**Rockport School**

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# Child Protection and Safeguarding Policy

*Reviewed October 2024 and ratified by Board of Governors on 21st November 2024*

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1. **Rockport School Mission Statement**

We in Rockport 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

1. **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) and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2017).

The following Principles form the basis of our Child Protection and Safeguarding 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.

**Adult Safeguarding: Prevention in Partnership**

For further information see: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-document>

Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

We are committed to:

• Ensuring that the welfare of vulnerable adults is paramount at all times.

• Maximising the student’s choice, control and inclusion, and protecting their human rights.

• Working in partnership with others in order to safeguard vulnerable adults.

We will follow the procedures outlined in this policy when responding to concerns or disclosures of abuse relating to our students who are 18 years or over.

1. **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
* Behaviour Management & Discipline Policy
* Code of Conduct
* Complaints policy
* Data protection Policy
* Educational Visits
* E-Safety Policy
* First Aid and Administration of Medicines
* Health and Safety Policy
* Intimate Care Policy
* Relationships and Sexuality Education
* Special Educational Needs
* Use of Mobile Phones/Cameras
* Use of Reasonable Force/Safe Handling
* Whistleblowing policy

These policies are available upon request and any parent wishing to have a copy should contact the School Office on [schooloffice@rockportschool.com](mailto:schooloffice@rockportschool.com) to request the appropriate policy.

1. **Legal and Policy Context**

In considering matters of a safeguarding or child protection nature, Rockport School is committed to abiding by the guiding principles laid out in the following documents relating to child welfare and protection:

1. The United Nations Convention on the Rights of the Child 1992
2. The Children (Northern Ireland) Order 1995
3. The Education and Libraries (Northern Ireland) Order 2003
4. The Sexual Offences (Northern Ireland) Order 2008
5. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
6. The Safeguarding Board (Northern Ireland) Act 2011
7. The Addressing Bullying in Schools Act (NI) 2016
8. The Domestic Abuse Information-Sharing with Schools etc. Regulations (Northern Ireland) 2022
9. The Justice (Sexual Offences and Trafficking Victims) Act (Northern Ireland) 2022
10. Children and Young People’s Strategy 2020-2030
11. Cooperating to Safeguard Children and Young People in Northern Ireland (August 2017)
12. Domestic and Sexual Violence and Abuse Strategy 2013-2020 and subsequent action plans
13. Adult Safeguarding: Prevention in Partnership
14. **School Safeguarding Team**

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

* Chair of the Board of Governors – Mr Michael Burke
* Designated Governor for Child Protection – Mrs Susan Cunningham
* Headmaster – Mr George Vance
* Designated Teacher – Mrs Rhonda Palmer
* Deputy Designated Teacher – Miss Clodagh Rice

As best practice, in the best interests of the children and as a support for the Designated Teachers, the school has established a Safeguarding Team. This team consists of the Chair of the Board of Governors, the Designated Governor for Child Protection, the Headmaster, the Designated Teacher and the Deputy Designated Teacher. Other members have been coopted on to help address specific issues, for example, the Head of Boarding for Boarding specific issues, the Early Years’ Lead for Early Years issues, SENDO for issues relating to those children with SEND, and IT lead for those issues relating to online safety and security.

EA CPSS provides child protection training in relation to the specific responsibility of each member of the team.

Responsibilities of the school safeguarding team include the following:

1. Monitoring and reviewing the Safeguarding and Child Protection arrangements in the school
2. Supporting the DT in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.
3. Ensuring attendance of the governors and staff at relevant training in keeping with legislative and best practice requirements.
4. **Roles and Responsibilities**
5. **Designated Teacher/ Deputy Designated Teacher**

Every school is required to appoint a Designated Teacher with responsibility for Child Protection and Safeguarding. They must also appoint a Deputy Designated Teacher who, as a member of the Safeguarding team, will actively support the Designated Teacher in carrying out the following duties:

* the induction and training of all school staff including support staff;
* being available to discuss safeguarding or child protection concerns of any member of staff;
* responsibility for record keeping of all child protection concerns;
* Ensuring staff are aware that Notes of Concern should be completed using the template provided in DE circular 2020/07
* maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs;
* making referrals to Social Services or PSNI where appropriate;
* liaison with the EA Designated Officers for Child Protection;
* keeping the school Principal informed;
* lead responsibility for the development of the school’s child protection policy;
* promotion of a safeguarding and child protection ethos in the school; and
* compiling written reports to the Board of Governors regarding child protection.

1. **Headmaster**

* 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; and
* to maintain the schools record of child abuse complaints.

1. **Board of Governors**

* a designated governor for child protection is appointed;
* a designated and deputy designated teacher are appointed in their school;
* 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 three years or as specified in relevant guidance;
* there is a code of conduct for all adults working in the school;
* all school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 and DE Circular 2013/01 (currently under review);
* 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; and
* 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

1. **Chair of Board of Governors**

The chair of the board of governors:

* has a pivotal role in creating and maintaining a safeguarding ethos;
* receives training from CPSS and HR;
* assumes lead responsibility in the event of a CP complaint or concern about the principal;
* ensures compliance with legislation, Child Protection record keeping and policies;
* ensures that child protection records are kept and signs and dates annually the Record of Child Abuse Complaints against Staff Members, even if there have been no entries.

1. **Designated Governor for Child Protection**

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; and
* Recruitment, selection, vetting and induction of staff.

1. **All other members of school staff**

* members of staff **must** refer concerns or disclosures initially to the designated teacher for child protection or to the deputy designated teacher if he/she is not available;
* class teachers and form teachers should complete the “Note of Concern” 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.

1. **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 teacherif he/she is not available. A detailed written record of the concerns will be made and any further necessary action will be taken.

1. **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.**

All policies including child protection, pastoral care, anti-bullying, positive behaviour, online safety and complaints are issued to parents/carers at intake. The child protection policy will be signposted to parents on an annual basis thereafter.

The school will always protect the best interests of the child and in cases of suspected abuse, may refer cases directly to the investigative agencies. It is important that parents take time to read the policies and know they are required to inform the school if:

* 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](http://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.**

1. **Child Protection Training**

Child protection training for school governors has 3 specific elements:

1. Initial Child Protection Awareness Training as part of the induction programme for all new governors.
2. Child Protection Training from CPSS for Chairpersons and Designated Governors for Child Protection in order that they can assist the full BoG with their child protection governance. This should be completed during each term of office (every four years).
3. Training on recruitment, selection and vetting which incorporates child protection legislation and DE guidance for al governors who will be sitting on interview or teacher appointments panels.

All new Designated Teachers and Deputy Designated Teachers should attend the two day CPSS Introduction to Child Protection course at the earliest opportunity in the term in which they are appointed to the post, and refresher training within 3 years of their initial training date and thereafter.

A certificate of attendance is issued to DTs and DDTs as proof of attendance. All training is subject to the most recent SBNI Child Protection and Safeguarding Learning and Development Strategy.

The DT and DDT are expected to cascade child protection training to the whole school with new staff receiving training as part of their induction. All staff should know how to identify the signs and symptoms of possible abuse and be aware of the relevant child protection procedures including how to contact the DT.

1. **Child Protection Definitions**
2. **What is Child Abuse?**

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 itself 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. It is always preferable to prevent abuse, or for intervention to take place at the earliest possible stage. Through their day-to-day contact with individual children, school staff, especially teachers, but also support staff, including lunch-time supervisors and ancillary or auxiliary staff, are particularly well placed to observe outward symptoms, change in appearance, behaviour, learning pattern or development.

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 or 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 whether harm is significant is determined in accordance with Article 50(3) of the Children Order 1995.

Staff should be alert to all types of abuse and to their legal obligations including reporting of offences. Section 5 of the Criminal Law Act (NI)1967 makes it an offence to fail to disclose an arrestable offence. This includes crimes against children.

Observation of signs and symptoms of possible abuse can do no more than give rise to concern - they are not in themselves proof that abuse has occurred. It must always be remembered that alternative medical, psychological or social explanations may exist for the signs and symptoms of possible abuse. However, teachers and other staff should be aware of the possible implications of, and alert to, all such signs, particularly if they appear in combination or are repeated regularly.

**Where a member of staff is concerned that abuse may have occurred, he/she must report this immediately to the DT who has specific responsibility for child protection.**

The designation of a teacher for this purpose should not be seen as diminishing the role of all members of staff in being alert to signs of abuse and being aware of the procedures to be followed, including those in cases where an allegation is made against any member of the school’s staff, teaching or support staff. It is imperative that any disclosure by a child, or concern that indicates a child may be at immediate risk, is reported immediately to the PSNI and Social Services to ensure that emergency protection measures are put in place. This is particularly important if there is an identified immediate risk to the child at home.

1. **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 in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

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

**Harm can be caused by:**

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

1. **Sexual 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.

1. **Emotional Abuse**

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.

1. **Physical 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.

1. **Neglect**

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.

1. **Exploitation**

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

1. **Signs and symptoms of abuse**

Please find attached the link to signs and symptoms from the SBNI Regional Core Policies and Procedures guidance**.**

A summary of these is found in **Appendix 7**

**Specific types of Abuse**

In addition to the types of abuse described above there are also some specific types of abuse that we in Rockport School are aware of and have therefore included them in our policy. Please see these in [**Appendix 1**](#appendix1)**.**

**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**](#appendix2)

**Adult Safeguarding**

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

a) Personal characteristics and/or

b) Life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

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

a) Personal characteristics and/or

b) Life circumstances and

c) Who is unable to protect their own well-being, property, assets, rights or other interests; and

d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

1. **Responding to Safeguarding and Child Protection Concerns**

In all cases where symptoms displayed by a child give rise to concerns about possible abuse, or about the welfare of the child, the teacher or other member of staff should report these concerns to the DT. A parent or other carer may also give information to a member of staff of the school which gives rise to concern about possible child abuse by someone outside the school, or by a person working in the school in a volunteer capacity. The person making the complaint should be advised of their responsibility to refer to the local Health and Social Care Trust Gateway Team.

In order to form a view on whether a child or children may indeed be being abused, or at risk of possible abuse, the Principal/DT/DDT may need to seek discreet preliminary clarification from the person making the complaint or giving the information, or from others who may have relevant information.

While such clarification will often help to confirm or allay concerns, it is not the responsibility of teachers and other education staff to carry out investigations into cases of suspected abuse, or to make extensive enquiries of members of the child’s family or other carers. Under Articles 65 and 66 of the Children (NI) Order, this is the statutory responsibility of the investigating agencies, Children’s Social Services and/ or PSNI.

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm[[1]](#footnote-1).

**How a Parent can Raise a Concern**

In Rockport 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,the designated or deputy designated teacher for child protection or the headmaster.

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**](#appendix3)**.**

**Where School has concerns or has been given information about possible abuse by someone other than a member of staff**

In Rockport 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**](#appendix6)) 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 if he/she is not available.

The designated teacher will consult with the Headmaster or other relevant staff always taking care to avoid due delay. If the Headmaster is not available, the designated teacher will contact the Chair of the Board of Governors and discuss the matter fully.If required, advice may be sought from an Education Authority Child Protection Officer. The designated teacher 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 teacher will seek consent from the parent/carer and/or the child {if they are competent to give this} unless this would place the child at risk of significant harm.

The designated teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form. Where appropriate the source of the concern will be informed of the action taken.

If the concern relates to a student over the age of 18 the Designated Teacher will discuss the concerns with the Trust Adult Safeguarding Team or the Team with responsibility for Vulnerable Adults This team will assess the level of risk.

1. **Dealing with Allegations of Abuse made Against a Member of staff**

When a complaint about possible child abuse is made against a member of staff the Headmaster (or the designated teacher if the Headmaster is not available) must be informed immediately. If the complaint is against the Headmaster 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**](#appendix5) will be followed.

In all decisions the child’s welfare is the paramount consideration and the child should be listened to and his/her concerns taken seriously. The possible risk of harm to children posed by a member of staff must be evaluated and managed. In some cases this may require consideration of suspension as a precautionary measure.

**Statutory Responsibilities**

The Education and Libraries (Northern Ireland) Order 2003 places a statutory duty on BoG to safeguard and promote the welfare of pupils. In order to fulfil these responsibilities Governors are obliged to acknowledge and work within the relevant guidance issued by DE and DoH.

**Process**

Principals and BoG have a duty of care for the welfare of pupils and any allegation needs to be effectively evaluated and managed. However, as employers, they also have a duty of care to their staff and should ensure they provide effective support for anyone facing an allegation of abuse.

All allegations should be reported immediately, normally to the Principal or DT/DDT for Child Protection/Deputy Designated Teacher for Child Protection. A Lead Individual should be identified to manage the handling of the allegation from the outset. This would normally be the Headmaster. If the Headmaster is the subject of concern the allegation should be reported immediately to the Chair of the BoG, Deputy Chairperson, Designated Governor for Child Protection and the person appointed to be the Lead Individual. In the interests of all involved the issue should be dealt with as a priority and unnecessary delays should be avoided. Every effort to maintain confidentiality and guard against unwanted publicity must be made. Allegations should not be shared with other staff or children.

**All allegations** of a child abuse nature must be recorded in the hard backed and bound Record of Child Abuse Complaints book, which must be retained securely. A record of this should be placed on the relevant pupil’s Child Protection File.

**12. Talking to Children where there are concerns about possible abuse**

Where teachers see signs which cause them concern, they should, as a first step, seek some clarification from the child with tact and understanding, Where a classroom assistant or another member of the support staff sees such signs, he/she should immediately bring them to the attention of either the class teacher or the DT, and it may be appropriate for the necessary clarification to be carried out by the teacher.

Such clarification may reassure teachers that abuse has not occurred, but signs and symptoms which cause concern, while perhaps not a result of abuse, may nevertheless indicate that the child or his/her family is in need of intervention by statutory, voluntary or community-based services through a “child in need” referral, with parental consent.

Care must be taken in asking and interpreting children’s responses to, questions about indications of abuse. The same considerations apply when a child makes an allegation of abuse or volunteers information which amounts to that. In some circumstances, talking to the child will quickly clarify initial concerns into a suspicion that abuse has occurred and point to the need for an immediate referral. Staff should be aware that the way in which they talk to a child can influence the evidence which is put forward if there are subsequent criminal proceedings and the extent of questioning should therefore be kept to a minimum:

* Staff should not ask the child leading questions, as this can be interpreted as putting ideas into the child’s mind
* Staff should not therefore ask questions which impose their own assumptions. “When, where and who” questions are appropriate
* The priority is to actively listen to the child and not interrupt or try to interpret if he/she is freely recalling significant events. As soon as possible afterwards, make a record of the discussion. This should be passed on to the DT, using the “Note of Concern”, indicating the time, date, place and people who were present as well as what was said. Signs of physical injury should be described in detail, but under no circumstances should a child’s clothing be removed or a photograph taken.
* Any comment by the child about how any injury occurred should be written down as soon as possible, quoting words actually used.
* Staff should not give the child any undertaking of confidentiality, although they can and should, of course, reassure that information will be disclosed only to those professionals who need to know.
* Staff should also be aware that their note of the discussion may need to be used in subsequent court proceedings.
* Staff should not ask the child to write an account of their disclosure for the record.

1. **Consent, confidentiality, information-sharing and record-keeping**

**Consent**

Prior to making a referral to Social Services the consent of the parent/carers and/or the young person (if they are competent to give this) will normally be sought. The exception to this is where to seek such consent would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

However, our primary consideration must be the safety and welfare of the child and we will make a referral in cases where consent is withheld if we believe on the basis of the information available that it is in the best interests of the child/young person to do so.

*For students aged 18+*

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case contact will be made with the local Adult Protection Gateway to seek further advice.

In situations where there is reasonable doubt regarding an individual’s capacity, they will be informed of the referral, unless to do so would put them at any further risk.

The principle of consent may be overridden if there is an overriding public interest, for example in the following circumstances:

* the person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
* consent has been provided under undue influence, coercion or duress;
* other people are at risk from the person causing harm;
* or a crime is alleged or suspected

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).

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.

# In order to meet these requirements all child protection records, information and confidential notes concerning pupils in Rockport School are stored securely and only the Designated Teacher/Deputy Designated Teacher and Headmaster 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 PC, 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.

**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.

# In order to meet these requirements all child protection records, information and confidential notes concerning pupils in Rockport School are stored securely and only the Designated Teacher/Deputy Designated Teacher and Headmaster 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.

1. **The Process for Referral**

Responsibility for referral of suspected abuse cases lies with the DT who will find it helpful to establish a good working relationship with colleagues from the other agencies, especially the Social Services and the PSNI. These agencies have wide experience in dealing with such cases, and regular communication will help to build the understanding, trust and confidence which will help to secure effective co-operation in cases of actual or suspected abuse.

**UNOCINI**

UNOCINI is a framework to support professionals in assessment and planning to better meet the needs of children and their family.

The UNOCINI model is used to enable practitioners and their agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland. The UNOCINI assessment framework is intended to be used by all professionals working with children as a tool to help them identify the needs of children at an early stage. UNOCINI guidance includes information about when and how to refer a child to children’s social services. The supporting document ‘Thresholds of Need Model’ was developed to assist staff to describe the different levels of children’s needs. Children’s needs are categorised into four levels and assessments of need can take place both within each level and also across different levels.

The UNOCINI referral form must be completed whenever staff wish to refer a child or young person to children’s social services for support, safeguarding or a fuller assessment of a child’s needs. If a member of staff is concerned that a child may be suffering, or at risk of suffering, significant harm, then an urgent referral to children’ssocial services through the local Gateway Service must be made.

When making an urgent referral by telephone, the Duty Social Worker will advise the member of staff making the referral to confirm the referral in writing on a UNOCINI within 24 hours.

Prior to making a referral to Social Services the consent of the parent/carers and/or the child (if they are competent to give this) will normally be sought. The exception to this is where to seek such consent would put that child, or others, at increased risk of significant harm or an adult at risk of serious harm, or it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation. In instances where consent is sought but refused, a referral should be made and a record maintained of the reasons for that decision and the actions taken

Non-urgent referrals i.e. child in need/family support referrals must have the consent of the parent/carers and/or the child (if they are competent to give this) and should be made in writing using the UNOCINI referral form.

**The welfare of the child is paramount** and, if the DT is unable to contact the parent/ carers, he/she should not delay, and should progress the referral with Social Services Gateway Team.

Issues of consent (including when consent is not forthcoming) must always be clearly recorded. If in any doubt about liaising with parents/carers, the DT should contact the CPSS or consult with their local Gateway Service. The outcomes of a Social Services investigation may include the Headmaster/DT/DDT being invited by Social Services Gateway Team to attend a child protection case conference to participate in the decision-making process regarding Child Protection Registration.

1. **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 Rockport School are vetted / supervised in accordance with relevant legislation and Departmental guidance.

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

The responsibilities and processes to be followed are set out clearly in the following documents:

1. DE Circular 2013/01 “Disclosure and Barring Arrangements: Vetting Requirements for Paid Staff working in or Providing a Service in Schools”
2. DE Circular 2012/19 “Disclosure and Barring Arrangements: Changes to Pre-Employment Vetting Checks for Volunteers working in Schools from 10 September 2012”

It is the responsibility of the Headmaster to ensure that appropriate ID Checks are undertaken for all staff and volunteers working or volunteering in the school.

**Vetting**

DE Circular 2013/01, currently under review, sets out vetting requirements for schools. In brief the following must have an Enhanced Disclosure Certificate from AccessNI Before taking up post:

* All new paid teaching and support staff
* Examination invigilators
* Private contracted transport providers – named drivers

There are two types of volunteers in school: those who work unsupervised and those who work under supervision. Volunteers who work unsupervised are required to have an EDC. A Volunteer who works under supervision is not required to obtain an EDC, however the school must determine whether the level of supervision meets the statutory standard.

The school must ensure that volunteers e.g. coaches, music tutors, school photographers etc. who are employed by others, have the necessary clearances in place and a record of these should be maintained by the Headmaster.

**Visitors to School**

Visitors to schools, such as parents, suppliers of good and services, to carry out maintenance etc. do not routinely need to be vetted before being allowed onto school premises. However, such visitors should be managed by school staff and their access to areas and movement within the school should be restricted as needs require.

Visitors should be:

1. Met/directed by school staff
2. Signed in and out by school staff
3. Given restricted access to only specific areas of the school
4. Escorted by a member of staff where appropriate
5. Clearly identified with a visitor/contractor pass
6. Given access to pupils restricted to the purpose of their visit
7. Cordoned off from pupils for health and safety reasons if delivering goods or carrying out building, maintenance or repairs.

**Pupils on Work Experience**

Pupils coming into the school on work experience do not require AccessNI clearance as they are required to be fully supervised by school staff. The normal child protection induction processes should apply.

1. **Code of Conduct For all Staff - Paid or Unpaid**

The protection and promotion of the welfare of children and young people is a responsibility for all members of staff, teaching and support staff. In meeting this, staff should work towards a culture of mutual trust and respect in school through which the best interests of the children and young people entrusted to their care is paramount.

Implicit in this is the assumption that conduct of school staff towards their pupil group must be above reproach. This holds true whatever the age, gender or developmental maturity of the pupils, but clearly the younger the child, or the greater the degree of learning difficulties he/she has, the less likely it will be that he/she will be able to recognise and respond appropriately to concerning conduct by any member of staff or the trust that his/her position confers.

The code of conduct, found at Appendix 8, extends to staff, both teaching and support staff and volunteers, and includes:

* 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

Adherence to the code of conduct will reduce the risk of allegations being made.

1. **The Preventative Curriculum**

The overarching aim of the Northern Ireland Curriculum is to empower young people to achieve their potential and to make informed and responsible decisions throughout their lives. The preventative curriculum is a term used to encompass safeguarding practices, Personal Development and Mutual Understanding, and Relationships and Sexuality Education (RSE).

At primary level, RSE is covered within the ‘Personal Development and Mutual Understanding’ (PDMU) area of learning, whilst at post-primary level it is covered within ‘Learning for Life and Work’ (LLW).

The provision of a high-quality preventative curriculum is crucial to safeguarding our children and providing them with the knowledge and information they need to stay safe, develop healthy relationships, beliefs and attitudes and to navigate the complex world around them.

In 2023, the Education and Training Inspectorate published The Preventative Curriculum in Schools and EOTAS Centres. This report is a useful resource for schools when considering the delivery of the preventative curriculum, including those topics which may go beyond the prescribed Minimum Content. The Report also encourages schools to take into account pupil views on their curriculum and wider social experiences to better meet their needs. The following ETI reports may also be useful resources when considering the preventative curriculum and links to safeguarding:

* The ETI report ‘An evaluation of preventative education and the statutory curriculum to inform the Independent Inquiry into Child Sexual Exploitation’ published in September 2014
* The ETI report ‘Relationships and Sexuality Education in Primary and Special Schools: Report of an evaluation by the Education and Training Inspectorate’ published in July 2016
* A further ETI evaluation on ‘The Effectiveness of Emotional Health and Well-being Support in Schools and EOTAS Centres’ published in November 2018

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.

Rockport 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 assemblies and there is permanent child protection information displayed in most public cares, which provide advice and display child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, police etc. health visitor parent programmes.

1. **Relationships and Sexuality Education (RSE)**

The minimum content for RSE is prescribed by legislation in The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007. This specifies the minimum content for each area of learning of the curriculum at each key stage, including RSE.

At primary level, RSE is covered within the ‘Personal Development and Mutual Understanding’ (PDMU) area of learning, whilst at post-primary level it is covered within ‘Learning for Life and Work’ (LLW).

The ETI evaluation report in April 202317 highlights that The Gillen Review (2019) has brought a sharper focus to the delivery of justice in relation to serious sexual offences. This further highlights the correlation between reducing offending and the delivery of an effective RSE programme. In addition to this, the effective delivery of RSE reinforces positive relationships and the sexual and reproductive health and rights of individuals.

In 2023, the Secretary of State introduced The Relationships and Sexuality Education (Northern Ireland) (Amendment) Regulations 2023 (“the 2023 Regulations”). The 2023 Regulations amend the Education (Northern Ireland) Order 2006 and the Education (Curriculum Minimum Content) Order (Northern Ireland) 2007 in respect of Learning for Life and Work (LLW) to ensure that pupils at key stages 3 and 4 have the opportunity to “Receive age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights, covering prevention of early pregnancy and access to abortion”.

The Department has issued guidance to post primary schools on the provision of RSE in schools following the implementation of the 2023 Regulations. It has also made Regulations which set out the circumstances in which a parent can request to have a pupil excused from new compulsory education or specified elements of it.

For details, please see:

* Circular 2024/01 - Guidance on Amendments to the Relationships and Sexuality Education (RSE) Curriculum Content Current RSE guidance issued to all schools under cover of DE Circular 2015/22.
* Circular 2015/22 - Relationship and sexuality education

Two separate guidance documents have been developed - one for primary level and one for post-primary level. The guidance provides advice and a template for the development of a school’s RSE policy which is relevant to the lives of pupils today; providing an overall framework for a school’s RSE policy; and, for instance, looking at how schools interact with pupils, focussing on the need to make pupils feel safe and confident that they should not be bullied, for example, due to their sexual orientation. The guidance does not stray into the actual content of teaching and learning as this is a matter for each school. The existing guidance is currently under review and revised guidance is expected to issue in 2024.

A copy of our draft RSE Policy is available in Appendix 9

1. **Monitoring and Evaluation**

This policy will be reviewed annually by the safeguarding team and approved every 2 years by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the schools 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.

1. **Domestic and Sexual Abuse and the role of Operation Encompass**

Within the Stopping Domestic and Sexual Violence and Abuse Strategy, domestic abuse is defined as: ‘Threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member’.

Within the Stopping Domestic and Sexual Violence and Abuse Strategy, sexual abuse is defined as: ‘Any behaviour (physical, verbal, virtual/digital) 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 or sexual orientation) without their informed consent or understanding.’

**General Role for Education**

While it is important that those at risk are identified and interventions are put in place, it is equally important that children and young people are provided with information and skills in building healthy behaviours and relationships. Children should be provided with the opportunity to develop good mental health and emotional resilience to enable them to identify abuse and exercise prevention skills.

The statutory curriculum provides the opportunity for specific attention to be given to a pupil’s emotional wellbeing, health and safety, relationships and the development of a moral thinking and value system. It also offers a vehicle for exploring with children and young people sensitive issues such as domestic violence and sexual abuse in an age-appropriate way and appropriate protective behaviours.

Teachers or other school staff who suspect that a pupil is a victim of domestic violence or sexual abuse should raise their concerns with the designated teacher. The procedures to be followed are the same as for any other type of 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 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. For further information see [The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022](https://www.legislation.gov.uk/nisr/2022/146/contents/made).

**Key Points of Contact for Child Protection**

1. **School Based**

**Rockport School – 02890428372**

**Designated Teacher –** Mrs R Palmer ([rpalmer@rockportschool.com](mailto:rpalmer@rockportschool.com)) or 02890428372

**Deputy Designated Teacher** – Miss C Rice ([crice@rockportschool.com](mailto:crice@rockportschool.com)) or 02890428372

**Boarding Designated Teacher** – Mr S Smith ([ssmith@rockportschool.com](mailto:ssmith@rockportschool.com)) or 02890428372

**Early Years’ and Pre-school Designated Teacher** – Mrs L Athanasiou ([lathanasiou@rockportschool.com](mailto:lathanasiou@rockportschool.com)) or 02890428372

**Headmaster –** Mr G Vance ([headmaster@rockportschool.com](mailto:headmaster@rockportschool.com)) or 02890428372

**Boarding –** Mrs G McGimpsey/Mrs J Coates ([HParent@rockportschool.com](mailto:HParent@rockportschool.com)) or 02890428372

1. **External Agencies**

**Early Years’ Team Link Social Worker – Nikki McAleese**

South Eastern Health and Social Care Trust **Gateway Services**

Grove House Tel – 0300 1000 300

Antrim House Tel - 0800 197 9995 (out of hours)

Ballynahinch

BT24 8BA

Tel – 02844513807

**NSPCC Helpline –** 0808 800 5000

**Childline –** 0800 11 11

**PSNI Central Referral Unit -**028 9025 9299

***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 Rockport 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.

**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 Rockport 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 Rockport 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.

**Sharing nudes and semi-nudes** is a term used to describe the sending or posting of naked or partially naked images, videos or livestreams online by young people under the aged of 18. This could be via text, email, social media and gaming platforms, chat apps or forums. Sharing nudes is sometimes called “sexting”, however this term is often used by young people to talk about sharing sexual messages and not imagery.

**Sharing Nudes and semi-nudes between individuals in a relationship**

As adults we can question the wisdom of this, but the reality is that children consider this to be normal and often the result of a child’s natural curiosity about sex and their exploration of relationships. As a consequence, engaging in the taking or sharing of nudes and semi-nudes may not always be in a “ harmful” context. Nonetheless, staff must be aware that an image can be shared non-consensually, or a child can be groomed, tricked or coerced into sending nude and semi-nude images.

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.

**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 individuals 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.

**Childline’s Report Remove Tool may be able to assist in having an image blocked or removed to prevent any further distribution.**

***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 School Name 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**

All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity and not to be treated any less favourably due to their actual or perceived sexual orientation.

Schools are required to develop their own Relationships and Sexuality Education policy within the curriculum. It is via this policy that we are expected to cover issues relating to relationships and sexuality, including those affecting LGBTQ children and young people.

Young people from the LGBTQ 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 support on healthy relationships and to report any concerns or risks of abuse or exploitation.

* **Boarding schools and residential settings**

Children in Boarding Schools and Residential Care Settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance.

Boarding departments of schools offer residential care for children who need to live away from their home for educational reasons. Children in such situations are particularly vulnerable to abuse, and it is therefore vital that there are clear standards for the operation of boarding departments, and that appropriate personnel checks are carried out to ensure children’s safety.

When recruiting staff for school boarding departments, schools should, as a minimum, carry out pre-employment checks in line with the following Departmental guidance:

* DE Circular 2012/19 ‘Disclosure and Barring Arrangements: Changes to Pre-Employment Vetting Checks for Volunteers Working in Schools from 10 September 2012 (currently under review)
* DE Circular 2013/01 ‘Disclosure and Barring Arrangements: Vetting Requirements for Paid Staff working in or Providing a Service in Schools’ (currently under review).

Schools should also adhere to the requirements of Article 176 of the Children (Northern Ireland) Order 1995 which requires managers of any school which provides accommodation to safeguard and promote the welfare of children for whom accommodation is provided.

All boarding schools must have a policy in relation to pupils who remain in Northern Ireland and stay with other families (or teachers) outside of term time, and adhere to the private fostering arrangements as set out in Regulation 6 of Children (Private Arrangements for Fostering) Regulations (Northern Ireland) 1996.

* **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.

**Appendix 3**

**How a Parent can make a Complaint**

If a parent has a potential child protection concern:

I have a concern about my/a child’s safety

I can talk to the **form teacher**

If I am still concerned, I can talk to the **Designated/ Deputy Designated Teacher** for Child Protection or the **Headmaster**

At any time I can talk to the local **Children’s Services Gateway Team**  0300 1000 300 or 0800 197 9995 (out of hours)

**The Early Years’ Team** at South Eastern Health and Social Care Trust (02844513807) or the **PSNI Central Referral Unit** at 028 9025 9299

If I am still concerned, I can talk/write to the **Chair of Board of Governors**

If I am still concerned, I can talk/write to the **Chair of Board of Governors**

If I am still concerned I can contact the **NI Public Services Ombudsman**

Tel: 0800 343 424

**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** in his/her absence and provides note of concern.

Designated Teacher should consult with the **Headmaster** 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.

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.

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.

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).

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

**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 of BoG.

**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.

Alternatives to precautionary suspension imposed

Precautionary suspension under Child Protection procedures imposed

Precautionary suspension is not appropriate and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

**Appendix 6**



**Note of concern regarding a child**

|  |  |
| --- | --- |
| **Name of pupil:** |  |
| **Class:** |  |
| **Date and time of referral:** |  |
| **Referral made by:** |  |
| **Details of concern raised:** |  |
| **Action taken by member of staff making referral:** |  |
| **Details of any advice sought/taken:** |  |
| **Any further action taken:** |  |
| **Date and time of referral passed to DT:** |  |
|  | ***Designated Teacher completes the following sections*** |
| **Action taken by DT:** |  |
| **Outcome:** |  |
| **Date to be reviewed**  **(+3months):** |  |
| **Follow up action if required:** |  |

**Appendix 7**

**Signs and Symptoms of Abuse**

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.

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.

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.

Suspicions 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.

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

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 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.

Parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse.

**Signs and Symptoms of Physical Abuse**

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

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

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

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

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

**Recognition of Physical Abuse**

***a) Bruises + Soft Tissue Injuries***

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

· forehead

· crown of head

· bony spinal protuberances

· elbows and below

· hips

· hands

· shins.

Less common sites for accidental bruising include:

· eyes

· ears

· cheeks

· mouth

· neck

· shoulders

· chest

· upper and inner arms

· stomach

· genitals

· upper and inner thighs

· lower back and buttocks

· upper lip and frenulum

· back of the hands.

Non-accidental bruises may be:

· frequent

· patterned, e.g. finger 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.

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

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

***b) Eye Injuries***

Injuries which should give cause for concern:

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

· subconjunctival haemorrhage

· retinal haemorrhage.

***C) Burns and Scalds***

Accidental scalds often:

· are on the upper part of the body

· are on a convex (curved) surface

· are irregular

· are superficial

· leave a recognisable pattern.

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

· circular burns

· linear burns

· burns of uniform depth over a large area

· friction burns

· scalds that have a line which could indicate immersion or poured liquid

· splash marks

· old scars indicating previous burns or scalds.

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

· a responsible adult checks the temperature of the bath before a child gets in to it

· a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet

· "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink 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***

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 metaphyseal limb fractures may produce no detectable ongoing pain however. Caution is required, therefore, before concluding that a reasonable carer should have known that something was wrong with an infant who has such fractures.

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

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

· any fracture in a child under one year of age

· any skull fracture in children under three years of age

* a history of previous skeletal injuries which may suggest abuse
* skeletal injuries at different stages of healing

1. ***Scars***

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

1. ***Bites***

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

1. ***Other Types of Physical Injuries***

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

***h) Fabricated or Induced Illness***

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

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

There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings. (R v Cannings (2004) EWCA Crim1 (19 January 2004)).

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

· deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation

· interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm

· claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits

· exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous

· obtaining specialist treatments or equipment for children who do not require them

· alleging psychological illness in a child.

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

Concerns may arise when:

· reported symptoms and signs found on examinations are not explained by any medical condition from which the child may be suffering

· physical examination and results of medical investigations do not explain reported symptoms 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.

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

***Sexual Abuse***

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

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

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

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

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

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused. Some indicators take on a greater, or lesser, importance depending upon the child's age.

***Recognition of Sexual Abuse***

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

The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together. The following list is not exhaustive and should not be used as a check list:

Pre-School Child (0-4 years)

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

· bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs

· itching, soreness, discharge or unexplained bleeding

· physical damage to genital area or mouth

· signs of sexually transmitted infections

· pain on urination

· semen in vagina, anus, external genitalia

· difficulty in walking or sitting

· torn, stained or bloody underclothes or evidence of clothing having been removed and replaced

· psychosomatic symptoms such as recurrent abdominal pain or headache.

Possible behavioural indicators include:

· unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me"

· heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals

· using objects for masturbation - dolls, toys with phallic-like projections

· rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals

· simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc

· simulated sexual activity with dolls, cuddly toys

· fear of being alone with adult persons of a specific sex, especially that of the suspected abuser

· self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.

· social isolation - the child plays alone and withdraws into a private world

· inappropriate displays of affections between parent and child who behave more like lovers

· fear of going to bed and/or overdressing for bed

· child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

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

· poor peer group relationships and inability to make friends

· inability to concentrate, learning difficulties or a sudden drop in school performance

· reluctance to participate in physical activity or to change clothes for physical education, games or swimming

· unusual or bizarre sexual themes in child's art work or stories

· frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child's school performance unusual reluctance or fear of going home after school.

The Adolescent

In addition to the physical indicators previously outlined in the pre- school 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

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 drugs

· suicide attempts and self-mutilation

· hysterical behaviour, depression, withdrawal, mood swings;

· vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity

· eating disorders — e.g. anorexia nervosa and bulimia

· low self-esteem and low expectation of others

· persistent stealing and /or lying

· sudden school problems - taunting, lack of concentration, falling standard or work etc

* fear or abhorrence of one particular individual.

**Emotional Abuse**

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

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

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

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

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

***Recognition of Emotional Abuse***

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

Child Behaviours associated with Emotional Abuse

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

Possible behaviours that may indicate emotional abuse include:

· serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc

· marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying

· persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction

· physical problems such as repeated illnesses, severe eating problems, severe toileting problems

· extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.

· very low self-esteem, often unable to accept praise or to trust and lack of self-pride

· lack of any sense of pleasure in achievement, over-serious or apathetic

· over anxiety, e.g. constantly checking or over anxious to please

· developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

· extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc

· fostering extreme dependency in the child

· harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love

· expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low

· exposure of the child to family violence and abuse

· inconsistent and unpredictable responses to the child

· contradictory, confusing or misleading messages in communicating with the child

· serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met

· induction of the child into bizarre parental belief systems

· break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child

· major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address

· making a child a scapegoat within the family.

**Neglect**

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

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

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

· medical neglect

· educational neglect

· stimulative neglect

· environmental neglect

· failure to provide adequate supervision and a safe environment.

**Recognition of Neglect**

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

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

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

**Appendix 8 – Rockport School Staff Code of Conduct**

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**Rockport School**

**Staff Code of Conduct**

**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.

**1. Setting an Example**

1.1 All staff who work in schools set examples of behaviour and conduct which can be copied by students. Staff must 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.

1.2 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. Staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.

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

1.4 This code helps all staff to understand what behaviour is and is not acceptable, regard should also be given to the disciplinary rules set out in the Schools’ Positive Behaviour Policy.

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

**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.

2.2 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.

2.3 Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation.

2.4 Relationships with pupils must be professional at all times and sexual relationships with current pupils are not permitted and may lead to criminal conviction.

2.5 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.

2.6 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; 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.

**3. Private Meetings with Pupils**

3.1 It is recognised that there will be occasions when confidential interviews with individual pupils must take place.

3.2 As far as possible, staff and volunteers should conduct interviews in a room with visual access or with an open door and ensure that another adult knows that the interview is taking place. Where possible, another pupil or (preferably) another adult should be present or nearby during the interview.

**4. Physical Contact with Pupils**

4.1 To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil. Staff and volunteers should therefore be cognisant of the guidance issued by the Department on the use of reasonable force (Circular 1999/09 and guidance document ‘Towards a Model Policy in Schools on Use of Reasonable Force).

**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 Headteacher. 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 Headteacher 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 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. 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.

8.3 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.

8.4 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. The school’s child protection arrangements should include any external candidates studying or sitting examinations in the school.

**9. Safeguarding Students**

9.1 Staff have a duty to safeguard students from physical abuse, sexual abuse, emotional abuse and neglect

9.2 The duty to safeguard students includes the duty to report concerns about a pupil/student or colleague to the school’s Designated Teacher (DT) for Child Protection.

9.3 The school’s DT is Mrs Rhonda Palmer, Deputy Headteacher.

9.4 Staff are provided with access to the school’s Child Protection Policy and Whistleblowing Procedure and staff must be familiar with these documents.

9.5 Staff should treat children with respect and dignity and must not seriously demean or undermine pupils, their parents or carers, or colleagues.

9.6 Staff should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of students, embarrassing or humiliating students, discriminating against or favouring students.

9.7 Staff must take reasonable care of students under their supervision with the aim of ensuring their safety and welfare.

**10. Dress and Appearance**

10.1 All staff must dress in a manner that is appropriate to their role and promoting a professional image

10.2 Staff should dress in a manner that is not offensive, revealing or sexually provocative

10.3 Staff should dress in a manner that is absent from political or other contentious slogans.

**11. Disciplinary Action**

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

**12. Compliance**

12.1 All staff must complete the form in appendix 1 to confirm they have read, understood and agreed to comply with the code of conduct. This form should then be signed and dated.

**PROFESSIONAL RESPONSIBILITIES**

When using any form of ICT, including the internet, in school and outside school for your own protection we advise that you:

1. Ensure all electronic communication with students, parents, carers, staff and others is compatible with your professional role and in line with school policies.
2. Do not talk about your professional role in any capacity when using social media such as Facebook and You Tube.
3. Do not put online any text, image, sound or video that could upset or offend any member of the whole school community or be incompatible with your professional role.
4. Use school ICT systems and resources for all school business. This includes your school email address, school mobile phone and school video camera.
5. Do not disclose any passwords and ensure that personal data (such as data held on MIS software) is kept secure and used appropriately.
6. Only take images of students and/or staff for professional purposes, in accordance with school policy and with the knowledge of Senior Management.
7. Do not browse, download, upload or distribute any material that could be considered offensive, illegal or discriminatory.
8. Ensure that your online activity, both in school and outside school, will not bring the school or professional role into disrepute.
9. Emails should ideally be checked daily as a minimum (on working days).
10. You have a duty to report any eSafety incident which may impact on you or your professionalism or the school.

**Confirmation of compliance**

I hereby confirm that I have read, understood and agree to comply with the school’s code of conduct.

Name …………………………………………..

Position/Post Held…………………………….

Signed …………………………………………..

Date ………………………………

*Once completed, signed and dated, please return to school office.*

**Appendix 9 – DRAFT RSE Policy**

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**ROCKPORT SCHOOL**

**RELATIONSHIPS AND SEXUALITY EDUCATION (RSE) POLICY**

*Policy written – February 2022*

*Date of Review – February 2025*

1. **INTRODUCTION**

Relationships and Sexuality Education [RSE] is a fundamental part of the development of all aspects of the individual as they embark upon their transition to adult life. As emphasised in the DENI 2015 publication on teaching RSE in schools, whilst unique to Rockport, this policy should cater for and meet the needs of all pupils and ensure clarity and consensus on how RSE will be taught. This includes the right of pupils to an education that adequately prepares them for adult life irrespective of gender identification [The Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006 www.legislation.gov.uk] and is accessible to those pupils who may be vulnerable [Special Educational Needs (SEN) or Looked After Child (LAC)]. Due to the fact that pupils are maturing earlier, come from increasingly diverse family backgrounds, are generally allowed increased independence and the impact of social media, they need to be provided with appropriate, accurate information and have an opportunity to evaluate their attitudes and values. RSE well taught by teachers and other professionals can complement and support other aspects of school life, increase their self-esteem and promote a positive view of sexuality and sexual health. It also enables pupils to challenge inappropriate and unwanted attention from others

1. **MORALS AND VALUES**

Values that the school wishes to promote are as follows:

* + a respect for self;
  + a respect of the rights of children and young people;
  + non-exploitation within a relationship;
  + a development of critical self-awareness of themselves and others;
  + an exploration of the rights, duties and responsibilities involved in relationships and a knowledge of various laws that apply in this area;
  + an acknowledgement and understanding of diversity regarding religion, culture, family structure and sexual orientation;
  + the deferment of sexual activity until young people are physically and emotionally mature enough to understand inherent responsibilities and make safe choices, with abstinence included as a positive option;
  + an appreciation of the values of stable family life, permanent loving relationships and the responsibilities of parenthood;
  + a recognition of the positive benefits of seeking sexual fulfilment within a permanent, committed relationship with one person.

1. **AIMS**

The aims of RSE are to:

* + offer all pupils a planned programme of education about human development, relationships, sexuality and family life which is developmental and appropriate to the age and needs of the pupil;
  + encourage pupils to respect and value themselves and others and to behave responsibly;
  + encourage pupils to develop a positive attitude towards all body functions and to recognise, prepare for and manage growth, development and change;
  + encourage better communication about relationships and sexual matters between young people and their parents/carers, family and friends;
  + encourage pupils to develop an understanding of risk and safety and to recognise abuse and to explore strategies they might employ to keep themselves safe (child sexual exploitation CSE/FGM female genital mutilation);
  + knowledge and understanding of the law as it relates to sexual behaviour;
  + make young people aware that they determine their own future sexual health and trust them to use information in a responsible manner; • appreciate the responsibilities of parenthood and to value human life.

1. **OBJECTIVES**

The RSE curriculum should enable pupils to:

* + understand the development of relationships within families, in friendships and wider context;
  + understand the biological aspects of reproduction, reproductive health and sexually transmitted infections;
  + develop a positive sense of self-awareness and self-esteem;
  + know about factors that influence decision-making and consider long and short term consequences to the individual and others;
  + develop skills for coping with peer pressure, cyberbullying, conflict and threats to personal safety – including CSE, FGM and forced marriage;
  + acquire and use appropriate vocabulary to discuss feelings, sexuality, growth and development;
  + consider the advantages and disadvantages of various methods of contraception and what is meant by ‘safe sex’;
  + be able to discuss and debate sensitive and controversial issues such as consent, HIV/AIDS, abortion, gender identity and technological developments which involve consideration of attitudes, values, beliefs and morality;
  + know how to access reputable outside agencies which offer support and advice e.g Thinkitthrough, CEOP, Cara-friend, Childline, etc;
  + on occasion take part in smaller focused groups if further/specialist support is required.

1. **MANAGEMENT AND COORDINATION OF RSE**

**Role of the Designated Teacher** The Designated Teacher has overall responsibility for the pastoral care of pupils within the school and their role includes:

* + - regularly updating staff on the policy;
    - liaising with the Subject Coordinator for LLW who has responsibility for updating the RSE policy and delivery of the RSE programme;
    - to overview the content of the RSE Policy.

**Role of Subject Coordinator for Learning for Life and Work**

The Subject Coordinator for Learning for Life and work is the member of staff responsible for LLW in the school. Their role includes:

* devising and coordinating the programme of study and ensuring it is being taught effectively;
* liaising with all staff on relationships and sexuality matters, for curriculum purposes;
* organizing staff training as appropriate;
* liaising with outside agencies as appropriate;
* updating the RSE Policy.

**The Context of the RSE Programme**

1. The majority of the RSE programme is delivered by teachers timetabled for LLW classes and also supplemented by form teachers as and when required.
2. RSE will be carried out by teachers in a clear, empathetic manner and should be tailored to mixed gender classes in terms of content, methodology and resources used.
3. Adherence to schemes of work by all staff will ensure uniformity and appropriate content.
4. A range of teaching strategies should be used to encourage active learning, mind maps, discussion, circle time, standpoint taking, debating, video clips, role play, etc.
5. Outside agencies are used occasionally either to enrich the RSE curriculum or to support a specific group of pupils, ensuring that their contribution is in harmony with the school’s aims.
6. Proper terminology should be used in the delivery of RSE as it will reduce embarrassment and provide pupils with a language through which they can seek clarification and ask questions. Teachers delivering aspects of the RSE programme should make this clear at the onset of the lesson. This does not totally excuse the use of the vernacular but homophobic or misogynistic language is not allowed.
7. Sensitive issues such as abortion, gender identity, FGM, sexting etc may arise from the programme of study and teachers should not avoid appropriate, well-balanced debate as discussion of such issues in the media is so common, pupils will already be aware of them.
8. Appropriate elements of RSE are built into the LLW Programme.
9. In those subjects which have a programme of study which specifically includes RSE related topics, these will be introduced and handled in ways consistent with this policy.
10. **CONFIDENTIALITY**

At the outset of these lessons Ground Rules need to be established such that if particular types of personal disclosures are made then there is no guarantee of confidentiality and teachers may well have a duty to pass the information on. However, it is still possible for pupils to make contributions to class discussions by framing them in the third person or posing a hypothetical problem.

* + A teacher approached by a pupil concerning a minor sexual matter may encourage the pupil to seek advice from his/her parents and/or from qualified health professionals.
  + If a teacher believes a pupil to be at risk (moral/physical danger or in breach of the law), they should immediately inform the Designated Teacher for Child Protection who will decide, given the circumstances, the next steps.

No undertakings with respect to confidentiality should be given, but teacher support and keeping a non-interrogative written log of any conversation, should take place. The following is a summary of these procedures:

* + the staff member should immediately inform the designated child protection teacher/member of the safeguarding team;
  + the designated child protection teacher/member of the safeguarding team must inform/consult with Social Services and/or the PSNI;
  + no staff member should take on the role of investigator – this is the responsibility of Social Services and the PSNI;
  + staff members should explain their responsibilities to refer cases of alleged abuse to the appropriate authorities, but they also must ensure that the matter will only be disclosed to the people who need to know about it;
  + staff members should give the pupil time to talk without interrupting or probing, recording exactly what the pupil says, whilst not promising confidentiality.

It is very important that any pupil who feels that they cannot talk to or does not wish to talk to their parents or carers has access to other sources of support. The school should also make parents or carers aware of how they address pupil disclosures.

1. **PARENTS/CARERS**

Parents/carers will be given on-line access to this policy and if this is not possible, can request a hard copy if needed for consultation. Parents/careers may discuss any concerns with the Deputy Head. In certain circumstances alternative arrangements may be made for pupils whose parents/carers wish them to be excused from particular/all RSE classes.

1. **BOARD OF GOVERNORS**

The RSE policy and programme of study will be kept under review by the Board of Governors.

1. **EVALUATION**

Within the remit of the school ethos, account should be taken of pupils’ needs and issues not adequately addressed, which could be identified by using pupil questionnaires.

1. **LINKS TO OTHER POLICIES**

▪ Anti-Bullying Policy – specific reference should be made to homophobic bullying, transgender bullying, cyber bullying, sexual harassment and bullying for other reasons relating to sex, gender, or relationships.

▪ Child Protection Policy – how the school will support pupils who are thought to be ‘at risk’, and how the school will assess the ‘at risk’ pupils.

▪ Drugs Policy.

▪ e-Safety Policy.

▪ Intimate Care Policy.

▪ Pastoral Care Policy.

▪ Positive Behaviour Policy.

**APPENDIX 1 TEACHING SENSITIVE ISSUES**

Sensitive issues can include those about which different individuals/groups disagree and hold strong opinions on. Issues such as abortion, sexual orientation, gender identity and cultural practices have the potential to be sensitive, depending on the personal experiences, opinions and values of each individual within the classroom and the ethos of the school.

Teachers should refer back to the section in this policy on values and key messages and time should be made available for teachers of different subjects such as Science, Home Economics, LLfW and PE to consider these issues and agree on the approaches they will use with the pupils.

These approaches should be consistent and compatible with the ethos of the school. Too often young people learn about these issues from peers or the Internet and frequently inaccurate information is assimilated. Such issues need to be presented in such a way which is free from bias and sensationalism and sensitively pitched to the pupils’ needs and situations.

Pupils need to be provided with a balanced, non-judgmental view which respects a range of religious beliefs and the possible (unknown) experiences of some pupils.

**Contraceptive Advice to Young People Under 16 years**

As part of the curriculum, teachers can provide general information to all pupils about the types of contraception and the risk to health. They can provide all pupils with information about where and from whom, they can obtain confidential advice, treatment and support. Personal medical advice must not be given to individual pupils. Teachers must advise pupils to seek advice from parents/carers, the school health team and medical practitioners.

**Sex and the Law**

Pupils should be taught that the legal age of consent in Northern Ireland is 16 years for both heterosexual and non-heterosexual sex. Also the importance of consent should be made clear to pupils and that non-consensual sex includes touching a person sexually, even through clothing and, like sexting, can carry a custodial prison sentence.

**HIV/AIDS and Sexually Transmitted Infections [STIs]**

The publicity in public health campaigns and media ensures most post-primary pupils have some knowledge of HIV/AIDS. However, pupils need to know that it is present in all communities and could still affect them. They should be provided with current information about the most common STIs, the difference between HIV and AIDS, modes of transmission, prevention, treatments and risky behaviour.

**Young people with Special Educational Needs (SEN)**

It is widely recognised that pupils with SEN are more vulnerable to all forms of abuse and exploitation. Teachers must try to ensure that they develop the knowledge, understanding and skills of pupils to enable them to:

* + identify inappropriate and exploitative behaviour;
  + help develop their own prevention strategies to stay safe;
  + recognise and build healthy relationships; and
  + know who they can talk to.

To ensure the content of the lessons is accessible to SEN pupils, teachers should engage in careful planning and adapting of resources and teaching activities to ensure that there are no barriers to participation or learning for pupils with SEN compared to their peers. IEPs should be discussed with the SENCO and parents or carers of young people with SEN should be informed about the content of the programme and the date when classes will cover certain teaching activities/themes. This communication will allow for parents or carers to reinforce learning at home. Occasionally, knowing the needs of the pupil, it may be necessary to deliver these lessons in smaller groups, perhaps involving outside agencies.

**Gender Identity and Sexual Orientation**

The issue of gender identity and sexual orientation should be handled in a sensitive, non-confrontational and reassuring way. It is included in the KS4 LLW programme of study but could be raised by pupils as early as Yr8, when gender stereotyping is explored. Research has shown that many LGBTQ pupils feel excluded in RSE classes and claim that negative stereotypes and prejudicial attitudes often go unchallenged. Pupils who are questioning their sexual orientation are particularly vulnerable to cyberbullying, as they often turn to social media for support if they are not receiving it at school.

Simple measures and inclusions can do much to raise the self-esteem of young people who feel different. Teachers should counteract prejudice and support the development of self-esteem and a sense of responsibility in every pupil.

Homophobic bullying and language should never be tolerated, but be addressed as a whole school issue.

**Child Sexual Exploitation and Sexual Abuse**

For teachers there are two dimensions, namely:

* + teaching for protection, through the promotion of self-esteem, being informed about procedures such as FGM and making at risk pupils aware of personal strategies and outside agencies who can offer support;
  + recognising signs of abuse, physical, emotional and social.

Some young girls may be victims of cultural practices, including child/forced marriages and female genital mutilation, which are illegal. However, schools should handle such issues very sensitively to ensure that certain ethnic groups are not viewed negatively because of this.

**APPENDIX 2 - POSSIBLE CURRICULUM PROVISION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Group** | **Strand 1** | **Strand 2** | **Strand 3** |
| **8** | **Personal Development:**   1. Personal image 2. Gender issues 3. Friendship issues 4. Conflict resolution 5. Puberty 6. Personal safety 7. Drugs definition | **Local and Global Citizenship:**   1. Diversity and Inclusion 2. Children’s rights 3. Identity | **Employability:**   1. Skills 2. E-Safety |
| **9** | **Personal Development:**   1. Friendships 2. Love 3. Moral Code 4. Learning from Mistakes 5. Risk Taking behaviours 6. Boy/Girlfriends 7. Effect of the Media 8. Drugs Definition 9. Addiction 10. Types of Drugs and Categories 11. Reasons for Drug-taking 12. Drugs categories | **Local and Global Citizenship:**   1. Equality and Social Justice | **Employability:**   1. Skills 2. Young Enterprise 3. Online safety |
| **10.** | **Personal Development:**   1. Risk Management 2. Abuse 3. Sexual Orientation and Gender Identity 4. STIs 5. Unplanned Pregnancy 6. Abortion 7. Cannabis 8. Consequences of taking drugs | **Local and Global Citizenship:**   1. Democracy 2. Non-Governmental Organisations (NGOs) | **Employability:**   1. Skills 2. Types of Jobs 3. Qualifications 4. Researching information 5. Subject choices 6. Decision Making 7. Learn to Earn |
| **11.** | **Personal Development:**   1. Conflict resolution 2. Citizenship 3. Effects of Pornography | **Local and Global Citizenship:**   1. Study Skills 2. Financial Capability | **RSE:**   1. Sex and the Law and Consent 2. Unsafe Sec 3. STIs 4. Pregnancy and Contraception 5. Mental Health 6. Development Resilience 7. Drugs Awareness 8. Self Esteem |
| **12** | **RSE:**   1. Consequences 2. STIs 3. Pregnancy 4. Contraception 5. Sexuality 6. Sex and the Law 7. Consent 8. CSE 9. FGM 10. Mental Health 11. Coping with Stress 12. Setting targets 13. Study Skills 14. Effects of the Media | **Local and Global Citizenship**   1. Democracy 2. Voting | **Employability**   1. Study skills 2. Financial ability 3. Tracking progress |
| **13/14** | **RSE:**   1. AS subjects and targets 2. Self-motivation 3. Driving 4. Drugs and Addiction | **Local and Global Citizenship**   1. Elections 2. Debating | **Employability**   1. Careers 2. Visit to universities 3. Careers Advice 4. Budgeting 5. Exam results |

**APPENDIX 3 - RESOURCES**

As websites can change, each resource should be viewed by the teacher before delivery to check that the current content is in line with the ethos of the school.

**Keeping young people safer in the digital world**

[www.saferinternet.org.uk](http://www.saferinternet.org.uk)

UK Safer Internet Centre have produced a range of resources to help schools teach pupils about staying safe online. These include resources on teaching about the consequences of ‘sexting’ and how to prevent the sharing of images. There are also links to other valuable websites which offer similar resources.

[www.childline.org.uk](http://www.childline.org.uk)

The NSPCC has produced resources to make it easier for children and young people to get help about ‘sexting’.

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)

Child Exploitation and Online Protection (CEOP) ‘thinkuknow’ website contains advice and resources for teachers exploring the risks which children and young people are exposed to when online. CEOP have produced targeted advice and guidance for 11–13 year olds, 14+ years, parents or carers, and teachers.

[www.childnet.com/teachers-and-professionals](http://www.childnet.com/teachers-and-professionals)

Childnet International provides in-depth advice for teachers in their ‘hot topics’ section, covering issues such as ‘sexting’, online grooming, cyber bullying and online gaming safety. There is also an online resource bank which contains lesson plans and activity ideas suitable for young people up to nineteen years old – this is available at [www.childnet.com/resources](http://www.childnet.com/resources)

[www.ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO\_Lead\_position\_on\_Self\_Taken\_ Images.pdf](http://www.ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO_Lead_position_on_Self_Taken_%20Images.pdf)

Information on policy and procedures relating to sexting in Northern Ireland is available from the Association of Chief Police Officers of England, Wales and Northern Ireland. Recognising and challenging inappropriate behaviour.

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)

CEOP have created a short film entitled Exploited to help young people stay safe from sexual exploitation by being able to recognise the signs. It compares an exploitative friendship or relationship with a healthy relationship, and gives young people clear information about reporting abuse and accessing support. www.safertoknow.info The Safeguarding Board for Northern Ireland’s (SBNI) website contains useful information and resources to raise awareness on child sexual exploitation.

[www.gov.uk/government/uploads/system/uploads/attachment\_data/file/97773/teen-abuse-toolkit.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97773/teen-abuse-toolkit.pdf)

Expect Respect: A Toolkit for addressing Teenage Relationship Abuse is a teaching resource that challenges the attitudes of teenagers to violence and abuse in relationships.

[www.nspcc.org.uk](http://www.nspcc.org.uk)

The NSPCC have produced a number of resources to support teachers in responding to relationship abuse.

**Sexual health issues**

[www.thinkitthrough.org.uk](http://www.thinkitthrough.org.uk)

This website provides advice for young people about healthy relationships and also has links to other organisations in Northern Ireland.

[www.nidirect.gov.uk](http://www.nidirect.gov.uk)

This provides useful advice for young people about sexual health and pregnancy.

[www.fpa.org.uk](http://www.fpa.org.uk)

This factsheet summarises some of the key points of UK law relating to sexual behaviour.

[www.qub.ac.uk](http://www.qub.ac.uk)

Queen’s University Belfast have produced a resource entitled “If I were Jack” about teenage men and unintended pregnancy. It encourages pupils to consider and reflect on all of the options and consequences associated with unintended pregnancy.

[www.crisispregnancy.ie](http://www.crisispregnancy.ie)

As part of their Crisis Pregnancy Programme the Health Service Executive in Dublin have produced B4UDecide, a free, downloadable teaching resource for Relationships and Sexuality Education.

[www.brook.org.uk](http://www.brook.org.uk)

As well as classroom activities and lessons, posters and leaflets, Brook also offers training for teachers to develop their knowledge and confidence of teaching issues such as safeguarding, contraception choices, relationships and sex advice, sexuality, sexual health and pregnancy advice.

**Sexual orientation, gender identity and homophobic bullying**

[www.stonewall.org.uk](http://www.stonewall.org.uk)

[www.schools-out.org.uk](http://www.schools-out.org.uk)

Schools Out is a UK charity committed to helping make schools safe and inclusive for everyone.

[www.the-classroom.org.uk](http://www.the-classroom.org.uk)

This website provides detailed advice on many aspects of teaching and learning to make LGBT people visible in education. It includes presentations, detailed lesson plans and a range of inclusive teaching resources celebrating diversity.

[www.tes.co.uk](http://www.tes.co.uk)

[www.exceedingexpectations.org.uk](http://www.exceedingexpectations.org.uk)

The ‘exceeding expectation initiative’ is designed to tackle homophobia and address sexuality with young people. This website is divided into three main sections and provides useful background information on what homophobia is, responding to homophobic bullying and the homophobic bullying experiences of young people.

[www.endbullying.org.uk](http://www.endbullying.org.uk)

The Northern Ireland Anti-Bullying Forum includes resources on cyber bullying and homophobic bullying.

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

   <https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland> [↑](#footnote-ref-1)