



**Castle Tower School**

**Safeguarding and Child Protection  
Policy**

## **CONTEXT**

Castle Tower School caters for pupils with special educational needs. The school provides education for pupils from 3 to 19 years old with a wide range of barriers to learning.

At Castle Tower we celebrate the talents of each individual and strive to improve the quality of each person's life by developing confidence, tolerance, honesty, happiness and curiosity. We aim to develop within each individual the skills they require for a full and happy life and help them to be independent, ambitious and look forward with hope to the future.

## **INTRODUCTION**

In Castle Tower School we realise that as well as having responsibilities in relation to our pupils' learning, we have a pastoral responsibility towards them and recognise that the children and young people in our care have a fundamental right to be protected from harm. We realise we must do whatever is reasonable in all the circumstances of the case, 'to safeguard or promote our pupils' welfare and safety'. We endorse the following legislation and policy context.

### **1. THE U.N. CONVENTION ON THE RIGHTS OF THE CHILD 1991**

Children have the right to be protected from all forms of violence. They must be kept safe from harm and they must be given proper care by those who are looking after them. When adults or organisations make decisions which affect children, they must always think first what would be best for the child.

### **2. THE CHILDREN ORDER 1995**

The central thrust of the Children Order is that the welfare of the child must be the paramount consideration.

### **3. SAFEGUARDING VULNERABLE GROUPS 2008 (NI) ORDER (as amended by the Protection of Freedom Act 2012)**

This order sets out to ensure that the vetting of all people wishing to work with vulnerable groups is consistent and thorough.

### **4. DE Circular 2017/04**

### **5. Cooperating to Safeguard children and Young people in Northern Ireland 2016**

## **6. SBNI core policy and procedures Dec 17**

The following guidelines for Castle Tower School reflect the multi-disciplinary and inter-agency procedures agreed by the Education Authority and must be followed by all professionals and carers involved with our pupils.

### **PERSONNEL**

#### **Professionals and Carers**

*Teaching Staff;*  
*Classroom Assistants;*  
*Supervisory Assistants;*  
*School Administrative Staff;*  
*Speech and Language Therapists;*  
*Occupational Therapists;*  
*Physiotherapists;*  
*Building Supervisors;*  
*Clerical staff;*  
*Cleaners;*  
*Cook and Kitchen Staff;*  
*School Counsellor;*  
*Family Support Worker;*  
*Reflexologist.*  
Bus drivers

From time to time other professionals and carers may include:-

*Sub-teachers and Classroom Support*  
*Educational Psychologists / Clinical Psychologists / Social Workers;*  
*Student teachers / other students / Volunteers;*  
*Other professionals from such fields as medical, dental, audiology and complimentary therapies/sporting organisations, council.*

## **DEFINITIONS**

These Child Protection procedures apply to all children and young people in Castle Tower School.

Child abuse occurs in families from all social classes and cultures and in communities, agencies and organisations. Abusers come from all walks of life and all occupations and professions. Child abuse can manifest in a number of ways and can involve a combination of the forms of abuse. Those working with children and young people must have an awareness and understanding of the nature and prevalence of different manifestations within their practice area.

(For full definitions of abuse see Appendix 1).

A child in need of protection is a child who is at risk of, or likely to suffer significant harm which can be attributed to a person or persons organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm. 'Harm' means ill treatment or the impairment of health or development, and the question of harm is significant is determined in accordance with Article 50 (3) of the Children Order. More detail on the concept of harm and significant harm can be found in Northern Ireland (March 2016) and in the Children Order (NI) 1995. (DE 2017/04 5.1)

The procedures outlined in this policy are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards the child or anyone with whom the child has contact.

Indicators of abuse are outlined on appendix 2

## **THE CORE SAFEGUARDING TEAM**

The Core Safeguarding team consists of, the principal, the designated teacher for child protection, the deputy designated teachers for child protection, the chair of the Board of Governors and the designated Governor for child protection. This team will meet at least once per term and be chaired by the principal/DT. The purpose of this meeting is to inform all present of current child protection matters as they pertain to the school and make any decisions which affect the overall safeguarding function of the school. For Safeguarding and Child Protection staffing – refer to Appendix 3

### **THE SAFEGUARDING TEAM**

- The responsibilities of the team should include:
- The monitoring and periodic review of Safeguarding and Child Protection arrangements in the school;
- Support for the Designated Teacher in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post;

- Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements;
- As best practice, the Safeguarding Team should review their child protection/ safeguarding practices annually using the Education and Training Inspectorate (ETI) pro-forma

### **THE ROLE OF THE DESIGNATED TEACHER (DT) or Deputy Designated Teacher (DDT)**

A referral system exists within school, whereby, a member of staff who has concerns about any pupil may make a referral to the designated teacher or deputy designated teacher on the appropriate pro forma (Appendix 4 & 5- Referral system and concern form). *Procedures in Castle Tower School are outlined in Appendix 13*

- *as the designated teacher is not the principal, the principal will be informed immediately of any referral;*
- *if the designated teacher is suspected of abuse, the member of staff should make their referral to the principal;*
- *if the principal is suspected of abuse, the referral should be made to the designated teacher in the usual way*
- *the Designated Teacher will immediately inform the Chair of the Board of Governors*

On receipt of a referral, where abuse is suspected, or where allegations have been made by a pupil or a third party that abuse has taken place, or where serious concerns exist about the welfare of a child, the designated teacher, or his/her deputy, will make an immediate **UNOCINI ( Understanding the Needs of Children in Northern Ireland)** referral to the Single Point of Entry ( SPOE ) Gateway team or to the Central referral Unit of the PSNI. A decision will be taken as to whether any investigation will be single agency (PSNI **OR** Social Services) or double agency (PSNI **AND** Social Services).

N.B. The Governors are informed at each full Board of Governor meetings of any updates relating to safeguarding. The designated Teacher will present an annual report to the Board of Governors on Safeguarding / Child protection issues. It is incumbent on the designated teacher to keep in touch with the statutory agencies who will be involved following a **UNOCINI** referral, and make an appropriate contribution to any strategy discussion regarding a pupil.

**He / she should also establish if, how and by whom parents/carers will be informed that a referral has taken place.**

### **Staff responsibilities**

If any member of staff needs to report Child Protection Concerns about a member of staff or volunteer they must do so to the principal. If the principal is not available report concerns to the DT/DDT.

Where a complaint is made about a possible abuse by a member of staff the procedures set out in DE Circular 2015/13 should be followed. All allegations of a child abuse nature must be recorded in the '*Record of Child Abuse Complaints*' book. *Refer to flow chart for more information Appendix 16.*

The designated teacher and deputies should keep themselves fully informed about current legislation regarding the whole area of Child Protection. This will involve attending training courses organised by the Child Protection Support Service for Schools (CPSS). Members of the school's safeguarding team may also avail of training opportunities made available by CPSS.

The Designated Teacher is responsible for delivering / facilitating training to all staff and Board of Governors. The DT must review the Safeguarding and Child protection policy every year.

The Chair of the Board of Governors and Designated Governor for child protection must attend training with the CPSS every 4 years (in the 4<sup>th</sup> year). Other governors must receive CP training by the DT in school every 4 years (in the 4<sup>th</sup> year)

*Please remember that:*

1. In informing the Designated Teacher or Deputy Designated Teacher of any reasonable suspicion you may have, you are not making an accusation, but are acting in good faith on a professionally judged concern, in order to protect a pupil who may well be at risk.
2. Any teacher or other member of staff who complies with the EA procedures in making a report of suspected child abuse is acting within the course of his / her employment. It therefore follows that in such circumstances, where he / she has acted in good faith, he / she will receive the full support of the Education Authority.
3. The Designated Teacher will draw up and maintain a confidential list of pupils in the school who are:-
  - *on the Child Protection Register;*
  - *have been on the Child Protection Register or are "Child in Need" or for whom an Initial Child Protection Case Conference is pending;*
  - *Looked after Children. (LAC)*

This list will be reviewed at the Child protection meetings attended by the DT and DDT. The Designated Teacher will, where possible, attend Initial and review of Child Protection Case Conferences. A written or verbal report will be compiled for each meeting. He/she will also, where possible and appropriate, attend or designate another member of staff to attend LAC reviews, child in need reviews, core group meetings etc. Again, a written report will be compiled or verbal report given. Following attendance at meetings and/or receipt of reports of meetings, the Designated Teacher (or Deputy) should keep relevant staff informed about the child and their involvement with Social Services and how this may impact on school.

### **Confidentiality**

Copies of this list are confidential. Teachers will inform the designated teacher if a child on the Child Protection Register has been absent without a satisfactory explanation for more than one day. They will then take appropriate action. Information is on a need to know basis.

The Designated Teacher is responsible for all Confidential Records kept in school. Records are kept in locked filing cabinets. There are two sets of keys for these cabinets; one kept by the Designated Teacher and the other by the Principal. DDTs are aware of this arrangement.

Records are kept in line with the guidelines contained in "Safeguarding and Child Protection – A Guide for Schools", Circular 2017/04. DE Circular 2016/20 provides a framework for managing child protection records in order to ensure that schools create and retain reliable records to demonstrate accountability for decisions and actions taken.

Any significant event or change that may impact on a child's welfare must be included in the child's child protection file.

## **ROLE OF STAFF**

The sensitive and difficult nature of the whole area of child abuse is widely accepted and acknowledged by Department for Education and the EA and by all schools.

All staff in Education have a responsibility to be familiar with the Child Protection Procedures and to be aware of the need to alert the local Health and Social Care Trust if they believe an individual child is in need. In Castle Tower School all staff are aware of the Department of Education guidelines contained in "***Safeguarding and Child Protection – A Guide for Schools***", Circular 2017/04 and of the school procedures in dealing with suspected child abuse. (This is also available on Fronter)

The accepted school procedures are designed to provide the maximum amount of protection to vulnerable pupils while at the same time allowing staff to exercise their professional responsibilities within an effective and legally secure framework.

In all cases of abuse or suspected abuse it must be remembered that:

- *the welfare of the child and his/her interests must always come first;*
- *co-operation between the agencies concerned is essential;*
- *confidentiality of disclosure cannot be guaranteed;*

Members of staff are in a prime position to detect or suspect abuse. Any member of staff is obliged to make their suspicions known to the Designated Teacher or one of her deputies and must respond.

#### **Supporting staff following a disclosure**

Staff, Governors and Senior Leadership want to ensure any staff member responding to a disclosure is fully supported. Staff are reminded of in house support and external agencies such as Inspire to work.

#### **Guidelines for Self Protection**

Guidelines for Self Protection are outlined in Appendix 6

#### **How a parent/carer can make a complaint? (Refer to Appendix 7)**

We aim to work closely with parents/carers in supporting all aspects of their child's development and well-being. Any concerns a parent/carer may have will be taken seriously and dealt with in a professional manner. If a parent/carer has a concern they can talk to the class teacher or any member of the school's safeguarding team: the Principal, the Designated or Deputy Designated Teachers for safeguarding and child protection. If they are still concerned they may talk to the Chair of the Board of Governors. At any time a parent/carer may talk to a social worker in the local Gateway team or to the PSNI Public Protection Unit.

#### **SAFEGUARDING / CHILD PROTECTION – INFORMING THE PUPILS**

As part of our Safeguarding / Child Protection Policy in school, we are obliged to inform the pupils of what they should do in the event of them feeling worried or concerned about anything. Refer to Appendix 8

## **RECRUITMENT, VETTING AND INDUCTION OF STAFF AND VOLUNTEERS**

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. (Refer to Appendix 9 for Vetting Procedures)

All staff paid or unpaid who are appointed to positions in the school are vetted / supervised in accordance with relevant legislation and Department of Education guidance.

## **THE CURRICULUM AND CHILD PROTECTION EDUCATION**

In Castle Tower School the aim and objectives of the curriculum in terms of Child Protection are as follows:-

### **AIM**

To help children acquire the fundamental principles of personal safety.

### **CURRICULUM OBJECTIVES**

*1. To include Child Protection as an integral part of the school's curriculum.*

There are particularly strong links with many areas within the Northern Ireland Curriculum

*2. To work in collaboration with parents in order to inform children of potential dangers in a non-alarmist manner.*

*3. To promote the philosophy that children have certain rights and responsibilities.*

*4. To enable children to make their own judgements in order to be aware, safe, confident and increasingly able to protect themselves.*

*5. To emphasise and educate pupils on the importance of the internet safety.*

Child Protection is embedded within our curriculum to serve as a safe-keeping preventative function.

We believe that in order for children to be protected, they must be in a constant state of awareness, equipped with knowledge, skills and strategies. For some older pupils Child Protection issues will be included within personal and social education which will help our young people to develop more realistic attitudes towards the

responsibilities of adult life including consideration, respect and care for others and especially towards the vital responsibilities of parenthood.

Our policy of partnership with parents will include helping parents to understand the school's role in being responsible for the welfare of our pupils.

Our School Governors will be kept informed of the school's policies and procedures.

### **Pupils out of School**

From time to time pupils are off the school premises for a period of time. Refer to Appendix 10 for more information on pupils out of school.

## **LINKS WITH OTHER AGENCIES AND SERVICES**

Although we in Castle Tower have a statutory duty to refer where we have reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, we cannot work in isolation and if necessary will call on the expertise and knowledge of other agencies and professionals.

No one agency can undertake the complex task of protecting children on their own. Consultation and advice about Child Protection and the wide range of issues which affect children and their families is available through Children's Services within each Health and Social Care Trust. As some pupils in Castle Tower may remain in school until they are 19 years old, the school also has links with the Adult Disability Service.

Apart from Police and Social Services, other agencies may include:-

*Health and Social Care Trust / Child Protection Nurse Adviser;*

*The Single Point of Entry Gateway Team (SPOE);*

*Health Visitor;*

*Social Worker;*

*Educational Psychologist;*

*Psychiatrist;*

*Physiotherapist;*

*Occupational Therapist;*

*Speech Therapist;*

*Education Welfare Officer;*

*Northern Trust School's nursing Team*

*Northern Trust School's Dentist Team*

*Northern Trust Pediatric Doctor for schools.*

*School Based Care Team;*

*School Counsellor;*

*Health Care staff accompanying pupils in Early Years.*

Given the multi-disciplinary nature of Child Protection work all the above professionals have an important role to play in relation to providing services to children where there are concerns about their health and development. They can provide crucial information about particular aspects of children's conditions, injuries, behavioural needs, communication requirement, nutrition and physical ability.

### **Procedure when contacting parents, social services or during parental interviews**

Staff should complete form on Appendix 14 when interviewing a parent or during a phone call with a parent

### **Other Policies**

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

- Attendance Policy
- Positive Behaviour Policy
- Pastoral Care
- Anti Bullying Policy
- Positive Handling
- Health and Safety Policy
- Relationships and Sexuality Policy
- Intimate Care Policy
- E Safety Policy-
- Educational Visits Policy
- Risk Assessment Policy

### **Specific Issues**

Extended School Activities- during extended school activities, eg the youth club, the same safeguarding procedures are in place and relevant risk assessments drawn up.

### **Staff Code of Conduct**

Refer to Appendix 15



## **APPENDIX 1**

### **DEFINITIONS OF ABUSE**

**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.

**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.

**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 opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying - including online bullying through social networks, online games or mobile phones - by a child's peers.

**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, 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.

*\*All the above definitions are from Co-operating to Safeguard Children and Young People in Northern Ireland (2016)*

**Domestic abuse is:** “threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation”.

(Appendix 11 provides more information re IPV Intimate Partner Violence)

### **Female Genital Mutilation (FGM)**

Female Genital Mutilation 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.

### ***YOUNG PERSON WHOSE BEHAVIOUR PLACES THEM AT RISK OF SIGNIFICANT***

***HARM*** – a child whose own behaviours, such as alcohol consumption or consumption of illegal drugs, whilst placing the child at risk of significant harm, may not necessarily constitute abuse as defined for the purposes of the Child Protection Procedures.

If the child has achieved sufficient understanding and intelligence to be capable of making up his own mind then the decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. Professionals should though be alert to the possibility that a young person may be engaged in certain risky behaviours as a result of other adverse experiences in their lives which may be indicative of abuse.



## **Appendix 2**

### **INDICATORS OF ABUSE**

<b>Neglect</b>	
<b>Physical indicators</b>	<b>Behavioural indicators</b>
<ul style="list-style-type: none"> <li>• Constant hunger / tiredness</li> <li>• Poor personal hygiene</li> <li>• Inadequate / inappropriate clothing</li> <li>• Untreated illnesses / medical problems</li> <li>• Emaciation</li> <li>• Lack of supervision / exposure to danger</li> </ul>	<ul style="list-style-type: none"> <li>• Falling asleep, listlessness, lack of concentration</li> <li>• Lack of or poor peer relationships</li> <li>• Destructive tendencies – peers, property</li> <li>• Compulsive stealing / begging</li> <li>• Frequent lateness/ non-attendance</li> <li>• Running away</li> <li>• Scavenging for food or clothes</li> </ul>
<b>Physical abuse</b>	
<b>Physical indicators</b>	<b>Behavioural indicators</b>
<ul style="list-style-type: none"> <li>• Scratches</li> <li>• Bite marks</li> <li>• Welts</li> <li>• Bruising in awkward places</li> <li>• Burns, especially cigarette burns</li> <li>• Untreated injuries</li> <li>• Poisoning</li> </ul>	<ul style="list-style-type: none"> <li>• Tendency to self-mutilate</li> <li>• Improbable excuses / refusal to explain injuries</li> <li>• Undue fear of adults</li> <li>• Flinching at sudden movements / withdrawal from physical contact</li> <li>• Fear of returning home / of parents being contacted</li> </ul>
<b>Sexual abuse</b>	
<b>Physical indicators</b>	<b>Behavioural indicators</b>
<ul style="list-style-type: none"> <li>• Soreness, bleeding in genital, anal or throat area</li> <li>• Itching in genital area</li> <li>• Stained or bloody underwear</li> <li>• Wetting or soiling – day and / or night</li> <li>• Stomach pains / headaches</li> <li>• Pain on urination</li> <li>• Difficulty in walking or sitting</li> <li>• Bruising on buttocks or inner thighs</li> <li>• Sudden loss of appetite or compulsive eating</li> <li>• Anorexia / bulimia</li> <li>• Pregnancy / abortion</li> </ul>	<ul style="list-style-type: none"> <li>• Obsessive washing</li> <li>• Afraid of the dark</li> <li>• Wariness of being approached by certain individuals or a gender</li> <li>• Unexplained sums of money / gifts</li> <li>• Withdrawn</li> <li>• Day / nightmares</li> <li>• Conscious of removing clothes for sports activities etc</li> </ul>
<b>Emotional abuse</b>	
<b>Physical indicators</b>	<b>Behavioural indicators</b>

<ul style="list-style-type: none"> <li>• Sudden speech disorders</li> <li>• Poor hair /alopecia</li> <li>• Poor skin</li> <li>• Swollen extremities</li> <li>• Recurrent diarrhoea</li> <li>• Self mutilation</li> <li>• Attempted suicide</li> <li>• Drug / solvent abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Neurotic behaviour ( rocking, hair twisting, thumb sucking )</li> <li>• Continual self-deprecation</li> <li>• Over-reaction to mistakes</li> <li>• Extreme fear of new situations</li> <li>• Inappropriate responses to pain – eg “I deserve this”</li> <li>• Poor peer relationships</li> <li>• Extremes of passivity or aggression</li> </ul>
<p style="text-align: center;"><b>Child Sexual Exploitation (CSE)</b></p> <p>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, 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. The practice definition of Child Sexual Exploitation is as follows</p> <ul style="list-style-type: none"> <li>• <b><i>'Child sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'</i></b> (SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI)</li> </ul>	
<p style="text-align: center;"><b>Intimate Partner Violence (Formerly Domestic abuse) is:</b>  <b>“threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation”.</b> (Refer to Appendix 11 for more information)</p>	
<p style="text-align: center;"><b>Female Genital Mutilation</b></p> <p>Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. 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 school procedures. For more details regarding FGM refer to the Department of Education’s ‘Safeguarding and Child Protection in Schools – A Guide for School 2017, Section 6. 8.</p>	
<p style="text-align: center;"><b>Responding to indicators of abuse</b></p>	
<ul style="list-style-type: none"> <li>• Look for clusters of indicators</li> <li>• Record and date all observations or worrying marks and or behaviours</li> <li>• Seek clarification from the child and/or parent to help explain injuries, behaviours etc</li> <li>• Remember you do not have an investigative role</li> <li>• Seek advice</li> </ul>	

**APPENDIX 3**



**Safeguarding / Child Protection staffing  
2017/ 2018**

<b>Designated Teacher</b> Mrs R McCaughan
<b>Deputy Designated Teachers</b> Mrs E Mc Kee Mrs P Carroll Mrs L Brogan Mrs O Fyfe
<b>Designated Governor for Child Protection</b> Mr T Montgomery

**Safeguarding Team**

<b>Chairman of The Board of Governors</b> <i>Rev Coulter</i>
<b>Principal</b> <i>Mr Mc Feeters</i>
<b>Designated Governor for Child Protection</b> <i>Mr T Montgomery</i>
<b>Designated Teacher for Child Protection</b> <i>Mrs R Mc Caughan</i>
<b>Deputy Designated Teachers for Child Protection</b> <i>Mrs E Mc Kee</i> <i>Mrs P Carroll</i> <i>Mrs O Fyfe</i> <i>Mrs L Brogan</i>

## Appendix 4



### **How Can a member of staff express a concern?**

*I have a concern about a child in school, what should I do?*

If a child discloses information to you, LISTEN, RECORD, REPORT, to DT, DDT. Don't ask the child to repeat the information. Don't promise to keep information as a secret. Record information on proforma 'Note of Concern' Appendix 5 and present information to DT or DDT. Act promptly.



Staff member discusses concerns with the designated teacher or deputy designated teacher 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 Gateway Tea and/or the PSNI if a child is at immediate risk. He/she submits a completed UNOCINI referral from 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**

### **NOTE OF CONCERN**

#### **CHILD PROTECTION RECORD – REPORTS TO DESIGNATED TEACHER**

<i>Name of pupil:</i>	<i>Class:</i>
<i>Date, time of incident:</i>	
<i>Circumstances, nature and description of incident/disclosure of concern: (This may be a log of events or a one-off concern that needs to be reported ASAP)</i>	
<i>Parties involved, including any witnesses to an event and what was said or done and by whom:</i>	





## **APPENDIX 6**

### **GUIDELINES FOR SELF PROTECTION**

The need to protect children from physical, sexual and emotional abuse and neglect is universally accepted. At Castle Tower School our Safeguarding/Child Protection Policy is in place and there are clear guidelines for all members of staff to follow should there be a concern about a particular child. Referrals are made to SPOE should the need arise.

With a greater public awareness and acknowledgment of the scale of child abuse has come a greater professional awareness of being at risk and a growing anxiety at the increasing number of allegations being made against members of staff in schools.

It is our aim to work towards a balance between protecting the pupils in our care and minimising the risks to which professional staff are exposed. It is against this background that the following policies and procedures are written:-

- ***Use of Reasonable Force;***
- ***Educational Trips and Visits;***
- ***Risk Assessment;***
- ***Procedure to deal with a sick child or accident;***
- ***Positive Behaviour Policy;***
- ***Complaints Procedure.***

### **PUPILS SHOULD NOT BE LEFT UNSUPERVISED AT ANY TIME.**

All rooms have glass panels. Despite this, a member of staff should, ensure that the door is left open if they are in a room with only one child. It is acknowledged that there may be occasions when this is necessary (e.g. counselling a child, therapy etc) but such occasions should be kept to a minimum.

If a child touches or talks to you in a sexually inappropriate way, record what happened and tell the designated teacher. Be sensitive when speaking to the pupil. Be careful not to ask leading questions or promise confidentiality:-

- Be mindful of how and where you touch children;
  - Be careful of extended hugs and kisses from children. This is particularly relevant as we work with children with special needs;
  - Do not make sexually suggestive comments about or to a child even in jest.
  - If you are in an intimate care situation with a child, follow the intimate care procedures laid down in Appendix 12. Individual intimate care risk assessments will be developed for any pupil who requires intimate care.
  - In the event of injury to a child, ensure that it is recorded and witnessed by another adult using the appropriate forms.
  - When taking children on an outing, think of how you appear to the public. Your actions may be misunderstood. **It may mean that children who exhibit challenging behaviours cannot go on outings.**
  - All members of staff should carry identification and mobile phones when on journeys with children.
  - Should a member of staff have to transport a child either in the school minibus or in their own car (ensuring insurance cover) they should not be alone with one child. When possible another member of staff should accompany them. If that is not possible, two other pupils should accompany the member of staff if the first pupil is being taken home.
  - *Keep records of any false allegations a child makes against you or other staff including “you’re always picking on me”, “you hit me” or comments such as “don’t touch me”. Keep records of dates and times. Get another adult to witness the allegation, if possible.*
- These guidelines are important for the protection of pupils and staff.**
- Never keep suspicions of abuse or inappropriate behaviour by a colleague to yourself. If there is an attempted cover-up, you could be implicated by your silence. It is acknowledged that reporting a concern about a colleague may be difficult. All members of staff should be aware that, should such an occasion arise, the school will support them. It may not be possible to guarantee anonymity, however, recriminations will not be tolerated.

**It is important to remember that the welfare of the child is the single most important consideration**

These guidelines apply to occasions when pupils and staff are out of school e.g. residential (see Appendix 10).

Ensure that you have the opportunity to discuss your own feelings, if possible with other members of staff and the designated or deputy designated teachers.

There is a confidential counselling (Inspire Workplace –formerly Carecall) service available to all Education Authority staff. Information about this service is available from the Designated Teacher.



**APPENDIX 7**  
**HOW CAN A PARENT/CARER EXPRESS A CONCERN?**

**I have a concern about my / a child's safety  
I can talk to my child's class / form teacher**



**If I am still concerned, I can talk to the Designated Teacher  
for Child Protection, Mrs R Mc Caughan**



**If I am still concerned I can talk to the Principal,  
Mr R McFeeters**



**If I am still concerned I can talk/write to the Chairman  
of the Board of Governors, Dr R Coulter MBE**



**If I am still concerned I can contact the NI Public Service Ombudsman Tel:  
0800 343 424.**



**At anytime I can talk to the local Children's Services Gateway Team or the PSNI  
Central Referral Unit at 028 90259299**



## **APPENDIX 8**

### **SAFEGUARDING / CHILD PROTECTION – INFORMING THE PUPILS**

As part of our Safeguarding / Child Protection Policy in school, we are obliged to inform the pupils of what they should do in the event of them feeling worried or concerned about anything.

Pupils are told in a language and manner appropriate to them what they should do if they are worried or concerned about anything in or out of school. Where appropriate, information is placed around the school which tells pupils what to do. The following are the points which need to be made:-

- ***Pupils should feel safe at all times;***
- ***Pupils should not feel guilty about anything that has happened to them;***
- ***Pupils should not keep things to themselves because they think they will get into trouble;***
- ***Pupils should know who to speak to if they have a worry or concern (basically they can speak to anyone in school);***
- ***Pupils should be made aware that confidentiality CANNOT be promised if they make a disclosure;***
- ***Where appropriate, pupils may be made aware that written reports will be made following a disclosure.***

The precise manner in which this is disseminated to the pupils is a matter for our professional judgement and experience.

Photographs and names of relevant safeguarding staff are on display.



## **APPENDIX 9** **VETTING PROCEDURES**

All permanent staff in school and newly appointed permanent members of staff are vetted by the Education Authority.

All volunteers, sports, clubs and other activities (including students \*) are vetted by school using the appropriate forms. For further information refer Department of Education Circular 2017/4 'Safeguarding and Child Protection in Schools- A guide for schools, section 4.4/4.4.1 and 4.4.2 and 4.5: Recruitment, Vetting and Induction of staff and volunteers/visitors.

Pupils coming into the school on work experience do not require Access NI clearance if they are fully supervised.

*\* Regarding student placements and in consultation with partner schools, the leadership team will make reasonable judgements about individual students in school.*

Following the vetting procedures the following process will be followed in Castle Tower school:

The member of staff in charge of volunteers/students will issue each volunteer/student with 'A short guide to Child Protection policy', provide them with a blank note of concern and inform them how to access the Safeguarding and Child Protection Policy.



## **APPENDIX 10** **PUPILS OUT OF SCHOOL**

From time to time, pupils are off the school premises for a period of time.

These include:-

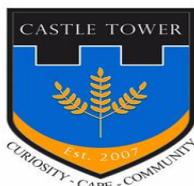
- ***Planned educational visits;***
- ***Social skills trips;***
- ***BLT Outings/Curriculum collaboration;***
- ***Sporting events;***
- ***Timetabled swimming lessons;( where it is necessary to have a visual timetable for a pupil and this may include a photograph of a pupil at the swimming pool, this is permissible assuming: parental permission has been given and the visual timetable is used ONLY with the child concerned and relevant staff. It should NOT be on display in a classroom )***
- ***Attendance at another school through integration programmes;***
- ***Special Events***
- ***Residentials***
- ***School trips***

Additionally for Key Stage 4 pupils and Post 16 pupils:-

- ***Pupils attending NRC for Occupational Studies;***
- ***Pupils attending NRC as part of the Post 16 programmes;***
- ***Pupil on Work Experience ;***
- ***Pupils attending training organisations for trial placements***
- ***Pupils attending other schools for classes relating to BLT***
- ***Pupils going to local shops***

On all occasions except BLT collaboration, work experience, trial placements and some older pupils going to the local shops/cafes pupils are accompanied by school staff. Pupils who are going unaccompanied must have written permission from their parent/carer.

***A Risk assessment needs to be drawn up for when pupils are off school premises.***



## Appendix 11

### Intimate Partner Violence( previously known as Domestic violence)

Intimate Partner Violence ( IPV ) is a form of abuse, usually, but not exclusively perpetrated by adults on other adults within a home setting. The impact on children who witness IPV can be significant and this appendix is designed to give you some idea of what it is and the effects of IPV. The lists are not exhaustive.

<b>What is Intimate Partner Violence?</b>		
<p style="text-align: center;"><b>PHYSICAL</b></p> <p>Hair-pulling, holding down, kicking, nipping slapping, cigarette burns, bumping into, stabbing, using hot/corrosive fluids, choking</p>	<p style="text-align: center;"><b>EMOTIONAL</b></p> <p>Talking about to others, insulting, creating an atmosphere of fear, threat to harm, demeaning</p>	<p style="text-align: center;"><b>SEXUAL</b></p> <p>Rape/sexual assault, controlled sexual activity, withdrawing sexual activity</p>
<p style="text-align: center;"><b>VERBAL</b></p> <p>Name-calling, shouting, deliberately using offensive language, telling tales</p>	<p style="text-align: center;"><b>FINANCIAL</b></p> <p>Withholding money, flaunting money, spending on eg-drink/drugs/ gambling, checking on partner’s expenditure, criticizing financial management</p>	<p style="text-align: center;"><b>CHILDREN</b></p> <p>Turning against partner, making them watch other forms of DV, abusing, excluding children, threatening children</p>
<b>Effects of Domestic Violence</b>		
<p style="text-align: center;"><b>PHYSICAL</b></p> <p>Bruises, cuts, other wounds, loss of sight/hearing/teeth,</p>	<p style="text-align: center;"><b>EMOTIONAL</b></p> <p>Withdrawal from social gatherings, fear, timidity</p>	<p style="text-align: center;"><b>SEXUAL</b></p> <p>Bruising, bleeding, fear of sexual activity ( lessons ), frigidity</p>
<p style="text-align: center;"><b>VERBAL</b></p> <p>Deafness, reaction to noise / offensive language</p>	<p style="text-align: center;"><b>FINANCIAL</b></p> <p>Not enough food/clothes etc, loss of possessions</p>	<p style="text-align: center;"><b>CHILDREN</b></p> <p>Losing children ( emotionally or in reality )</p>

Our pupils may be exposed to IPV and we should take any comment they make which arouses suspicion seriously.



## **APPENDIX 12** **INTIMATE / PERSONAL CARE**

At times pupils may need intimate care procedures carried out. Intimate/personal care may be defined as an activity required to meet the personal care needs of an individual child in partnership with the parent, carer and the child. Parents have a responsibility to advise on the intimate care needs of their child. Intimate/personal care can include:-

- *Washing;*
- *Dressing / undressing;*
- *Toileting/Toilet Management;*
- *Oral care;*
- *Menstrual care;*
- *Feeding;*
- *Procedures such as enemas, suppositories, catheterization, enteral feeding (nasal, gastrula and peg- Only trained staff within Castle Tower should undertake these procedures.)*

*All staff may have to undertake the intimate/personal care of children. Staff should always maintain the child's dignity, and their own protection by ensuring, that another adult is present. Where a pupil requires intimate / personal care on a regular basis, parents/carers will be asked to complete a consent form once and an intimate care risk assessment will be drawn up by school. The risk assessment must then be signed by parents. However, if a pupil should require such assistance in a one off situation, staff will undertake the care and inform the parent/carers. (Parents are asked to give permission on data capture forms at the start of every year.)*

*In the case of pupils showering, in school, after swimming or in another setting, staff should ensure that pupils behave in a socially acceptable way. Where a pupil may require assistance with showering / washing, the pupil should always remain partially clothed ( swimming trunks, bathing costume ) and there should ALWAYS be another member of staff present.*

*In some cases additional health/care staff may be accompanying a child in school. In such an instance, these staff should work jointly with staff in the room.*

Volunteers and students from other schools/NRC should not be involved in intimate/personal care procedures.



### **Appendix 13** **Procedures in Castle Tower School**

- Confidential files will be kept in a secure location in school. Only the DT/DDT and Principal can have access to these files.  
↓
- Every member of staff will be given a revised copy of the Safeguarding and child protection policy and a short guide to CP - These will be emailed to staff and will be on Fronter. Any volunteer coming into the school must be given a copy of the short guide to safeguarding and CP.  
↓
- Parents will receive a copy of the safeguarding and Child protection policy.  
↓
- Invitations to attend ICPCC/CPCC/ LAC reviews/Family Support Reviews will come to the DT.  
↓
- DT requests report from the teacher  
↓
- Report is brought to the meeting or emailed to social services  
↓
- DT will inform relevant staff of outcome  
↓
- Written report received from Trust will be circulated to relevant staff and then filed in confidential folder  
↓
- DT and DTT meet weekly  
↓
- The Core Safeguarding Team meets termly.  
↓
- Governors are kept informed of CP issues.



**APPENDIX 14**  
**PARENT / CARER INTERVIEW, PHONE CALL, HOME VISIT**

<b>PUPIL NAME</b>	
<b>CLASS / YEAR</b>	
<b>DATE</b>	
<b>INTERVIEW / PHONE CALL/HOME VISIT and with whom</b>	

**Reason for meeting / phone call / home visit and at whose request.**

**Issues arising**

**Action required**

<b>SCHOOL</b>	
<b>HOME</b>	
<b>OTHER</b>	

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Appendix 15



### Code of conduct for staff

---

All staff have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of pupils. They should adopt high standards of personal conduct in order to maintain the confidence and respect of their peers, pupils and the public in general. An individual's behavior, either in or out of the workplace, should not compromise her/his position within the work setting or bring the school into disrepute.

#### **Dress and appearance**

Staff must ensure they are dressed safely and appropriately for the tasks they undertake. Blue denim jeans should not be worn within school. Colours like Black etc... can be worn for Team Teach purposes. Female staff are requested to ensure that suitable necklines are worn. Visible tattoos are discouraged and must be discreet.

Jewellery should be discreet with visible piercing restricted to ears. Staff should also ensure that they do not wear items of clothing with logos/badges/crests that may cause offence to any other member of staff or pupil. Sports tops (e.g. football shirts) should not be worn in school.

#### **Attendance and Timekeeping**

- We should endeavour to keep to the times we are contracted to work and, within the school day, be in class, attend meetings, be on duty and at other events on time.
- Personal and medical appointments should, where possible, be made out of school hours. Requests to attend appointments which have to be in school hours should be accompanied by a copy of the appointment card/letter and given to the appropriate senior member of staff.
- If a member of staff knows that they are going to be absent from work due to illness they should contact the following senior staff:-
- Teaching staff – the principal or their nominated substitute

- Support staff – named member of staff  
Where possible, please inform the night before an absence and contact school before 2.00pm if you intend to return the next day.

### **Care, control and physical intervention**

- Always seek to defuse the situation.
- Only use physical intervention when the pupil or others are in danger (parent/ carer must always be informed)
- Do not use force as a form of punishment.

### **Internet use (refer to ICT policy)**

- Follow the school policy on the use of ICT equipment.
- Social networking sites and blogging are extremely popular. Staff must not post material which damages the reputation of the school or which causes concern about their suitability to work with children and young people.
- Under no circumstances should a member of staff add parents or pupils on these sites.

### **Mobile Phone**

-Mobile Phones are not permitted to be used within a classroom setting, except in the case of an emergency. Staff using mobile phones during non-contact time should be aware of and respect others. It is understood that members of the Management and Behaviour Teams do require to use their mobile phones when dealing with Management and Behaviour issues.

### **Confidentiality**

- Treat information you receive about children and young people in a discreet and sensitive manner.
- Confidential or personal information about a pupil or her/his family must never be disclosed to anyone other than on a need to know basis.
- Seek advice from a senior member of staff if in any doubt about sharing information they hold or which has been requested of them.
- Be cautious when passing information about a child/ young person.
- Continue to observe your duty of confidentiality after you have left the employment of the school.

### **Safeguarding / Child protection**

- Always refer any concerns about potential child abuse to the designated or deputy designated teacher.

- Always ensure that you are not alone with a pupil in a closed room – make sure there is visual access / door left open
- Never touch a pupil inappropriately or in a manner which could be misconstrued.
- Never promise confidentiality.
- Always follow the intimate/personal care appendix of the Safeguarding/Child Protection policy
- Never say anything to a child that could be misinterpreted- if you say anything or do something that could be misinterpreted report to DT.
- Note the details of any conversation which may form the basis of a Child Protection case later. Liaise with the designated teacher or one of their deputies. Volunteers or staff who are less familiar with the school should take advice from a more experienced member of staff or speak to the designated teacher.

### **Duty of care**

- Treat people the way we would like to be treated.
- Learn something new every day.
- Try your hardest to be the best that you can be.
- Tell the truth at all times.
- Show people that we are all different but equal.
- Make our school a happy place to be.
- Celebrate the things we do well.
- Work with others to make our lives better.
- Develop friendships so we can support and trust each other
- Make people feel better through what we say to them and how we treat them

### **Photography**

- Ensure before taking photographs or videos of any pupils that parental permission has been granted.
- Be able to justify images of children in your possession.
- Avoid taking images in a one to one situation.

### **Smoking**

- No staff member is allowed to smoke on the premises or in the grounds of the school under strict guidelines from the Education Authority.

## Appendix 16



### Dealing with Allegations of abuse against a member of staff

