISE AN ISSUE OR EXPRESS A CONCERN

We would welcome parents asking for advice and help 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.

Any member of staff will listen carefully to parental concerns and ensure that the request for help, if necessary, is brought to the attention of a member of the safeguarding team. In this case a decision can be made as to how best to provide help.

5. IF SCHOOL IS OPEN DURING COVID-19 CLOSURES

If school is open for vulnerable pupils and key workers children the school should adhere to the EA guidance (link to guidance for school clusters to be added).

If our school is part of a cluster of schools which are open we will share relevant safeguarding information with the Designated Teacher and/or Principal. 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.

6. HOW A CHILD CAN RAISE A CONCERN

We know that while many children will be enjoying their time at home and remain almost unaffected by this unusual situation, there will be others who feel scared, lonely and even those who miss school. Our safeguarding responsibility to all our children continues and we will seek to maintain contact with our children and young people as well as signpost them to other agencies.

We will use the following means to connect with our children and young people:

- Respond to emails via the c2k email addresses only.
- Respond to any concerning comments our young people post on social media.
- When contacting parents via phone we will always ask to speak to their child or young person.
- All our children will be given an email address as one way to connect with school.
- Other Agencies
- NSPCC Childline
- CEOP
- Safer Schools App

7. SOME USEFUL LINKS AND CONTACT TELEPHONE NUMBERS: –

Tandragee Junior High school – 028 388 40278

CENTRAL GATEWAY TEAM (Southern trust) - 028 37415285/ 0800 783 7745/ out of hours 028 9504 9999

PSNI - 101

- <https://learning.nspcc.org.uk/safeguarding-child-protection/coronavirus>
- <https://www.camhs-resources.co.uk/>
- <https://www.childline.org.uk/info-advice/your-feelings/anxiety-stress-panic/worries-about-the-world/coronavirus/>
- <https://www.saferinternet.org.uk/helpline/report-harmful-content>
- <https://www.ceop.police.uk/Safety-Centre/>

Some useful contacts

- Family support hub – familysupportNI.gov.uk
- Southern Trust Gateway team – 028 37 567100
- CPSS regional helpline – 028 95 985590 (9-4.30 Mon-Fri)
- Regional Emergency Social Work Service (RESWS) – 028 95 049999 (24 hour/holiday cover)
- PSNI central referral unit – 028 90 259299 or 101 x30299 (Mon- Sun 9-5)

8. MONITORING AND REVIEW

The Safeguarding team will review and amend these arrangements regularly during the period of Covid-19 school closure in line with Departmental guidance and advice.

SIGNED:	Designated Teacher
SIGNED:	Principal
SIGNED:	Chair of Board of Governors
DATE:	

Due to social distancing measures, digital signatures can be used.

9. Operation Encompass Report



Child's name and age & DOB			
Police Reference Number		Date:	
Date and time of incident			
Address of incident			
<u>Circumstances of incident</u>			
<u>Additional school information including other Operation Encompass calls</u>			
<u>Actions taken and impact</u>			