



SECRETARIAT FOR
CATHOLIC EDUCATION

SAFEGUARDING OUR SCHOOL COMMUNITIES



**GUIDELINES AND
PROCEDURES**

2024

ACKNOWLEDGMENTS

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The Secretariat for Catholic Education has published this document following consultation with relevant stakeholders. Below is a list of stakeholders we would like to acknowledge:

- bBrave – Bullying Awareness & Support
- BeSmartOnline
- Church Schools Senior Leadership Teams
- Directorate for Child Protection Services
- Dr Paul; Gonzi
- Dr Daniel Muscat Vella Fondacaro
- MGRM
- Safeguarding Commission
- SFCE Psychosocial Team
- The Malta Police Force Drug Squad

The Student Services department at the Secretariat for Catholic Education (SFCE) values its strong collaborative partnerships with the following entities and organisations, which are essential in delivering effective and comprehensive services to our school communities.

- bBrave – Bullying Awareness & Support
- BeSmartOnline
- Caritas Malta
- Church Schools Association (CSA)
- Dignity Resolution
- Directorate Child Protection Services
- Karl Vella Foundation
- MGRM – Rainbow Support Services
- Moviment Kana
- National Schools Support Services
- Safeguarding Commission
- SEDQA
- Victim Support Agency

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ACRONYMS

AS team	Anti-Substance Team
CAPES	The Child & Adolescent Psychiatric Emergency Services
CI	Critical Incident
CCTV	Closed Circuit Television
CPS	Child Protection Services
CSA	Church Schools Association
CYPS	The Child and Young People's Services
DSO	Designated Safeguarding Officer
FSWS	Foundation for Social Welfare Services
GDPR	General Data Protection Regulation
HOS	Head of School
LGBTIQ+	Lesbians, Gay, Bisexual, Trans, Intersex, Queer /Questioning
MARAM	Multi-Agency Risk Assessment Meeting
NSSI	Non-Suicidal Self-Injury
PSCD	Personal Social Career Development
SAP	Standard Administrative Procedures
SC	Safeguarding Commission
SEL	Social Emotional Learning
SfCE	Secretariat for Catholic Education
SLT	Senior Leadership Team
SOP	Standard Operating Procedures
SRE	Sex Relationship Education
SS	Student Services
SU	Service User
UNCRC	The United Nations Convention on the Rights of the Child
VSA	Victim Support Agency

I INTRODUCTION

1.1 BACKGROUND AND CONTEXT

This document is a revised version of *Safeguarding Our Children in Schools*, originally published by the Secretariat for Catholic Education in 2019. The updated policy, now titled *Safeguarding Our School Communities*, reflects recent changes in legislation and collaborative agreements with various entities.

The title, *Safeguarding Our School Communities*, encapsulates the comprehensive process of protecting all members of the school community—students, educators, school employees and families from harm, abuse, neglect, and discrimination. This involves fostering a safe, inclusive, and supportive environment that prioritises the wellbeing, rights, and dignity of every individual. Safeguarding encompasses proactive measures, clear policies, and effective responses to potential risks, ensuring that physical, emotional, and psychological safety is upheld across all areas of school life. It is a shared responsibility, requiring collaboration among the school, parents, the Secretariat for Catholic Education, external agencies, and the wider community.

The purpose of this policy document is to provide schools with clear guidance on addressing various safeguarding concerns within their communities. While some sections of the document serve as standard operating procedures, schools are encouraged to integrate these guidelines into their own school-based policies.

1.2 GUIDING PRINCIPLES

The policy is grounded in four overarching guiding principles, which provide a strong foundation for safeguarding policies, ensuring they are comprehensive, inclusive, proactive, and transparent:

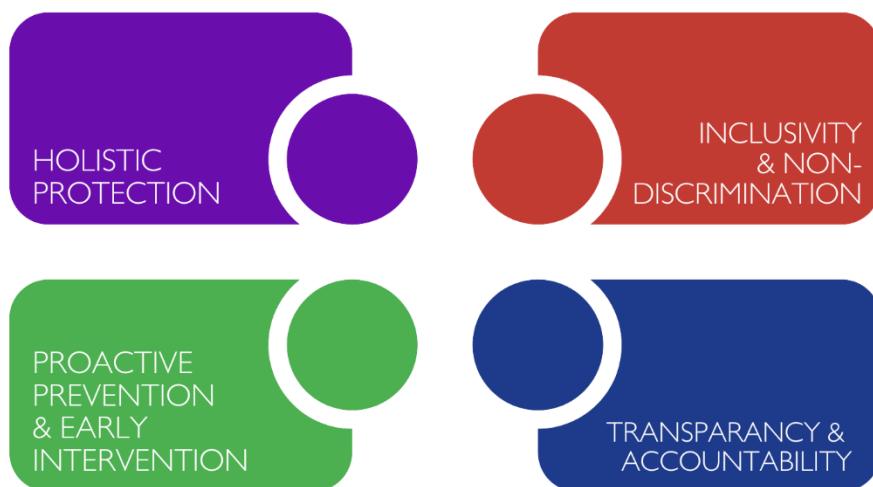


Figure 1: Guiding Principles for Safeguarding

1. Holistic Protection

Ensure all safeguarding measures are interconnected and comprehensive, addressing the physical, emotional, and psychological safety of all students and staff. This principle promotes a unified approach across the policy, from dealing with abuse and bullying to responding to critical incidents and mental health emergencies.

2. Inclusivity and Non-Discrimination:

Foster an inclusive environment where every member of the school community, including marginalized groups such as the LGBTIQ+ community, and individuals from disadvantaged backgrounds and /or situations, feel safe, valued, and supported. Address all forms of discrimination and bullying, ensuring equal protection for all.

3. Proactive Prevention and Early Intervention:

Focus on prevention and early intervention in all safeguarding areas, from substance abuse and mental health to bullying and abuse. Implement strategies to identify risks early and provide timely support to those in need.

4. Transparency and Accountability:

Maintain clear, transparent procedures and communication in all safeguarding matters, ensuring accountability in handling concerns and data sharing. Collaborate effectively with SFCE practitioners and other statutory / external agencies involved. Engage parents, caregivers, and the wider community as partners in safeguarding efforts.

1.3 SCHOOL INVOLVEMENT AND RESPONSIBILITIES

The Secretariat for Catholic Education (SFCE) recognizes that, although church schools share common values, each school has its own distinct ethos, structure, and resources. This flexibility allows schools to draft and implement policies that adhere to statutory procedures, supported by legislation or collaborative agreements between SFCE (representing Church Schools) and statutory entities.

1.3.1 SCHOOL-BASED POLICIES

Every school community is responsible for drafting policies that involve all stakeholders within the school. These school-based policies must align with a clearly defined reporting system and demonstrate a commitment to preventive measures and early intervention. It is strongly recommended that a child-friendly version of all school policies be provided. Additionally, all school policies and procedures, especially those related to safeguarding, must be accessible to all members of the school community.

1.3.2 COLLABORATING WITH ALL STAKEHOLDERS

It is the school's responsibility to provide adequate and relevant professional development to persons with specific responsibilities related to safeguarding and wellbeing, educators and other school employees on regular basis.

Parental involvement in school policies, school activities and active engagement in their children's holistic development contributes to enhancing the wellbeing of the children and young people in our schools.

The United Nations Convention on the Rights of the Child (UNCRC) emphasises a Child-Rights Based Approach, with Child Participation as one of its seven core principles. Schools are therefore required to create spaces and opportunities for children to be heard and consulted on matters that affect them. It is considered good practice to involve students not only in reviewing policies and procedures but also in empowering them to develop emotional literacy and self-regulation skills. Upskilling students in these areas will contribute to the overall wellbeing of the school community.

1.4 DIRECTED INTERVENTION

Ensuring holistic safety for the school community involves working collaboratively with the psychosocial and pastoral teams.

1.4.1 THE DESIGNATED SAFEGUARDING OFFICER (DSO)

The role of the Designated Safeguarding Officer (DSO) was originally established to support the Head of School in managing safeguarding situations and to serve as a point of contact for psychosocial practitioners and the broader school community. Over time, this role has evolved. In many schools, the DSO has become the primary point of contact for students, educators, and parents, not only for reporting safeguarding issues but also for discussing concerns related to personal wellbeing. This expansion of responsibilities has increased the DSO's workload, necessitating intervention from the Head of School to ensure the DSO's own wellbeing is safeguarded.

Individuals serving as DSOs play a critical role in the implementation of safeguarding policies and procedures within the church school sector. All church entities are required by the Safeguarding Policy adopted by the Church in Malta and Gozo (2024) to appoint a DSO. In church schools, the DSO's role extends beyond that of a safeguarding contact. For detailed duties and responsibilities, refer to Appendix 1, *The Designated Safeguarding Officer in Church Schools*.

1.4.2 PSYCHOSOCIAL TEAM COLLABORATION

The school psychosocial team includes the DSO, the guidance teachers and any psychosocial and inclusion practitioners giving service to the school community. Communication between multidisciplinary professionals is standard. Church schools strive to up their collaborative

practices by working interdisciplinary and at times transdisciplinary depending on the situation. In any case collaboration is based on shared child-centred goals and respectful working relationships.

1.4.3 PSYCHOSOCIAL TEAM MEETINGS

Psychosocial team meetings, which may be known by different names in some schools, are considered as recommended good practice. Effective collaboration among professionals requires consistent communication, leading to various types of meetings occurring frequently. However, this reference specifically pertains to formal psychosocial team meetings, which are held every six weeks or once per term. For more details, refer to Appendix 2, *Interdisciplinary Psychosocial Team*.

1.5 FOLLOW UP

SFCE is committed to continually strengthen collaboration with statutory entities, church organisations, and other partners to ensure the effectiveness of safeguarding efforts across all schools. It is crucial that schools actively monitor the implementation of their school-based policies and procedures, conducting regular evaluations to assess their impact. These evaluations should inform periodic policy reviews, ensuring that the safeguarding practices remain relevant, effective, and aligned with the latest guidelines and collaborative agreements. Through ongoing cooperation and diligent oversight, we can uphold the highest standards of safety and wellbeing within our school communities

2 PARENT CONSENT AND DATA MANAGEMENT

Data protection in Malta is mainly regulated by the [General Data Protection Regulation \(Regulation \(EU\) 2016/679\)](#) (GDPR) which has been incorporated into Maltese legislation through the [Data Protection Act \(Chapter 586 of the Laws of Malta\)](#).

2.1 DEFINITIONS

- **Personal Data:** Any information that relates to an identified or identifiable living individual.
- **Sensitive Data:** Information that includes psychological, medical, and personal details about students, which must be handled with utmost care and confidentiality.
- **Explicit Consent:** Written agreement from parents or legal guardians for specific actions involving their children, ensuring they are fully informed about the nature and purpose of the consent.
- **GDPD:** General Data Protection Decree, a legal framework for data protection and privacy, which schools must adhere to in managing student data.
- **Data Breach:** A security incident where unauthorised parties gain access to sensitive or confidential information without permission.
- **Data Controller:** An individual that determines the purposes and means of processing personal data.

2.2 GUIDING PRINCIPLES

- **Custodianship of Data:** Educational institutions are custodians, not proprietors, of the data they collect, emphasizing their responsibility to handle it with care and integrity.
- **Parental Consent:** To ensure the safety and wellbeing of children, it is essential to obtain informed and explicit parental consent for any activity, service, or intervention involving minors.
- **Purpose Limitation:** Data should be utilised judiciously and exclusively for the specific purposes for which it was collected, ensuring that its use aligns with the original intent.
- **Adherence to Data Protection Principles:** Schools must strictly adhere to GDPD data protection principles, safeguarding the privacy and rights of individuals whose data is collected.
- **Respect for Privacy:** There is a fundamental responsibility to respect the privacy of both students and their parents by ensuring that their data is protected and not misused.

2.3 SCHOOL INVOLVEMENT AND RESPONSIBILITIES

2.3.1 OBTAINING AND MAINTAINING PERSONAL DATA

Schools must recognise and value the right of each person to protect their own privacy. Therefore, it must be ensured that:

- Students and their Parents/Legal Guardians are informed of the reasons why their data is collected and the uses to which their data will be put. Information is always kept with the best interest of the student in mind.
- Data is kept safely and securely and should only be accessible to authorised persons on a need-to-know basis.
- Data needs to be kept accurate, complete and up to date. Students, parents/legal guardians, and/or staff should inform the school of any change which the school should make to their personal data and/or sensitive personal data to ensure that the individual's data is accurate, complete and up to date.
- Data retained must be adequate, relevant and not excessive. Only the necessary amount of information required to provide an adequate service is gathered and stored.
- Data should not be retained for longer than is necessary and only for the specified purpose or purposes for which it was given. Generally, the information will be kept for the duration of the individual's time in the school. Thereafter, the school may retain students' non-sensitive personal data in the best interest of the student and for historic purposes.

2.3.2 CONSENT AND ETHICAL SHARING OF INFORMATION.

Consent must be explicit and informed: The school is responsible for obtaining informed and explicit parental consent for any activity, service, or intervention involving students. This consent must be documented, verbal consent is not sufficient, transparent, and provided voluntarily by parents or legal guardians, who should be fully informed about the nature, purpose, and potential risks of the activity.

- **Annual Consent Form:** At the beginning of each school year, parents/legal guardians are required to sign the *Student Wellbeing Sensitive Data Processing Form*. See Appendix 3, page 1, *GDPR Registration & Consent Form* .
- **Entry Point Consent and Information Form:** Upon entry to kindergarten, primary school, secondary school, and sixth form, the school will distribute a **Consent and Information Form** to all parents/guardians. This form covers all services provided by the School for Child and Educational Services (SfCE). Consent must be signed by all parents/legal guardians of the student. See Appendix 3, page 2, *Processing of Sensitive Data and Psychosocial Professionals*.

- **New Student Enrolment:** When a new student joins the school at any entry point, the Senior Leadership Team (SLT) must ensure that both above-mentioned consent forms are provided to the parents/legal guardians. The signed forms should be returned to the SLT within one working week.
- **Communicating with external professionals:** In instances where a school interacts with an external professional monitoring a student's wellbeing, such as a psychiatrist, it is important to obtain explicit written consent from the parents/legal guardians each time their involvement is necessary. It is advisable for parents/legal guardians to be included in any meetings or correspondence with external professionals to maintain transparency. Moreover, parents retain the right to withhold consent if they choose.
- **Regular communication with an external professional:** It is advisable to update the parents/legal guardians regularly and if correspondence is by email, the parents/legal guardians should be copied.
- **Psychosocial Meetings:** In the context of psychosocial meetings, it is imperative that sensitive information is exchanged among the educational institution and SfCE professionals with discretion and respect. Such information must be pertinent to the case at hand and shared strictly on a need-to-know basis, avoiding any unnecessary disclosure.

2.3.3 INTERDISCIPLINARY TEAM INVOLVEMENT WITHOUT PARENTAL/GUARDIAN CONSENT

The Interdisciplinary Team will engage in the following situations without requiring parental or legal guardian consent:

- **Patterns of Absenteeism:** When there are recurring instances of absenteeism.
- **Student Safety and Wellbeing:** When the student's safety and wellbeing are at risk.
- **Threatening Behaviour:** When the student's behaviour poses a serious threat to the safety and wellbeing of others.

2.3.4 INFORMATION SHARING DURING SCHOOL TRANSITIONS

In the event of a transition from one school to another, parents will be informed that information related to the aforementioned situations will be shared with the Senior Leadership Team (SLT) of the new school. Parental consent is not required for this information sharing.

2.3.5 INTERVENTION IN CASES OF ALLEGED ABUSE

In cases of alleged abuse by one of the parents, the Interdisciplinary Team will intervene as deemed necessary based on the professional judgment of the team members involved. Support may include, but is not limited to:

- Monitoring

- Discussing and providing feedback to Child Protection Services (CPS)
- Sessions with social workers and /or other school psychosocial professionals

Each case will be assessed individually, and interventions will be determined according to the professional judgment of the Interdisciplinary Team members.

2.3.6 SENSITIVE DATA AND EDUCATORS

- Educators require access to certain confidential information regarding their students, such as psychological or medical diagnoses and corresponding professional recommendations, to support the educational process effectively. Nevertheless, it is not necessary to provide educators with complete professional reports.
- Additionally, it may be beneficial for an educator to be cognisant of a student's challenging domestic circumstances to offer appropriate support and understanding. However, detailed personal narratives are not required. Prior consent from parents or legal guardians is essential, and the preferences of older students regarding the sharing of their personal information must be respected and their consent obtained.

2.3.7 TRANSITIONING FROM PRIMARY TO SECONDARY

The following notes apply for the transfer of sensitive data. It does not apply for the handover of general information such as classroom dynamics, friendship patterns, general academic levels etc.

- The parents/legal guardians' consent is needed to hand over sensitive documents to a new school. This includes the transition document, psychological reports and IEPs.
- The parents/legal guardians' consent is also needed for verbal transitions when sensitive information including but not limited to students' difficulties/disabilities/health conditions or family issues are discussed. Refer to section 3.3.3 for exceptions.

2.3.8 COMMUNICATING WITH PARENTS AND GUARDIANS

In the interest of maintaining professional standards and safeguarding all parties involved, it is imperative that communication with parents be conducted exclusively through official channels, such as the school's MS TEAMS or School Management Integrated Systems. The use of personal messaging applications, including WhatsApp and Messenger, is strongly discouraged to preserve professional boundaries. To ensure the privacy and security of all individuals, the exchange of personal and sensitive information must be limited, with a member of the Senior Leadership Team included in correspondence whenever feasible. Furthermore, communications should respect the agreed-upon hours set forth by the school, avoiding infringement upon the personal time of both educators and parents. This guideline is equally applicable to communication between Learning Support Educators and parents.

2.3.9 IMAGES, PHOTOS AND VIDEOS

- Images that feature identifiable minors are considered personal data and should be handled with the utmost care. Educators and staff are advised against the use of personal mobile devices or other personal electronic equipment to photograph students. Photos captured in this manner are often uploaded to personal cloud storage, making it challenging to manage who has access to them.
- Furthermore, it is not advisable to post photographs of recognisable students on social media platforms without obscuring their faces, even when there is parental consent. There may exist privacy or legal implications that preclude the uploading of such images, and doing so could inadvertently expose children to risk, particularly if they are in school uniforms.
- The practice of educators sharing classroom photographs with parents via private groups has become widespread. This approach grants parents unrestricted access to images of other individuals' children. Once distributed, there is a possibility for these images to be further disseminated, altered, or repurposed by parents, regardless of their intentions.
- The processing of **CCTV footage** is restricted to individuals with explicit authorisation. The footage is to be utilised solely for its intended purpose, namely ensuring the safety and security of all individuals entering the educational premises.

2.4 DIRECTED INTERVENTION

The school needs to adopt and promote various security measures among its staff members to protect the privacy of personal data, including the following:

- Portable devices storing personal data, such as laptops or tablets, should be kept under lock and key when not in use. Moreover, they should be encrypted and password protected. Should such a data storage device end up in estranged hands, this will constitute a data breach.
- Passwords should not consist of a username, real name, or institution name. Instead, use strong passwords that are at least eight characters long and consist of a mix of upper and lower-case letters, numbers, and symbols.
- Do not leave documents and devices lying around and shred all confidential waste immediately.
- Sensitive personal data is to be stored under lock and key in the case of manual records and protected with firewall software and password protection in the case of electronically stored data.

- Confidential information can be stored in a separate file, which can easily be removed if access to general records is granted to anyone not entitled to see the confidential data.
- Hold telephone calls in private areas. Whenever external agencies or parents are called, it is important that the identity of the person receiving the call is verified by the caller.
- Only official channels should be used for work-related communication. This includes the exclusive use of official, school-owned email addresses. Auto-forwarding from official addresses to personal email addresses is not advisable.
- Sharing and storing via Cloud is to be encouraged. Cloud providers must supply breach notification obligations and protocols, as well as provide clear indications of where the data is being stored since any storage outside the EEA can create legal complications.
- Mobile phones are NOT to be used to process any data whatsoever.
- A misplaced or stolen device needs to be reported immediately. Should an employee refrain from doing so, said employee may be liable for disciplinary procedures.

2.5 FINAL NOTE

The measures outlined are designed to ensure that sensitive information is handled with the utmost care and in compliance with legal and ethical standards. Clear communication and transparency are key to building trust and maintaining the integrity of our data management practices. Any breaches of data security must be reported immediately to the Data Controller to prevent unauthorized access and potential misuse of information.

3 ADDRESSING CONCERNS AND ALLEGATIONS OF ABUSE

3.1 DEFINITION OF DIFFERENT FORMS OF ABUSE

In our commitment to ensuring a safe and secure environment, abusive behaviour is systematically categorised into nine distinct groups each encompassing various forms and manifestations. These categories include:

- Emotional Abuse
- Sexual Abuse & harassment
- Spiritual Abuse
- Neglect
- Physical Abuse
- Bullying
- Online Abuse
- Poor Practice
- Abuse of Power
- Gender-Based Violence

For comprehensive definitions and further insights into each type of abuse, please refer to Appendix 4, *Definitions of Different Forms of Abuse*.

3.2 GUIDING PRINCIPLES

3.2.1 MANDATORY REPORTING

Students may disclose sensitive information which can be harmful to self and others. All members of staff who become the repository of sensitive information, are obliged and ethically bound to report to the DSO and in his /her absence, the Head of School. Upon disclosure, the DSO will inform the Head of School and the school social worker.

The school social worker will liaise with Child Protection Services (CPS) and follows instructions accordingly. The latter may also be delegated authority from CPS to carry out further investigation on the case such as collecting evidence through pictures, one to one meeting with the children and report writing. It is foremost to highlight that not every case referred to the social worker will be referred to CPS.

It is crucial to emphasize that Mandatory Reporting is a legal obligation and there are severe consequences if one fails to abide by Law as stipulated in the Minor Protection (Alternative Care) Act Chapter 602 of the Laws of Malta

Governing Text: [Chapter 602 Child Protection \(Alternative Care\) Act](#) .

3.2.2 CONSENT

Interdisciplinary Team will still be involved with or without the parents'/guardians' consent in the situations stated below:

- When there are patterns of absenteeism.
- When the student's safety and wellbeing is at risk.
- When the student's behaviour is a serious threat to others' safety and wellbeing.

Support may include but not be limited to monitoring, discussing and giving feedback to CPS and Multi-Agency Risk Assessment Meeting (MARAM). In some cases, it may involve sessions with counsellors/social workers/psychotherapist/psychologist etc. This will be decided on a case-by-case basis according to the professional judgment of the Interdisciplinary Team member/s and/ or CPS direction.

3.3 SCHOOL INVOLVEMENT & RESPONSIBILITIES

3.3.1 PREVENTION

It is highly recommended that the school takes the following preventive measures:

- The school community is to nurture a safe environment where every person (adults and minors) feels safe enough to disclose any concerns, issues that may arise (both within school and outside school premises).
- Every Church school leader must establish a clear recruitment procedure for roles that involve direct or indirect contact between Church personnel and minors and/or vulnerable adults. Refer to Safe Recruitment guidelines stipulated in the Safeguarding Policy adopted by the Church in Malta and Gozo (2024).
- All church schools' employees and volunteers must abide by the Safeguarding Code of Conduct stipulated in the Safeguarding Policy (2024).
- Every Church entity that has contact with minors and/or vulnerable adults shall appoint a Designated Safeguarding Officer (Safeguarding Policy, adopted by the Church in Malta and Gozo 2024). For the Designated Safeguarding Officer (DSO) duties and responsibilities refer to Appendix 1, The Designated Safeguarding Officer in Church Schools.
- All members of the school community shall be aware of the DSO and who is the designated person/s in this role.
- All church schools' employees and volunteers must attend the Safeguarding Training every three years.
- A clear reporting system (any concern or disclosure related to an allegation of abuse received by a student/ member of staff / parent/volunteer is to be reported directly to the DSO)

3.4 DIRECTED INTERVENTION

The underneath includes different scenarios of how to address disclosures or witness of abuse.

3.4.1 REPORTING SYSTEM FOR DISCLOSURES OR WITNESS OF ABUSE FROM ADULT* TO STUDENT:

*Adult refers to any other adult that is not a member of staff

1. The person who witnessed or received the disclosure from the student reports the case to the DSO in writing.
2. The DSO informs the HOS or College Rector/Director/Provincial (where applicable) and consults with the school social worker on the matter. It is highly important that such consultation takes place without delay.
3. Any other Interdisciplinary Team members involved in the case may also be consulted.
4. School social worker consults CPS designated officer and acts upon guidance provided together with the DSO and other Interdisciplinary Team Members as necessary.
5. Only if instructed by CPS, a referral to the Directorate for the Child Protection Services is to be filed without delay.
6. The school social worker **MUST** be involved in every referral. In the absence of the school social worker, the referral still needs to be filled in by the DSO and /or HOS and the Principal Social Worker.
7. The referral is to be endorsed by the DSO and/ or HOS and School Social Worker. In the absence of the School Social Worker, the Principal Social worker or Director Student Services need to endorse the referral.
8. CPS may delegate authority to the School Social Worker and /or DSO to take photographs, listen to any witnesses and /or gather further information to include in the referral.
9. CPS guide the Interdisciplinary Team to continue supporting the student without investigation. Support may include but is not limited to monitoring, discussing and giving feedback to professionals involved. In some cases, it may involve session with social worker and /or other psychosocial professional. This will be decided on a case-by-case basis according to the professional judgment of the Interdisciplinary Team members.

3.4.2 REPORTING SYSTEM FOR DISCLOSURES OR WITNESS OF ABUSE FROM MEMBER OF STAFF TO STUDENT

1. The complainant and/or witness files a report to the DSO.
2. DSO reports to the HOS or College Rector/Director (as applicable) and the Ordinary. The DSO also reports to the Safeguarding Commission.

3. In not later than one working day, the DSO and/ or HOS submits a written referral to the Safeguarding Commission, copying in SFCE Director General and Director Student Services.
4. Upon referral the Safeguarding Commission asks the Ordinary to give a decree in writing, preferably not longer than a week from receipt of referral.
5. The Safeguarding Commission refers the case to the CPS, if the allegation/s fall under their remit.
6. The DSO and HOS might be delegated by the Safeguarding Commission or the CPS to speak to the complainant /recipient of disclosure and any witnesses and record through writing.
7. The DSO and HOS might be delegated by the Safeguarding Commission or the CPS to speak to the alleged victim in the presence of parents/guardians and record through writing.
8. Following the conclusions of the investigations carried out by statutory agencies, the Safeguarding Commission initiates a risk assessment and/or a preliminary investigation based on the information provided in the written referral and any other information given to them by the statutory agencies.
9. Throughout the course of the risk assessment and/or preliminary investigation, the Safeguarding Commission may suggest the Ordinary to take actions with the aim to safeguarding the students and/or vulnerable adults at risk. Once the risk assessment and/or preliminary investigation is completed by the investigations and assessment team within the Safeguarding Commission, a report will be presented by the Head of Safeguarding to the Safeguarding Advisory Board, who from their end will issue the conclusions and recommendations.
10. The final report approved by the Safeguarding Advisory Board is presented to the Ordinary in the presence of the HOS, Rector or principal (where applicable) together with SFCE Director General and Director Student Services.
11. Following the presentation of the report, it becomes the responsibility of the Ordinary to:
 - take a decision on the conclusions and recommendations proposed in the report
 - inform the Safeguarding Commission about the decision taken
 - inform the appointed Victim Care and Advisory Officer, or any person supporting the alleged victim appointed by the school, of the decision so as to inform the alleged victim
 - request the HOS to inform the subject of complaint of the decision

- request the HOS to supervise the execution of the decision
- request the HOS to evaluate, in consultation with the Safeguarding Commission, whether any media statements are necessary or prudent.

12. When a complaint of a safeguarding concern against a staff member is found to be malicious:

- no records about the complaint are to be kept by the Safeguarding Commission and the relevant Ordinary, beside a brief note stating that a malicious complaint was made against the said staff member; and
- no reference is to be made to the complaint in any request for information or reference.

13. This is done to preserve the good name of the individual concerned. If the complaint involves the DSO, then the complaint shall be made directly to the Rector/HOS/Ordinary/SFCE DG by the victim or the complainant. If the complaint involves the Rector/HOS/Ordinary, the complaint shall be directly filed with the Safeguarding Commission by the reporting party or the complainant. Notwithstanding all members of staff, parents and students are highly encouraged to report through the above channels, they may still report directly to the Safeguarding Commission.

3.4.3 REPORTING SYSTEM FOR DISCLOSURES OR WITNESS OF ABUSE FROM STUDENT TO ADULT*

**Adult refers to member of staff*

1. The complainant and/or witness files a report to the DSO.
2. DSO reports to the HOS or College Rector/Director/Ordinary (where applicable)
3. DSO and HOS listen to the complainant/witnesses' version and record through writing.
4. DSO and HOS listen to the subject of complaint (student) in the presence of parents/guardians and record through writing.
5. If the report includes violent aggression, further advice is to be sought from the SFCE management.
6. Following this, the HOS may take disciplinary actions against the subject of complaint (student).

3.4.4 REPORTING SYSTEM FOR DISCLOSURES OR WITNESS OF ABUSE FROM ADULT TO ADULT

**Adult referring to members of staff*

1. The complainant and/or witnesses file a report to the DSO.
2. DSO reports to the HOS or College Rector/Director/Provincial (where applicable)
3. DSO and HOS listen to the alleged abuser version and record through writing.

4. DSO and HOS listen to the alleged victim in the presence of parents/guardians and record through writing.
5. The HoS and DSO assess whether it is a conflict between two adults or harassment from one adult to other.
6. Following the investigation the HOS works with both parties to resolve conflict and improve the relationship. Disciplinary actions may be taken against one or both parties.
7. In case of alleged harassment /abuse of a vulnerable adult, it is recommended to refer the case to the SC.
8. Following an independent initial assessment, the Safeguarding Commission proceeds either with preliminary investigation or recommendations to the Ordinary / Bishop with the aim of safeguarding children and adults at risk.
9. The Safeguarding Commission communicates outcome and recommendations to the Rector/Provincial and HOS.

3.5 FOLLOW UP CARE PLAN

**In this paragraph adult refers to members of staff, family members or other adults involved in the case*

3.5.1 FOLLOW UP ON REFERRALS INITIATED BY THE SCHOOL

In above mentioned circumstance, following the preliminary investigation CPS and / or the Safeguarding Commission may provide guidelines to the Interdisciplinary Team to continue supporting the student and or the adult* involved. Support may include but is not limited to monitoring, and giving feedback to CPS or Safeguarding.. In some cases, it may involve session with counsellors/ social workers/ psychotherapist/ psychologist etc. This will be decided on a case-by-case basis.

3.5.2 FOLLOW UP ON REFERRALS RECEIVED BY OTHER AGENCIES

The Secretariat for Catholic Education (SFCE), representing the Church school sector, has established collaborative agreements with SEDQA and Caritas regarding disclosures that may occur during prevention program sessions facilitated by agency or organization staff. For details, see Appendix 4. Disclosures Procedure for Preventive Programmes

Additionally, SFCE has a collaborative agreement with the Victim Support Agency (VSA). When minor victims of crime, reported to or seeking support from VSA, attend church schools, they are immediately referred to school-based psychosocial services. The referral process and post-referral care procedures are outlined in the Collaborative Agreement between Victim Support Agency (VSA) and SFCE, Here is an extract from pages 3 – 4.

- a) Both parties agree to uphold a Service User referral system, wherein:

2. Referral Process

- Referrals of minor victims of crime by VSA to school-based psychosocial services should be made to the Head of School as the initial contact. The Director for Student Services within SFCE must be copied on all referrals. A standardized form (Appendix 6) must be used for this process.
- Referrals of minor crime victims to the VSA are permitted only when they are no longer eligible for school or government services and require a standardized form (Appendix 6) endorsed by parents/legal guardians.
- If SU (service user) is sixteen (16) years or over, consent of parent/s guardian/s is not required.
- Adult crime victims are to self-refer to the VSA

3. Post-Referral Care Coordination:

- Upon receiving a referral, the school's Designated Safeguarding Officer (DSO), social worker, and counsellor will discuss the case with the VSA referring officer to develop a care plan. If the school's psychosocial resources are insufficient or unavailable to meet the minor's needs, the minor will be referred to other service providers upon consultation and agreement with the referring VSA officer. The school team will continue to monitor the minor and collaborate with the external professionals involved in the care plan.

b) Both parties shall assist each other to coordinate information sessions and talks in school addressed to both students and educators.

c) Both parties shall collaborate to raise awareness on Victims of Crime Rights to encourage victims to report and seek support.

4 ADDRESSING BULLYING BEHAVIOUR IN SCHOOLS

This chapter aims to provide guidance to schools in managing bullying behaviour. The guiding principles of this document serve to inform schools about the values and attitudes that underly the policy. The strategies proposed include both universal practices, which are preventative in nature, as well as direct intervention practices that provide guidelines on managing reports, investigations and interventions with reported cases of bullying. This policy should be adapted to the schools' occupational and operational realities and its particular ethos and culture.

4.1 DEFINITIONS

Bullying is unwanted, aggressive behaviour that involves a real or perceived imbalance of power. The behaviour is repeated, or has potential to be repeated, over time. Children or vulnerable adults who engage in bullying behaviour use their power, such as physical strength, access to embarrassing information or popularity, to control or harm others. The person experiencing bulling is having his/her rights violated and will be affected on a physical, psychological, social and/or educational level.

Behaviours can be direct or indirect and encompass various forms which can alternate and overlap each other which are not simply limited to their genre but can encompass other forms at the same time. The following are the different categories of bullying behaviour:

- **Physical bullying:** Deliberate physical harm, theft, extortion or destruction of belongings.
- **Verbal bullying:** Use of shaming, intimidation, threats and/or taunts intended to cause emotional and psychological harm. This includes name calling, body-shaming, verbal insults, teasing, intimidation and derogatory remarks. Often used to gain power or lower self-esteem.
- **Relational/social bullying:** Covert manipulation to damage someone's social relationships, mental wellbeing and/or gain personal social status. Behaviours include non-verbal belittling, exclusion, gossip, threats, conditional friendships, ghosting and/or stonewalling.
- **Prejudicial bullying:** Harmful behaviours that target one's identity, often rooted in bias, entitlement and/or fear. Based on ethnicity, sexual identity or orientation (LGBTIQ+) and/or religious beliefs. May involve name-calling, assault, derogatory jokes, sharing of racist material and/or incitement. These types of behaviours that become manifest through abusive speech or writing, fall under the term **hate speech**, which is considered to be a criminal offence from the age of 14. **Hate Speech** is defined as "any kind of communication in speech, writing or behaviour, that attacks or uses pejorative or discriminatory language with reference to a person or a group on the

basis of who they are, in other words, based on their religion, ethnicity, nationality, race, colour, descent, gender or other identity factor.” (UN Strategy and Plan of Action on Hate Speech.)

- **Sexual bullying (sexual harassment):** Using sexuality for intimidation, shaming, threats and/or control. Behaviours include inappropriate comments, sexualised looks, unconsented touching, pressurized sexual behaviour.
- **Staff harassment:** Harassment is when bullying or unwanted behaviour is related to any of the following (known as “protected characteristics” under the Equality Act 2010): includes age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Workplace bullying can be verbal, physical or psychological, It can happen face to face or online. It might be a one-off incident but is more often a repeated pattern of behaviour. It is classed as harassment if it violates a person’s dignity or creates a hostile environment for them- whether the perpetrator intends this or not.
- **Student harassment:** Student harassment means behaviour towards students based, in whole or in part, on sex, race, religion, national origin, colour, ancestry, creed, sexual orientation, or physical, mental, emotional or learning disability or handicap which substantially interferes with a student’s school performance or creates an intimidating, hostile or offensive school environment.
- **Cyber bullying:** Virtual bullying behaviours on social media platforms, messaging apps and/or gaming forums or other forums online aimed at intimidating, humiliating, tormenting and/or threatening another. Cyberbullying includes abusive posts or comments, sharing of someone else’s private information (outing), use of false profiles (catfishing), hacking and fraping, excluding from chats, threats and trickery. Cyberbullying attacks can also happen to teachers by students and schools need to be made aware that even teachers can be made targets by students. This can occur in the form of creating false profiles for teachers for example, by using computer enhanced AI imagery etc to create credible false profiles for teachers and proceed to post inappropriate content as if it were created by the teachers themselves. Staff need to be educated and trained to learn how to tackle this possibility also.

4.2 GUIDING PRINCIPLES

Schools strive towards creating an environment that provides safety and a sense of belonging. Bullying behaviour is a threat to the safety of the school community and efforts should be made in managing such behaviour. Anti-bullying interventions are founded on three guiding principles, namely;

- Recognising that it is a shared responsibility.
- Adopting a Zero-tolerance approach to aggression.
- Intervening through a **No Blame** approach.

Shared Responsibility

- This considers the concept that bullying as a social dynamic that operates on multiple levels, therefore needing to be understood as a whole school approach. to different degrees, all members of the school community share responsibility of bullying dynamics within the setting.
- Every member of the school community is to be equipped and is responsible for detecting and intervening when aggression of any kind is perceived.
- Adult members of the community hold the responsibility to model pro-social values and positive inter and intra personal interactions.

Zero Tolerance Approach

- This ensures that safety and wellbeing of students within schools is prioritized.
- Aggressive and unkind behaviour is not tolerated or accepted by educators, who will be vigilant to stop aggression immediately and address such behaviours effectively.
- Imparts a clear message of what behaviours are expected and what behaviours are not accepted within the school community.

No Blame

- This mindset acknowledges that bullying is a complex phenomenon and behaviour observed is often merely a reflection of students' deeper challenges and hidden realities, both conscious and unconscious.
- This approach reinforces a non-judgemental attitude in dealing with students and behaviour management.
- Conflict is viewed as an opportunity for individual and relational growth.
- The role of the educator is to provide a safe space where they support the student to:
 - 1. Reflect on and understand the situation.
 - 2. Reduce/contain overwhelming emotions.
 - 3. Give voice to their emotions and thoughts.
 - 4. Increase awareness and understanding of their behaviour and how it effects them and others.
 - 5. Take responsibility and seek to repair through restorative practices.
 - 6. Explore healthier and more pro-social behavioural choices.

Figure 2: The No Blame approach

4.3 SCHOOL INVOLVEMENT AND RESPONSIBILITIES

4.3.1 INTRODUCTION

The introduction of an effective school strategy against bullying incorporates both directed and universal interventions. Universal intervention involves efforts to reduce risk of bullying behaviour to occur in the first place, as well as increasing students' resilience in managing challenging situations. Such intervention can take numerous forms whereby various aspects of the school are addressed systemically. Effective strategies are ones that involve educating and empowering all members of the educational community: management, educators and auxiliary staff, students, and parents. Such strategies involve promoting and educating on pro-social behaviour, psychoeducation, social emotional skills, and character education. This form

of intervention empowers the whole school to build a sense of safety, belonging and responsibility. This approach permeates through the schools' policies and procedure, the school culture, ethos, and its visual identity.

Effective intervention is founded on targeting the following aspects:

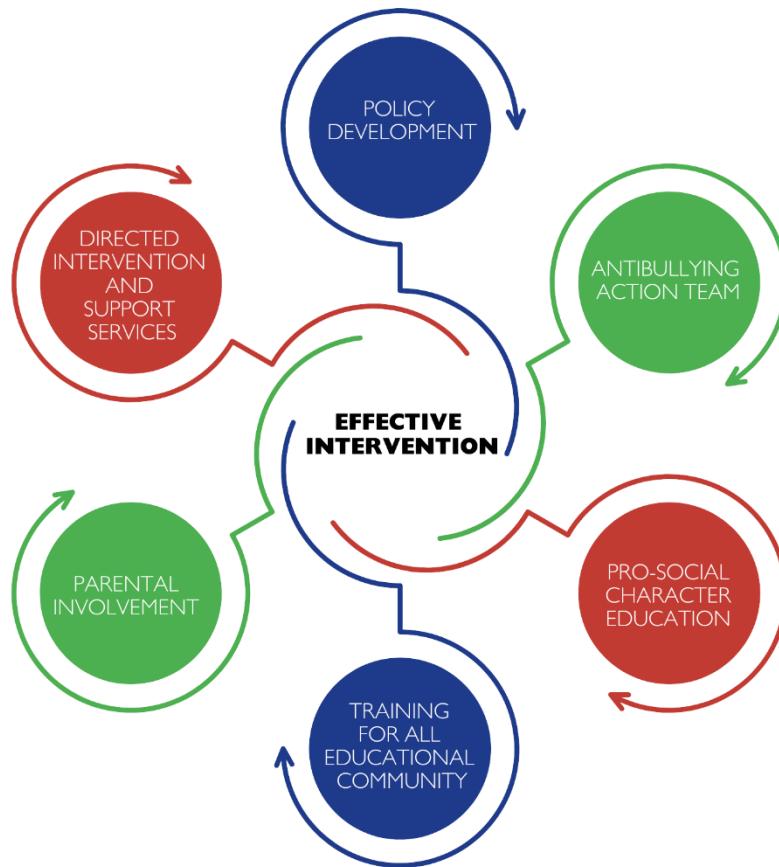


Figure 3: Effective intervention

4.3.2 POLICY DEVELOPMENT

Policy and procedures are important to put into practice the values and ethos upheld by the school. Policies in relation to student behaviour in the form of a Behaviour Policy and/or Code of Conduct and in relation to managing bullying in the school are to be drawn. The Behaviour Policy should be separate to the school's Anti-Bullying policy. The salient principles of such policies should be displayed within the school, to be a visually accessible reminder for all members of the educational community.

4.3.2.1 Behaviour Policy and the Code of Conduct

The Behaviour Policy aims to address issues related to managing behaviour at school. This policy is aimed to inform students about what behaviours are expected of them, what behaviours are not, and aware of how the school intends to manage such behaviours. The measures which the school uses to promote positive behaviour are outlined within the document together with the ethos that the school adopts with regards to behaviour management.

Included in this behaviour policy should be the concept of the use of technology within schools. The use of technology, if and when allowed within schools, needs to be monitored and supervised and used only with discretion. Parents also need to be made accountable for the supervision of their children at home, if they are allowed to use social platforms at a young age. In addition, it is also imperative that the communication between staff and students be limited to emails and specific platforms, such as Teams, when necessary.

All students and parents must sign the Code of Conduct document *at least* upon entry into Primary School, Secondary School and Sixth Form. It is recommended as good practice for parents to sign a copy of the document as a declaration that both parents and students have read the Learners Code of Conduct with the administrative paperwork in the beginning of each scholastic year. Such a policy should be accessible to the parents online.

For more effective results, the Code of Conduct must be written in simple and clear language. The document must promote a positive approach encouraging pro-social behaviours, that take into consideration the school ethos. This must include clear procedures and expectations for the infringement of this code as well as the importance of restorative justice practices.

It is recommended that the Code of Conduct includes the name of the Designated Safeguarding Officer, and other professionals that support the students' wellbeing, for both reporting and referral for support.

4.3.2.2 Anti-bullying Policy

The Anti-Bullying policy aims to inform and to support the school in the identification and management of bullying behaviour when it occurs and offers guidance in building practices and a culture to prevent bullying from occurring. Each school is responsible to devise their own antibullying policy which reflects the core values of the National Policy: *Addressing Bullying Behaviour in Schools, Respect for All Framework 2014* (MEDE, 2014).

The school's Antibullying Policy should aim to help members of the school community to identify aggressive and bullying behaviour and empower them to report and manage it adequately. The document should have clear procedures for reporting, investigating, and dealing with the behaviours, with particular focus on restorative practices. This must be adequately disseminated to all members of the school community. The Anti-bullying policy should also reflect the SLT's initiatives to ensure a safe environment which encourages open communication and fosters good relationships amongst adults and students.

The setup of an Anti-Bullying policy supports the school to promote a culture of safety, zero-tolerance to aggressive behaviour and informs the school community of the values and procedures in relation to bullying behaviour. The Anti-bullying policy needs to be tailor-made to the school's needs and culture. It is important that this policy has been developed through a consultation which involved all members of the school community – children/young people, parents/carers and all school staff. The policy should be communicated effectively, in a

language and visual representation adapted to its audience. The Framework for writing the School Anti-bullying policy should include the following criteria:

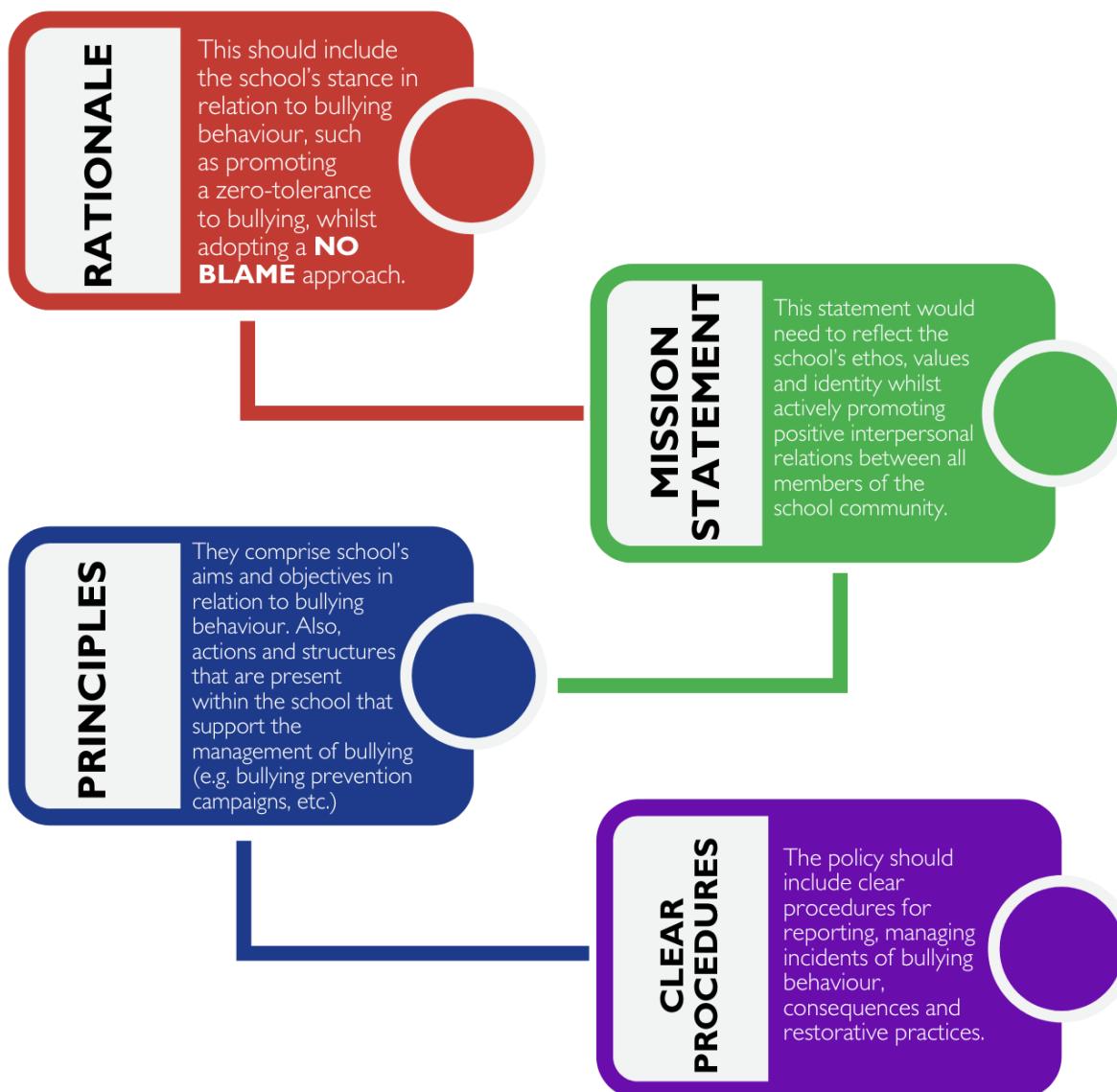


Figure 4: Anti-bullying Framework

4.3.3 THE SCHOOL ANTI-BULLYING ACTION TEAM

It is recommended that a school Anti-bullying Action Team is set up to follow, implement, monitor and evaluate the anti-bullying policy and universal anti-bullying practices within the school. The purpose of this team is **not** to deal directly with bullying reports, or cases of alleged bullying behaviour. It is recommended that the composition of the team reflects the whole educational community, including psychosocial professional/s, educator/s, possibly members of the administrative team, parents and students. The composition of the team will be determined by the school. It is recommended that the team includes at least one member from the Senior Leadership Team (SLT) to facilitate the execution of plans, and the school's Designated Safeguarding Officer (DSO), given that anti-bullying is a key part of the

safeguarding agenda. Should it be possible, it would be encouraging to show acknowledgement to educators who receive training and embark on roles that deal with wellbeing and Anti-bullying.

It is up to the discretion of the school to decide about the level of involvement of the team and different participants. It is recommended that the team meets at least twice per term. The functions of the team would be as follows:

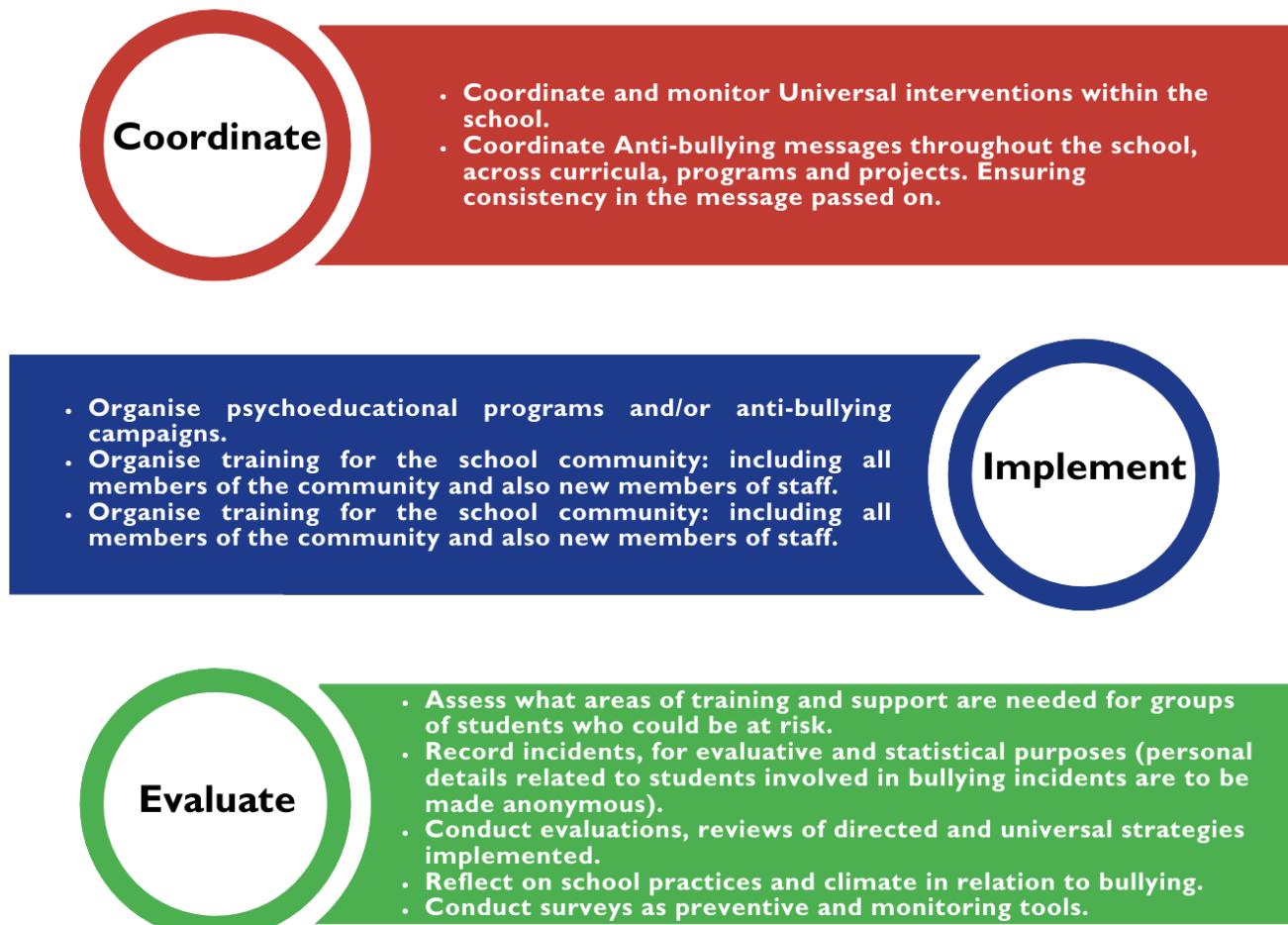


Figure 5: The Anti-bullying Team- Functions and Responsibilities

4.3.4 PRO-SOCIAL AND CHARACTER EDUCATION

Key elements for building safe schools are that students feel connected and significant within the educational community that they perceive a sense of personal power and autonomy, they feel confident and competent, and they have the necessary skills to relate effectively within the school community.

Social Emotional Learning and character education empowers students to engage within the school community in a healthy manner. It involves efforts to reduce risk of bullying behaviour to occur in the first place, as well as increasing students' resilience in managing challenging

situations and solving problems. SEL practices educate on key areas in character development such as the following:

- Building self-awareness and social awareness,
- Building skills related to emotional regulation and self-management skills,
- Building empathy, perspective taking, sensitivity and promote pro-social behaviour,
- Building skills related to effective conflict resolution,
- Building effective communication skills and assertiveness,
- Building resilience,
- Promote social justice,
- Learning to support more vulnerable students and safe upstanding strategies,
- Learning about responsible decision making and taking responsibility,
- Learning teamwork.

Pro-social values, character education and social emotional learning can be practiced in various ways within the school community. Learning of such values and skills can be passed on through:

- the hidden curriculum: the ethos, norms and practices within the school that would be passed on implicitly and,
- direct learning: Such learning and skills can be integrated within the class curriculum of a variety of subjects. Different opportunities can be sought to integrate such learning objectives.

Effective character education involves cross-curricular practices and classroom interventions that are:

- Developmentally appropriate,
- Adapted regularly to ensure relevance,
- Implemented regularly,
- Attractive and easy to implement,
- Promote student involvement,
- Empowering for the whole school community.

Part of creating this safe culture includes teaching students and staff how to navigate safely online by using safe online practices such as empowering critical thinking, using reliable online sources and digital citizenship.

Preventive measures also target equipping bystanders in effective upstanding skills. Bystander intervention being recognised as a key factor in effective practice of preventing bullying behaviour.

Students are considered at-risk of either experiencing victimization or of instigating bullying behaviour can be supported through directed intervention to building skills relevant to reducing aggressive behaviour, and/or managing conflict, assertiveness etc.

It is recommended that such learning experiences be ingrained and embedded within current curricula, activities and practices already part of the students' life at school. This would be helpful to mitigate challenges related to time. One of the functions of the Anti-Bullying Action Team would be to coordinate such efforts. The implementation of such practices would need to be set in accordance with the practices, character, processes of the individual schools. Several evidence-based programs can be used to facilitate this process, such as *Dignity Revolution Training* as well as *BeSmartOnline* psychoeducational material which consists of workbooks tailor-made for the primary school.

These workbooks can perhaps be incorporated within the PSCD lessons to start creating awareness in children from a very young age, especially because they are being exposed to these phenomena very early in life and need to have the tools on how to navigate these territories safely and confidently. Part of this process includes being informed that it is also important to ask for the help of an adult when in doubt or concerned about something. For this process to be more effective it is advisable that schools work with both parents and students concurrently to ensure that this approach is being integrated by all stakeholders. Thus, workshops given by *Be SmartOnline* may be used to address these issues, incorporating both parties at different levels on a parallel process. Parents can be given workshops that would help give them tips on how to ensure online safety for their children, whilst children are also empowered with skills and tools on how to navigate safely online.

Furthermore, providing more targeted training opportunities of personal growth and psychoeducation for students who are at risk of being involved in a bullying situation, both as being victimised and as being instigators of bullying behaviour. Targeting such specific areas would also serve to prevent bullying behaviour, increase engagement and wellbeing of the students and school community.

4.3.5 TRAINING FOR ALL THE EDUCATIONAL COMMUNITY

Creating safe communities is a shared responsibility of all members of the educational community. It is recommended that training is provided as part of a whole school approach, including the management teams, educational professionals, wellbeing professionals, administrative personnel, auxiliary personnel, students and parents. Educators contribute significantly towards the effectiveness of anti-bullying interventions in schools. They are key in fostering a positive climate: kind, caring, respectful, accepting culture.

The whole school community would benefit from areas of training around:

- Guiding values and awareness of the school's anti-bullying policy,
- Identification of bullying behaviours and of victimization,
- Safe upstanding strategies,
- Reporting procedures,
- Boundaries,
- Anti-bullying awareness campaigns.

Parents and educators, the ones more likely to witness bullying behaviour or to identify it, would benefit from training related to:

- Values and attitudes adopted by the school in managing aggression and bullying behaviour,
- Responding to children who being victimized and/or instigating bullying behaviour,
- Noticing behaviours of concern in children,
- Patterns on bullying behaviour,
- Supporting children in building protective factors and resilience,
- Safe practices when surfing the web and child online protection,
- Finding help and reporting procedures.

Recommended areas of training for Educators are:

- Educators to be given concrete tools in managing critical incidents. Educators can receive training on strategies that could be implemented across curricula.
- Understanding their role in building safe and resilient classroom environments.

Figure 6: Recommended Training

4.3.6 PARENTAL INVOLVEMENT

Parental involvement serves as a vital thread in success of a student's engagement within the school community. This is particularly important in moments of crisis, when dealing with complex issues as managing bullying behaviour and victimisation. The partnership between parents and schools holds the potential to create a resilient and nurturing environment, fostering academic growth as well as emotional wellbeing. Parents are frontliners in supporting their children in understanding, preventing and responding effectively to bullying behaviour. Schools have the responsibility to build trusting and collaborative relationships with parents throughout the student's experience with the school. It is recommended that schools work with parents regularly by:

- Keeping them informed about the values, attitudes, policies and practices in relation to behaviour management and prevention of bullying behaviour.
- Liaise with them on the matter of managing student's behaviour.
- Hold events and activities that encourage community and family values.

4.4 DIRECTED INTERVENTION

Directed intervention is defined as the managing of incidents of bullying behaviour when it occurs, and the efforts that are directed towards addressing the situation. This intervention follows referral from persons who are experiencing bullying behaviour, are witnessing it, or have come to learn about it. A 5-phase model is recommended, where upon referral, situations are investigated and managed accordingly.

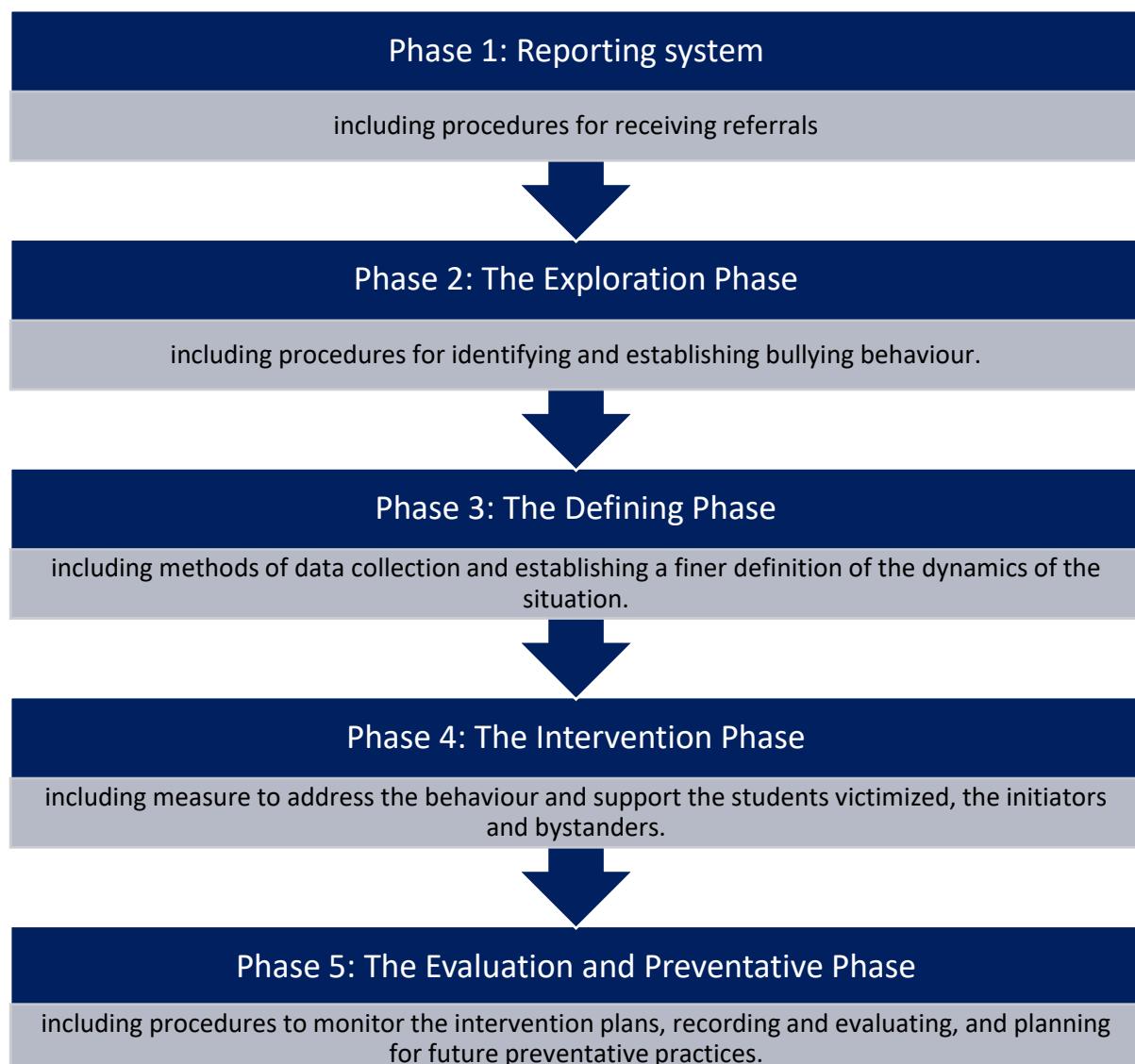


Figure 7: Managing Incidents of Bullying Behaviour

4.4.1 PHASE 1: REPORTING SYSTEM

A reporting system whereby various stakeholders can report needs to be set up and promoted. It is recommended that there are at least two methods for reporting, for example: introducing Anti-Bullying reporting letterboxes in strategic locations, having online portals, having key persons known as Anti-Bullying officers, etc. This system should ensure that the procedure is inconspicuous, confidential and safe for the person reporting and that they are listened to adequately and confidentially. We recommend that there are designated Safe Contacts from the school, who would receive training on basic helping skills that support them in receiving bullying reports effectively, furthermore they would be aware of the procedures in place to assess initial reports and refer accordingly. This is explored further in the section below.

Any bullying behaviour reported needs to be handled by the DSO and the Head of School or a designated member of the SMT. Upon receiving the report, the DSO must keep an adequate log of reported behaviours. The report must be addressed immediately. It is important to ensure safety for the person referring and other students that might be at risk. Once safety is ensured, further investigation is carried out and intervention is planned accordingly. This could involve the specific students involved in the case as well as those on the periphery if necessary. The following steps need to be carried out:

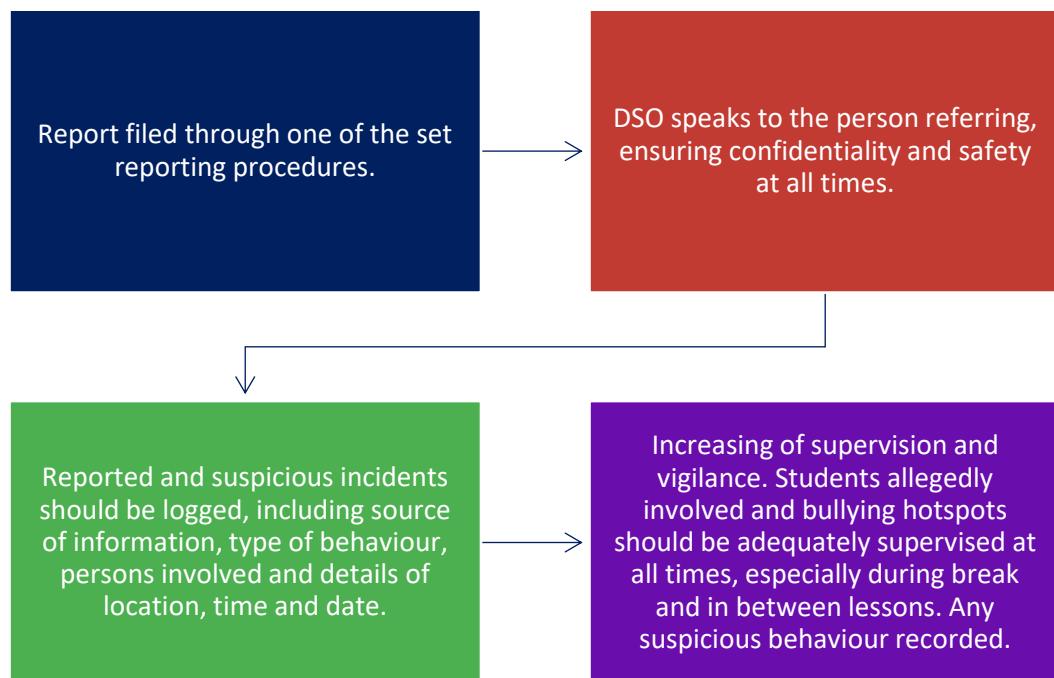


Figure 8: Reporting Bullying Behaviour

4.4.1.1 Being a Safe Contact

This policy recommends the training and instalment of 'safe contacts' within the school system. These would be adult individuals, who are in regular contact with students, who would be trained to address reports of bullying dynamics that could then be referred to the appropriate channels within the school system. They could also be reliable persons who could

then act as mentors of students who have been victimised, or who have engaged in bullying behaviour.

Offering relevant training to these individuals is important to ensure that matters are handled appropriately, since inappropriate practice could cause harm.

4.4.2 PHASE 2: THE EXPLORATION PHASE

In this phase, the DSO and key persons addressing the dynamic establish whether bullying is taking place, identifying the form of bullying. The reported situation is explored further through inconspicuous measures, such as observations and investigation by gathering information from bystanders and persons allegedly victimised. Students should be spoken to **individually**. Students who are victimized and those engaging in bullying behaviour **should not be spoken to together**. It is important to ensure that the community, especially the students experiencing bullying, are safe. The type of investigation to be carried out can be discerned according to the nature of the particular case. Methods used for the exploration phase need to keep in mind the developmental stages of the students involved, and younger students need to be addressed with caution. Consider the [Bullying Dynamics Initial Assessment](#) as a helpful tool to support in this process. The following steps need to be carried out:

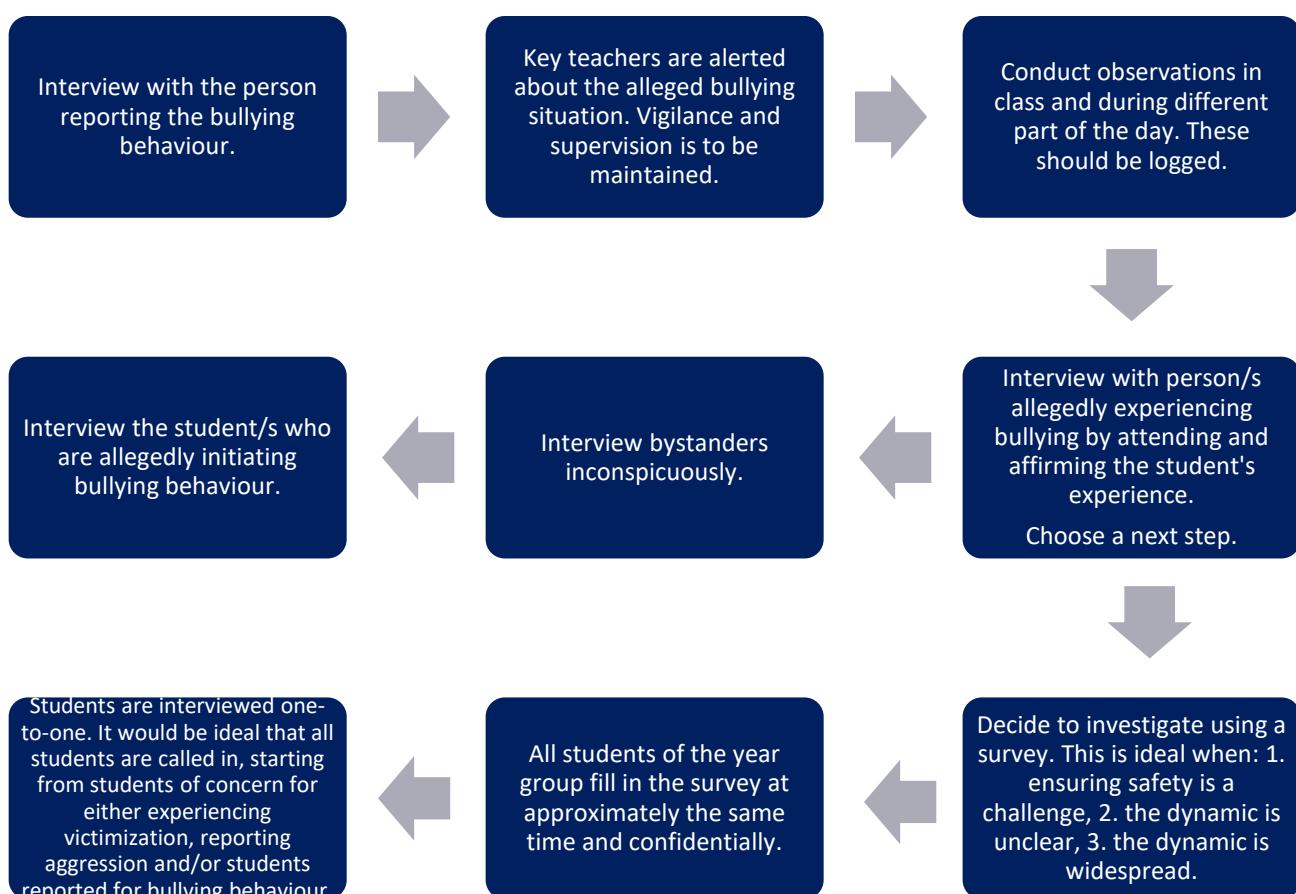


Figure 9: The Exploration Phase

4.4.3 PHASE 3: THE DEFINING PHASE

Once it has been established that bullying has occurred, a deeper exploration of the situation is required. The goal of this phase is to gain an objective understanding of the dynamics in place, and to support the different persons within the situation to gain perspective of their role and responsibilities in the situation and the effect of their behaviour on others. Adopting a **No Blame Approach** is key in supporting students with understanding their role in the dynamic and taking responsibility for their actions. This step includes the involvement of parents; it refers to informing parents of bullying dynamics once the exploration of the dynamic is concluded and once the school begins to understand the individual processes of the persons involved.

It is important to note that any incident of aggressive behaviour during the school year should be reported (regardless of whether it is part of a bullying dynamic or not) – parents should be informed immediately, and action taken with regards to the specific incident.

The following steps need to be carried out:

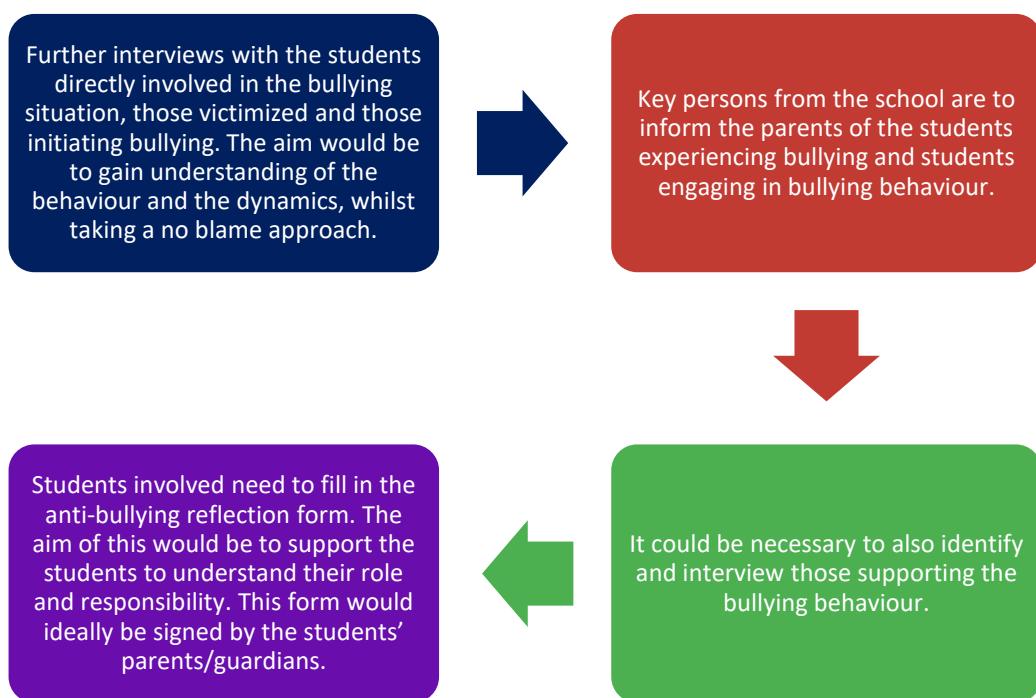


Figure 10: The Defining Phase

4.4.4 PHASE 4: THE INTERVENTION PHASE

This phase includes devising intervention plans to address the problematic situation from different perspectives. This incorporates steps to be taken to support and respond to the needs of both the students experiencing bullying and students engaging in bullying behaviour, and possibly other peers or the class if necessary. Any disciplinary action should be accompanied by reflective exercises and opportunities for repair. It is suggested that the following steps are carried out:

Devise a safety plan with students who are victimised.

- Includes plans of what to do when experiencing bullying;
- Any concrete action plans to support student to build resilience and healing;
- Includes a designated person to act as a mentor.

Devise a behavioural agreement with and for students engaging in bullying behaviour.

- Including a motivational statement related to the student's aspirations and purpose of education;
- Includes stating what behaviour is expected of them and what is not;
- Statements on how the student is committing to change, including what actions he/she will take to repair the situation;
- Support structures, for example an adult mentor chosen by the student, for the student to have a safe base to turn to for support and guidance. This could also include any other strategies that could support the student to strive within the school environment;
- Specific consequences that would result should the bullying behaviour persist.

Class or group interventions.

- If necessary, the class or group could benefit from redefining boundaries or rules around safety and aggression.
- Students can be supported via classroom or year interventions in developing healthy inter and intra personal relationships. Training can be offered on specific skills such as restorative justice practices, effective conflict resolution strategies, assertiveness, empathy training, teamwork and collaboration, etc.

Figure 11: The Intervention Phase

4.4.5 PHASE 5: THE PREVENTATIVE PHASE

The final phase of a directed intervention involves the monitoring of the bullying situation, and the evaluation of the dynamic itself, the different phases and the intervention processes. This process would be necessary to:

- ensure that safety is maintained,
- make changes to the intervention plan if necessary and
- inform future interventions and preventative strategies.

The phase should include methods of recording and a thorough evaluation of the bullying dynamic managed. Actions for further preventative strategies should follow to consolidate the schools' strategies to stop bullying from occurring. The following steps are to be carried out:

Follow up meeting with the persons involved in the bullying situation to ensure that the bullying has stopped and that they are supported in their individual needs. Any changes in implementation plans should be made as necessary.

Log data related to the bullying incident for statistical and review purposes. This data could include demographics of students involved, type of bullying behaviour, other emerging themes and/or areas of concern. Make recommendations on how the school can implement better preventive strategies. Pass on the evaluation to the schools' AB Action team.

Log what interventions were implemented and any reflections made thereof.

Figure 12: The Preventative Phase

4.4.6 CYBERBULLYING

Socialisation and educational patterns have been becoming increasingly blended including real-life, face to face communication and also virtual interaction. Bullying behaviours have extended further into the virtual world through social media platforms, gaming forums, email and instant messaging apps. These are different types of bullying behaviours that occur online. The following behaviours can overlap with the ones experienced face to face and can continue at school once they would have been initiated online. Such behaviour therefore, can co-exist with non-virtual bullying behaviours and are not limited to the virtual world alone. In fact, for example threats that would have initiated online can refer to the real world, with both worlds overlapping and causing great harm and danger (both psychological and physical) to the student/s being targeted.



Exclusion

- Intentionally excluding, or deciding to remove, someone from an online group or message thread.

Harassment

- The person engaging in cyberbullying sends persistent and hurtful online messages to a victim. These messages can contain threats.

Cyberstalking

- Monitoring a victim's online presence closely. Can also involve false accusations and threats against the victim and their loved ones. Cyberstalking and offline stalking are both considered criminal offenses. In either instance, a victim can file a restraining order against their perpetrator.

Outing

- Openly revealing sensitive or personal information without consent to embarrass or humiliate the person being victimised.

Fraping

- A student's social media account is used to post inappropriate content with the student's name attached to it. The student being victimised is tied to online content that can damage their reputation.

Trolling

- Someone posting or commenting online to deliberately upset or hurting others. Cyberbullying occurs when there is posting of derogatory comments online about the student being victimized.

Dissing

- Spreading of cruel information about others via public posts or private messages, with the intent of damaging the other student's reputation or relationships with others.

Flaming

- Posting about or sending insults and profanity to a student being victimised. A person engaging in cyberbullying flames a victim in the hopes of getting this individual to engage in an online fight.

Denigration

- Sending, posting, or publishing false information online about the individual.

Impersonation

- Posting comments on social media and chat rooms in another individual's name. Doing so can cause a victim to experience backlash from others based what was posted.

Trickery

- A student engaging in cyberbullying can befriend a victim, to the point where the targeted individual feels comfortable sharing secrets and other sensitive information. The student then publicly releases the information to humiliate, shame, or otherwise harm the other.

Fake profiles

- Fake profiles are set up and often used to publish false content in the name of the student being victimised without consent.

Catfishing

- Creating a fake online identity and impersonating someone else. This is often used to build an online romance. The student victimized may trust the online user and share sensitive information. This information can be used to embarrass, threaten and/or damage the student's reputation.

Figure 13: Cyberbullying

4.4.6.1 Intervention process

The intervention process suggested here with reference to the cyberbullying behaviours needs to work in conjunction with the intervention process of bullying behaviours and should not replace it. Both should work simultaneously. Another very important point to mention is that should any members of the school happen to be aware of any sexting using inappropriate images, they need to be alerted as not to open or share such images because it is threading on very dangerous ground that is illegal, making one culpable even if they simply open an email with such an image.

Any form of threats, whether virtual or in person, are to be reported immediately by the parents to law enforcement to ensure safety. Therefore, it is the duty of the school to inform the parents that it is within their rights as parents to make such a report to ensure the safety of their child.

When a case of alleged cyberbullying occurs

Step 1: Encourage the victimised student not to respond or retaliate to the cyber bullying but to collect the evidence instead. Students are encouraged to take screen shots and send them to the school.

Step 2: Parents of such students need to be notified immediately and roped into the process.

Step 3: The victimised students taking safety measures online such as reporting, blocking the perpetrator/s, leaving a group chat in which they have been targeted etc.

Step 4: The school also need to notify and meet with the parents of the perpetrators if the students involved attend the school and if their identity is known.

Step 5: The DSO and relevant school professionals meet with the victim/s and perpetrator/s separately. If the case is serious, the school authorities might also want to refer to the SfCE Antibullying Team and/or consult with Cyber Crime Unit and/or Be Smart online.

Step 6: In cases in which the student is at risk or danger through threats etc, a police report can also be filed by the parents of the victimised student/s. Such cases cannot be taken lightly.

Step 7: Immediate intervention to ensure the safety of the student/s being targeted must be done as well appropriate consequences given to the perpetrator must be addressed. However, psychological support to both the victim and perpetrator must also be given. It is also important for the school to work hand in hand with the parents to maintain open communication and collaboration.

Figure 14: Intervention Process

4.4.6.2 Preventative process

As part of the preventative process to ensure the safety of the students and empower them to navigate safely online, the following measures might be taken:

Psychoeducational talks about how to navigate online safely. Involving external agencies such as Bee Smart Online and Cyber Crime Unit to deliver talks or interactive workshops.

Students also need to be educated about how to act once they have been targeted. Therefore, psychoeducation on what the procedures must be followed once targeted are essential.

Making the students accountable and responsible for whatever they post online, hence awareness of their digital footprint.

Educating about Digital Citizenship and the awareness of being part of a virtual community.

Awareness of the fact that the digital and real world are not separate but part of their same reality and that the cyber world can be just as dangerous as the real world.

Encouraging students to report and involve a trusted adult is also an extremely important step in this process. Students need to be empowered to report any cyberbullying they experience themselves, and act as upstanders and stepping up by reporting any cyberbullying they may notice others to be experiencing.

Bystander intervention talks can also be given to educate students on how they can intervene and what steps they can take when they notice that a student is being targeted, for example during a group chat that they form a part of.

Figure 15: Preventing Cyberbullying

4.4.7 SUPPORT SERVICES PROCEDURE

It is suggested that bullying dynamics are first managed by the school's professionals. However, if the situation becomes too complex or there is the need for support, the Antibullying team at SFCE can be contacted. The first step requires the submission of an online referral form [Bullying Dynamics Initial Assessment](#).

Upon receiving the referral, the Anti-bullying Team within SfCE will be in a position to understand better the initial concerns and this would be followed by a consultation with key persons in the school. In certain situations, the SfCE Anti-Bullying team would support through consultations until the case is resolved. However, the SfCE Anti-Bullying team could also support through further intervention. In that case, the team would work together with professionals from the school to conduct thorough investigations and intervene accordingly.

5 ADDRESSING SUBSTANCE ABUSE IN SCHOOLS

5.1 DEFINITION

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, in a way that leads to physical or mental health problems or causes social, legal, or occupational difficulties. This term encompasses a range of behaviours, from excessive alcohol consumption (including energy drinks) to the misuse or addiction to drugs such as opioids, vape, inhalants, cocaine, cannabis, or prescribed medications. Substance abuse can result in a variety of negative consequences for individuals, including physical dependence, tolerance, withdrawal symptoms, impaired judgment, risky behaviours, relationship problems, legal issues, and overall deterioration of health and wellbeing.

5.2 GUIDING PRINCIPLES

- Church schools' environment provides children and youth with opportunities to learn and develop healthy habits that support their current and future wellbeing. It is widely acknowledged that school settings are prime locations for students to learn about and adopt healthy behaviours, enabling them to make positive choices that promote healthy lifestyles and relationships.
- In church schools the emphasis lies in preventing both physical and psychological harm, rather than solely focusing on harm reduction.
- The SFCE team strives to support and aid the schools, the staff, students and caregivers with any queries in relation to Substance Abuse. The Anti Substance Team's involvement is presented at varied forms:

Prevention: Collaborating with different stakeholders in the field to promote educational programmes for students and caregivers. Additionally, the Anti-Substance Team promotes and facilitates professional development sessions for staff members to equip them with practical tools that enable them to identify early signs of drug abuse or misuse and refer as necessary.

Consultation: Assisting schools whenever cases of alleged substance abuse occur. Providing advice on matters of policy and procedures. Offer guidance and support with regards to Anti-Substance school referrals and policy.

Intervention: Interventions vary depending on the nature of the incident being reported. The Anti-Substance team provides various interventions at different levels, which can be split onto three categories:

- **Onsite Support:** Provide on-site support to follow the protocol when a substance is found on school premises. This includes identifying the substance, ensuring the safety of all students, and following appropriate reporting procedures.

- **Student Support and Assessment:** Engage with students who have consumed illegal or inappropriate substances to assess their situation. Determine if their behaviour can be redirected or improved through educational interventions, such as counselling, workshops, or educational programs about the risks and consequences of substance use.
- **Support for At-Risk Students:** Identify and assist individuals or groups who are abusing substances or are at risk of developing substance addictions. This includes facilitating access to professional support services, such as counsellors, therapists, or substance abuse programs, and working closely with these students to provide ongoing support and monitoring.

Co-ordination and Monitoring: Serving as a link between schools and SFCE psychosocial team and/or other external agencies/professionals.

Research: Recording statistics of service users in schools, using case studies for reflective practice and training in an interdisciplinary setting, coordinating studies to gather data on varied topics relevant to substance abuse; keeping abreast with the latest trends locally and internationally

5.3 SCHOOL INVOLVEMENT AND RESPONSIBILITY

- Church Schools must **create a safe and supportive environment** that promotes healthy choices and prevents substance abuse among students.
- Schools are encouraged to address substance abuse through **a holistic approach**. This includes but not limited to prevention programmes, referrals for treatment and /or professional support and follow -up of professionals' recommendations.
- **Education and Awareness:** Offer students an age-appropriate comprehensive substance abuse prevention programs targeted to educate students about the risks of substance abuse and the benefits of making healthy choices. In collaboration with the SFCE Anti-Substance team and /or other recognised entities working within substance prevention, schools organise workshops, seminars, and awareness campaigns for both students and caregivers to increase knowledge and understanding of matters related to substance abuse.
- **Support for students at risk:** Identify students who can be at higher risk due to personal or family circumstances and provide additional support and resources as needed.
- **Promote Positive School Culture:** Foster a school culture that emphasises inclusivity, respect, and support for all students. Recognise and celebrate students' achievement and positive behaviours. Create a safe and supportive environment that promotes healthy choices and prevents substance abuse among students.

- **Ongoing Training and Professional Development:** Ensure that staff members receive ongoing training on substance abuse prevention and intervention, including updates on emerging trends and issues.

5.4 SCHOOL INVOLVEMENT AND RESPONSIBILITIES

Schools play a crucial role in preventing substance abuse among students by establishing clear policies, fostering a positive and supportive environment, and implementing effective prevention programs.

5.4.1 SCHOOL POLICY

Develop and enforce clear and consistent policies that align with the National Substance Abuse Policy and related SFCE guidelines. The school policy must convey a clear message of zero-tolerance stance to substance abuse and the possession of substance-related paraphernalia in schools. The school-based policy must include the rules, procedures, and consequences related to substance use on school premises and outline the support available for students struggling with substance-related issues.

5.4.2 FOSTERING A SAFE ENVIRONMENT

- Promote healthy lifestyles through sports and extracurricular opportunities.
- Collaborate with SFCE Anti-Substance Team, Caritas, Sedqa, Oasis and Drug Squad Police to offer students age-appropriate high standard prevention programmes.
- Ensure consistency between the message about substance abuse given and the comprehensive abuse in educational settings. Educators' behaviour and school organised activities must reflect the same message.

5.4.3 INTERVENTION

- Adhere to protocol outlined in the school policy and take immediate action when substance is found at school and /or SLT has been informed about students who are allegedly using substances outside school.
- Whilst conveying the message of zero tolerance to substance abuse, adequate psychosocial support is offered to students and members of staff abusing substances.

5.5 DIRECTED INTERVENTION

The Anti-Substance team may be contacted in various situations, each requiring different procedures depending on the nature of the report and timing. Procedures differ based on whether drugs or paraphernalia are found during or after school hours, and if discovered on school premises, protocols vary based on location and individual involved. Three distinct procedures exist for handling substances found in school, depending on whether they're found on the premises or on an individual. The Standard Operating Procedure (SOP)

distinguishes between substances found on students and staff members. Adherence to the outlined procedural steps is crucial.

5.5.1 SUBSTANCE USE OUTSIDE SCHOOL HOURS

In the event of receiving information about a student's substance use off school premises, discretion and caution are paramount. A notification email shall be dispatched to the Anti-Substance team, who will subsequently liaise with the school for additional consultation. Should the student already be followed by psychosocial professional/s or have admitted to off-site substance use, collaboration with the psychosocial team may ensue. A comprehensive action plan will be delineated via email, pending approval, and executed by the team as endorsed.

5.5.2 SUBSTANCE FOUND UNATTENDED ON SCHOOL PREMISES

In the event of a substance discovery on school premises, ensuring student safety is paramount while minimising interference is crucial. Photographs must be taken of the substance at its location. Only one designated individual should handle the substance, adhering to the following prescribed procedures:

- **Take photographs of the substance at its location.**
- **The handling of any found substance is to be conducted with minimal disruption.**
- **Use disposable gloves to minimise contamination.**
- **Place in a clear plastic bag.**
- **Place in a sealed envelope.**
- Head of School (HoS) or Designated Safeguarding Officer (DSO) stores and supervises the substance.
- Contact the Anti-Substance team promptly using the provided contact information.
- Head of School notifies the college rector/director and (SfCE) Director General.
- An Anti-Substance representative engages with the drug squad, and upon their arrival at the school, an SAP Receipt is completed.
- Both the HoS/DSO and the Police Officer sign the sealed envelope containing the substance and the SAP Receipt (See Appendix 7).
- The Anti-Substance team provides assistance and drafts a comprehensive incident report, which is submitted to the HoS/DSO for endorsement.

This report may be shared with the Drug Squad as necessary. Subsequently, the Anti-Substance team will liaise with the Drug Squad for test results, which will be communicated to the school. Finally, the Anti-Substance team can collaborate on the development of a prevention program tailored to the school's needs.

5.5.3 SUBSTANCE FOUND ON A STUDENT/STAFF MEMBER'S BODY AND/OR PERSONAL PROPERTY

In the event of discovering a substance on an individual, it is essential to differentiate between whether the individual is a student or a staff member. Priority must be given to ensuring the safety of students while minimizing interference in handling both the individual and the substance found.

5.5.3.1 Substance Found on a Student

In the event of a medical emergency, the Head of School (HoS) or Designated Safeguarding Officer (DSO) shall immediately initiate a [call to 112](#). The handling of any found substance shall be conducted with minimal disruption. A photograph of the substance must be taken as part of the evidential procedure, utilising disposable gloves to minimise contamination.

- **Take photographs of the substance.**
- **The handling of any found substance is to be conducted with minimal disruption.**
- **Use disposable gloves to minimise contamination.**
- **Place in a clear plastic bag.**
- **Place in a sealed envelope.**
- Contact the Anti-Substance team via provided contact numbers.
- HoS informs the college rector/director (where applicable) and the Director for Student Services within SFCE.
- The student involved is isolated from others and supervised by preferably two individuals.
- The Anti-Substance representative liaises with the drug enforcement authorities within the [Malta Police Force \(21224001\)](#),
- Upon their arrival at the school, a Standard Administrative Procedure (SAP) Receipt will be completed. Refer to Appendix 7.
- Both the sealed envelope and the SAP Receipt must be signed by the HoS/DSO and the attending police officer.
- Parents are to be promptly informed, and a collaborative plan of action is devised by the Anti-Substance team and the Drug Squad, with the latter conducting their investigation.
- The Anti-Substance team provides ongoing support to the school and compiles a detailed report of the incident for endorsement by the HoS/DSO. This report may be shared with the Drug Squad as necessary.

The Anti-Substance team will liaise with the Drug Squad for test results, which will be communicated to the school. Furthermore, they may collaborate with other specialised

entities to facilitate the student's reintegration into the school environment while ensuring the safety of other students.

5.5.3.2 Substance found on a Staff Member

- In the event of a medical emergency, the Head of School (HoS) or Designated Safeguarding Officer (DSO) shall immediately initiate a **call to 112**.
- **Take photographs of the substance.**
- **The handling of any found substance is to be conducted with minimal disruption.**
- **Use disposable gloves to minimise contamination.**
- **Place in a clear plastic bag.**
- **Place in a sealed envelope.**
- The Anti-Substance team is contacted via provided contact numbers.
- HoS informs the college rector/director (where applicable) and the Director General within SFCE.
- The staff member involved is physically separated from other staff members and students and remains under the supervision of ideally two individuals.
- Both the sealed envelope containing the substance, and the Standard Administrative Procedure (SAP) Receipt must be signed by the Head of School (HoS)/Designated Safeguarding Officer (DSO) and the police officer (See Appendix 7).

A comprehensive report detailing the sequence of events shall be prepared by the Anti-Substance team and forwarded to the HoS/DSO for endorsement. The Drug Squad will conduct their investigation, while the HoS/Rector/Director will coordinate with the SFCE Director General regarding the plan of action.

5.6 FOLLOW UP CARE PLAN

Following the referral, a follow-up session will be conducted to further safeguard the individual and the school community. These sessions will involve the parents/guardians and the student in question. If necessary, the Anti-Substance (AS) team may refer to and collaborate with the SfCE Psychosocial Team to ensure a safe environment for both the student and staff members, addressing their educational and psychosocial needs. Additionally, the AS team will act as a liaison between the school and the Drug Squad, gathering and forwarding relevant information as needed.

5.6.1 SCHOOL BASED &/OR EXTERNAL PSYCHOSOCIAL SUPPORT

As part of the intervention process, the Anti-Substance Team may find it necessary to refer to various stakeholders and agencies. These agencies provide interventions for adolescents, addressing their needs and empowering them to reach their full potential. Social workers and

youth workers from the Youth Service offered by FSWS can assist both the child and the parents/guardians in developing skills to maintain a healthy lifestyle. Additionally, other entities such as Caritas and SEDQA can contribute by creating and facilitating both prevention and intervention programs in schools.

5.6.2 REFERRALS FOR RESIDENTIAL PROGRAMME

The Anti-Substance (AS) team may find it necessary to refer individuals to the IBWAR Day/Residential Programme. The IBWAR Residence is a newly established specialized service offered by Caritas to support adolescents and their family members who are currently negatively impacted by substance abuse.

Following a collaboration agreement between SFCE and Caritas, students in Church Schools can only be referred to the Tal-IBWAR Day or Residential Programme through the SFCE Anti-Substance Team*.

*The SFCE Anti-Substance Abuse service has been officially launched in January 2021 replacing the service being previously offered by NSSS Anti-Substance team. The service is being offered by the SFCE youth workers who seek continuous professional development in the field. Furthermore, they collaborate and network with relevant stakeholders including the Drug Squad.

To contact the Church School Anti-Substance Team, please send an email to
substanceabuse.schools@maltadiocese.org

6 ADDRESSING MENTAL HEALTH EMERGENCIES

6.1 GENERAL DEFINITION OF MENTAL HEALTH

Being mentally healthy during childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day. Many children occasionally experience fears and worries or display disruptive behaviours. If symptoms are **serious and persistent and interfere with school, home, or play activities**, the child may be diagnosed with a mental disorder. *Centres for Disease Control and Prevention (2023)*

6.1.1 MENTAL HEALTH PROBLEMS IN SCHOOL AGE CHILDREN

Half of all mental disorders start before the age of 14 years. Mental health problems are on the increase at different stages of life. Globally, it is estimated that 1 in 7 (14%) 10–19-year-olds experience mental health conditions, yet these remain largely unrecognised and untreated. (WHO)

Although mental health disorders are more likely to manifest themselves in puberty and adolescence, younger children may also have severe mental health problems, especially if there are events or situations in their life which are anxiety provoking or traumatic, such as abuse and exposure to domestic violence, poor quality of life at home and poor relationships with peers, poverty, and other forms of social exclusion.

It is important to keep in mind other forms of health issues, mental health problems can be treated and/or managed with the proper psychiatric/psychological help. Thus, in case of mental health problems, it is important to address the issue immediately by consulting and/or referring to the proper services. The earlier the intervention the better.

6.1.2 MOST COMMON CONDITIONS ENCOUNTERED IN SCHOOL AGE CHILDREN

Mental health problems in children and adolescents may include several types of emotional and behavioural difficulties. It is important to note that children and adolescents might manifest symptoms, because of past or current experiences and/or exposure to traumatic events. Accurate assessment is crucial, because these presentations will have different diagnostic and treatment implications (Sunshine & McClellan, 2023).

During the Early Years:

- Anxiety and Mood Disorders such as depression and severe panic attacks.

- Behavioural disorders such as temper tantrums and/or attention deficit hyperactivity disorder (ADHD).

During the Middle years and Secondary/Post-Secondary School Years:

- Anxiety (eg. generalised anxiety disorder, panic attacks) and Mood Disorders (eg. Depression)
- Non-Suicidal Self-Injury (NSSI)
- Suicidal thoughts and ideation
- Risk-taking Behaviour (substance and/or process addictions)
- Behavioural disorders (eg. Oppositional Defiant Disorder)
- Eating disorders
- Psychotic Symptoms, or children who report psychotic-like experiences

Refer to Appendix 8, *Brief Description of Common Mental Health Disorders in School Age Children*.

6.1.3 WHEN IS IT AN EMERGENCY?

An emergency arises when a student is clearly experiencing severe distress, exhibiting disorganised thinking, showing signs of agitation or lack of control, and/or is at risk of self-harm or harming others (e.g., suicidal tendencies). Therefore, the student is unable to cope or continue with the normal classroom activities or has difficulty in activities of daily living such as maintaining proper hygiene.

6.2 GUIDING PRINCIPLES

- Although all school personnel are expected to foster the overall wellbeing of students, the Head of School is the person ultimately entrusted with and therefore responsible for the wellbeing of the school community. Therefore, he/she needs to be immediately informed in cases of mental health emergencies.
- The school needs to be inclusive even with regards mental health issues.
- The safety and wellbeing, not only of the student with mental health problems but of the whole school community needs to be fostered.
- The whole school community needs to show solidarity and support.
- Mental health conditions can be treated and/or managed like any other medical disorder with proper and professional help.
- The school needs to promote a collaborative approach with all those involved.
- Strict confidentiality cannot be maintained nor promised, if there is serious risk of harm to self or others.

- Staff needs to maintain clear boundaries and clarity of roles in all their interactions with students. In cases of mental health problems this is fundamental.

6.3 SCHOOL INVOLVEMENT & RESPONSIBILITIES

The school is entrusted with the wellbeing of the whole school community. Thus, in the case of mental health issues, there needs to be full collaboration among all parties, the student, the school community, the family and professionals or agencies involved. The school needs such involvement and collaboration to be in a better position to support the student and safeguard the rest of the school community.

Should an emergency arise, a risk assessment is to be carried out and proper measures taken to create safety for the student involved and other students and members of the school community as suggested below.

6.4 DIRECTED INTERVENTION

A distinction must be made between life-threatening and non-life-threatening situations.

- **Life-threatening situations:** The individual is in immediate danger to themselves or others.
- **Non-life-threatening situations:** The individual is distressed but not in imminent danger. However, the situation still requires attention and intervention.

6.4.1 LIFE-THREATENING SITUATIONS - SUICIDE AND NSSI (NON-SUICIDAL SELF-INJURY THAT REQUIRES MEDICAL ATTENTION):

Immediate action needs to be taken to contain the situation and ensure safety for the student and the school community.

- **Situation Assessment:** Evaluate whether the situation is life-threatening or not. Avoid making rash or impulsive decisions. Use the assessment guiding questions.
- **Student Supervision:** The student concerned should be accompanied to a safe place and kept under constant supervision.
- **Informing the SLT:** The Head and the DSO must be informed of the situation.
- **Contacting Parents/Legal Guardians:** Parents or guardians should be contacted and requested to come to the school. Use sound judgment to avoid causing unnecessary panic.
- **Communication:** The individual communicating with the parents/guardians must be mindful of their own personal feelings that may arise due to the situation. They should also consult and update other relevant professionals on the appropriate course of action.

6.4.1.1 Certain situations require immediate medical attention, including

- **Deep cuts:** If a student has deep cuts, they should be sent to the Emergency Department at the hospital.
- **Suicide attempt:** In the case of a suicide attempt at school, a medical doctor should be called to the school.
- **Non-Suicidal Self-Injury (NSSI):** If the cuts from NSSI are deep enough to require medical attention, the student should receive immediate medical care.

6.4.1.2 Handling Life-Threatening Situations Not Requiring Immediate Medical Attention

- **Initial Assessment:** Immediately consult with the school therapist. The therapist may either assess the student or delegate the assessment to a trained guidance teacher. For assessment's guiding questions refer to Appendix 9, *Assessing Non-Suicidal Self-Injury (NSSI) and Suicidality*.
- **Consultation:** After the assessment, the counsellor or guidance teacher may consult with the designated practitioner with special responsibilities within SFCE.
- **Mental Health Emergency:** If the practitioner conducting the assessment concludes that the situation is a potential mental health emergency, they must communicate with the practitioner on duty at CAPES, who will provide guidance on whether the student should be referred for an emergency psychiatric assessment.
- **Parental Notification:** If advised by CAPES, parents must be informed to take their child for assessment on the same day. The student can be readmitted to school only upon presenting a document stating that they have been reviewed by a mental health professional at CAPES or by the on-call doctor at the Emergency Department (e.g., a discharge paper from the Emergency Department).
- **Private Psychiatrist Option:** Parents may opt for an assessment by a private psychiatrist, though this is not encouraged by the school. School personnel and SFCE practitioners **should not** recommend specific private psychiatrists. The student can return to school only after presenting a document confirming they are under the care of a psychiatrist.

6.4.1.3 Important Notes

- **Proper Assessment Before Referral:** Students should not be sent to CAPES without proper assessment and consultation with CAPES practitioners. As a mental health emergency service, CAPES requires students to be assessed on the same day they are referred, and in high-risk cases, immediately after the school professional's assessment.
- **Information Sharing:** During the initial school assessment, practitioners can share information with CAPES professionals without needing parental consent. However, discretion should be exercised to protect the student's identity, ensuring that only necessary details are disclosed.

6.4.2 NON-LIFE-THREATENING SITUATIONS

Non-life-threatening situations may include some of the following:

- Anxiety Disorders (panic attacks, severe anxiety, school phobia)
- Mood Disorders (depression),
- Eating Disorders,
- Psychotic Symptoms

6.4.2.1 Handling non-life-threatening situations

- **Immediate Action:** The staff member receiving a disclosure or noticing symptoms of a mental health condition must immediately approach the Designated Safeguarding Officer (DSO).
- **Consultation:** The matter is then brought to the attention of the counsellor or psychotherapist, and/or the psychosocial team members for consultation. The psychosocial team will decide on a plan of action, which may include referral to specialised services and involving the parents/guardians.
- **Further Psychiatric Intervention:** If further psychiatric intervention is required, the parents/guardians are informed, and a referral is made to the relevant institution:
 - **Psychological Issues:** If the issue requires therapy or counselling, refer the student to the school counsellor. If the school counsellor determines that more specialised work is needed, the student can be referred to the Child and Young People Services (CYPS) by a GP/doctor.
 - **Neurodevelopmental Issues:** If the issue is related to a neurodevelopmental disorder such as ADHD, ASD etc., refer the student to the educational psychologist.
 - **Psychiatric Issues:** If the issue is psychiatric, refer the student to CYPS by a GP/doctor.

Even if there is no imminent risk to the student or others, it is important to consider the student's age and the severity of their condition. Efforts should be made to obtain the student's consent to inform their parents or legal guardians, ensuring they can access the appropriate professional help or assessment.

6.4.2.2 Cases of High-Risk Behaviour

- Ensure that the student is accompanied to a safe location and supervised.
- Inform the DSO and/or Head of School.
- Contact the parents and share your concerns and/or observations.
- Ask parents/guardians to seek psychiatric help immediately.

6.5 FOLLOW UP CARE PLAN

Students who have severe mental health issues are normally in contact with specialised services outside school such as CAPES, YPU or CYPS, even if followed by SfCE professionals. Consequently:

- A follow-up care plan should be done in close collaboration with the external agencies / services and/or professionals involved. Such care plan should also include the family and the student.
- Updated feedback from the school is essential in these cases as it helps the professionals following the students.
- The school needs to be provided with recommendations and/or ongoing support as this is very important to facilitate the inclusion of the students in the school community, the school daily routine and learning activities.

Ongoing communication with the family, any professionals involved, and school staff is important as it ensures the wellbeing of the student and the rest of the school community.

7 ENSURING SAFETY & SUPPORT FOR THE LGBTIQ+ INDIVIDUALS

7.1 DEFINITIONS

These definitions are provided not to label students, but to aid in understanding the various terms and their meanings as outlined in this policy and the associated legal obligations. Students may or may not choose to use these terms to describe themselves.

LGBTIQ+ stands for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning, with the "+" representing other diverse sexual orientations, gender identities, and expressions. This acronym and its definitions are meant to be inclusive of the wide range of experiences and identities within the broader LGBTIQ+ community. Here's a breakdown:

- **Lesbian:** A woman who is romantically and/or sexually attracted to other women.
- **Gay:** A person, who is romantically, or sexually attracted to people of the same gender.
- **Bisexual:** A person who is romantically, emotionally, or sexually attracted to more than one gender.
- **Transgender:** A person whose gender identity or expression differs from the sex they were assigned at birth. This term includes a wide range of gender identities. Non-binary usually falls under transgender.
- **Intersex:** A person who is born with physical sex characteristics (such as chromosomes, gonads, or genitals) that do not fit typical definitions of male or female. Intersex is a naturally occurring variation in humans.
- **Queer/Questioning:**
 - **Queer:** An umbrella term used by some people to describe their sexual orientation, gender identity, or gender expression that doesn't conform to societal norms. The term has been reclaimed by some within the community but may still be considered offensive by others (particularly older generations) due to its historical use as a slur.
 - **Questioning:** A person who is exploring or unsure about their sexual orientation, gender identity, or gender expression.
- **Sexual Orientation:** Sexual orientation refers to the pattern of romantic, or sexual attraction one feels toward others. It describes who someone is attracted to and the direction of one's attraction and the relationships one forms.
- **+:** The "+" symbol represents other sexual orientations, gender identities, and expressions that are not specifically included in the acronym, such as pansexual, asexual and others.

List of some Common Identities:

- **Heterosexual:** Attracted to people of the opposite gender.
- **Homosexual:** Attracted to people of the same gender.
- **Bisexual:** Attracted to people of different genders.
- **Pansexual:** Attracted to people regardless of their gender. Gender does not play a role in attraction.
- **Asexual:** Experiencing little to no sexual attraction to others. Asexual people can still develop a romantic (but not sexual) attraction towards other persons.
- **Gender** refers to people's internal perception and experience of maleness and femaleness (or lack thereof), and the social construction that allocates certain behaviours into male and female roles which vary across history, societies, cultures and classes. Gender is hence strongly linked to society's expectations and is not exclusively a biological matter.
- **Gender Expression** refers to people's manifestation of their gender identity, and the one that is perceived by others. Typically, people seek to make their gender expression or presentation match their gender identity, irrespective of the sex that they were assigned at birth.
- **Gender Identity** refers to each person's internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance and/ or functions by medical, surgical or other means) and other expressions of gender, including name, dress, speech and mannerisms. It focuses on how individuals experience and express their own gender internally and externally.

Examples:

- **Cisgender:** Gender identity aligns with the sex assigned at birth.
- **Transgender:** Gender identity differs from the sex assigned at birth.
- **Non-Binary:** Does not exclusively identify as male or female.
- **Genderqueer:** May identify with a combination of genders or outside the traditional gender categories.
- **Genderfluid:** Gender identity may shift between different genders over time.
- **Gender Variant** refers to persons whose gender expression differs from public expectations and to varying degrees does not conform to gender-based norms and expectations of society
- **Intersex** refers to persons who cannot be classified as male or female with regard to their chromosomal, gonadal or anatomical sex. The latter becomes evident, for

example, in secondary sex characteristics such as muscle mass, hair distribution and stature, or primary sex characteristics such as the inner and outer genitalia and/or the chromosomal and hormonal structure.

- **Trans** refers to an inclusive umbrella term referring to those people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Trans does not refer to a sexual orientation and trans people may have any sexual orientation.
- **Transition** refers to a complex, multi-step process that can take years in which a trans person aligns their anatomy and/or their gender expression with their gender identity. They go from living and identifying as one gender to living and identifying as another. At times, it is not possible or not desirable to transition medically. This could apply to people who have a sensitivity to a certain medication or are undergoing a treatment for a medical condition that could be worsened with medical transition.
- **Use Of Pronouns** For a more inclusive policy, the use of 'they' shall be used for all genders even when referring to a single individual.

7.2 GUIDING PRINCIPLES

Church schools are deeply committed to fostering an environment of respect, safety, and support for LGBTIQ+ individuals within our school community, including the senior leadership team, educators, students, and parents. We recognize and embrace diversity, striving to create a space where equality, dignity, and safety are paramount, ensuring that every member of our community is free from discrimination based on sexual orientation, gender identity, gender expression, or sex characteristics.

The guiding principles are inspired by Pope Francis' consistent message on respect for all individuals. In *Amoris Laetitia*, Pope Francis (2013) writes, "Every person regardless of sexual orientation, ought to be respected in his or her dignity and treated with consideration."

In a letter to Father James Martin, who ministers to LGBTIQ+ Catholics, Pope Francis emphasised accompaniment and compassion by stating: "God is a Father who does not disown any of his children. [God's style is closeness, mercy, and tenderness](#)"

- **Respect for Individuality and human dignity:** We acknowledge that each person's identity, experiences and journey are unique. Our approach to supporting LGBTIQ+ individuals is flexible and personalized, ensuring that policies and practices are inclusive and adaptable to meet the diverse needs of our community members. Respecting individuality means honouring each person's identity, experiences, and choices, and ensuring that our schools are places where everyone can be their true selves.
- **Commitment to Safe Spaces:** Creating and maintaining safe spaces is a fundamental principle in our approach to supporting LGBTIQ+ individuals. Our schools are

dedicated to ensuring that all members of our community—whether students, educators, or parents—can engage in school life without fear of harassment, bullying, or discrimination. We continuously work to cultivate an environment where respect, kindness, and inclusivity are the norm, and where everyone feels secure and valued.

- **Accompaniment:** We believe in the importance of accompanying each individual on their journey, understanding that every person has their own unique story, pace, and process. Our schools are committed to walking alongside LGBTIQ+ individuals, offering compassion and understanding as they navigate their personal and educational experiences. This accompaniment is rooted in empathy and respect, recognizing the individuality of each person's path.
- **Support System:** Through accompaniment, we recognise the challenges they face and provide accompaniment that is sensitive to their needs. A strong support system is essential for the wellbeing of LGBTIQ+ individuals. Our schools prioritize building and maintaining robust support networks that include both family and psychosocial resources. We work closely with families to ensure they are equipped to provide love and acceptance, while also offering professional support services within the school to address the emotional and psychological needs of LGBTIQ+ students and staff. This holistic approach ensures that every individual feels supported in all aspects of their life.

These guiding principles underscore our commitment to ensuring that LGBTIQ+ individuals in our schools are supported, respected, and safe. By embracing accompaniment, fostering strong support systems, respecting individuality, and maintaining safe spaces, we create a nurturing environment where all members of our community can thrive.

7.3 SCHOOL'S INVOLVEMENT AND RESPONSIBILITY

The following responsibilities outline the school's active role in ensuring that LGBTIQ+ individuals are fully supported, respected, and safe within the school community. By fulfilling these duties, the school not only upholds its guiding principles but also fosters a nurturing environment where all members of the community can thrive.

7.3.1 PROMOTING A CULTURE OF RESPECT AND DIGNITY

- Foster a school culture that upholds the dignity of every individual, emphasizing respect for all members of the community regardless of their sexual orientation, gender identity, or gender expression.
- Lead by example, with school leadership and staff consistently modelling inclusive and respectful behaviour. Encourage students to do the same, promoting peer respect and mutual understanding.

7.3.2 ESTABLISHING AND ENFORCING ANTI-DISCRIMINATION POLICIES

- Each church school, guided by its ethos, embraces and upholds the value of diversity and inclusion. Schools are responsible for developing, implementing, and enforcing clear anti-discrimination policies that address all forms of discrimination, with explicit protections for LGBTIQ+ students, staff, and families against harassment, bullying, and exclusion.
- All members of the school community should be aware of these policies and understand how to report and address any violations.

7.3.3 PROVIDING INCLUSIVE EDUCATION AND TRAINING

- Schools must ensure that all staff members, including educators and administrators, receive ongoing training on LGBTIQ+ issues, including diversity, inclusion, and sensitivity. This training should equip them to support LGBTIQ+ students effectively and foster an inclusive school culture.
- Schools are encouraged to take responsibility for delivering ongoing, age-appropriate, value-based sexuality and relationships education. LGBTIQ+ topics must be integrated specifically, but not exclusively, into SRE content during PSCD (Personal, Social, and Career Development) lessons. Teachers should be prepared to guide discussions where students learn to distinguish between close friendships and romantic relationships, understand concepts like sexual orientation and gender identity, and develop skills such as self-reflection, assertiveness, and handling peer pressure. Ultimately such discussions must promote the values of respect, understanding and acceptance among all students.
- Additionally, students who are attracted to individuals of the same sex or who have same-sex parents should feel acknowledged and represented in both curricular materials and the broader school environment. This means ensuring that these students see their experiences and identities reflected and respected in what they learn and in all aspects of school life.

7.3.4 PROVIDING SAFE AND SUPPORTIVE SPACES

- Establish a safe environment where ALL students and educators uphold personal and professional boundaries, both within and outside school premises. Foster a culture of zero tolerance for sexual comments /jokes, public displays of affection, inappropriate dress, and ensure communication between educators and students occurs only through official channels. Additionally, carefully filter photos before posting them on school social media platforms.
- Create and maintain safe spaces within the school where LGBTIQ+ individuals can feel secure and supported. This includes providing access to psychosocial services (guidance teacher, counsellor, youth worker, social worker), and designated areas

such as the guidance /counselling room where students can express themselves freely.

- Encourage open dialogue and a culture of respect, ensuring that all students feel valued and safe to share their experiences without fear of judgment. Uphold their fundamental human dignity, making schools environments where everyone can express their true selves without fear. By fostering respect and dignity, create a safe and nurturing space where all individuals are empowered to thrive.
- Explore incorporating a gender-neutral uniform option that ensures a smart appearance, without imposing hair length requirements or restricting uniform choices based on gender.

7.3.5 COLLABORATING WITH PSYCHOSOCIAL PROFESSIONALS AND EXTERNAL RESOURCES

- Seek guidance and support from SFCE psychosocial team for individual cases as well as for addressing emerging trends in group behaviour.
- Establish partnerships with external organizations, experts, and community groups that specialize in LGBTIQ+ issues such as Drachma and Rainbow Support Services to provide additional resources and support to students, staff, and families.

7.4 DIRECTED INTERVENTION

Schools should acknowledge the individuality of each LGBTIQ+ student, educators and all school staff, respecting their unique journey of understanding and acceptance. **It is essential to recognize that not all LGBTIQ+ individuals require or desire school intervention in their personal lives.**

7.4.1 DISCLOSURE OF PERSONAL INFORMATION

If an individual discloses matters related to sexual orientation or gender identity, it is crucial to listen actively without judgement and / or asking direct questions to gain more information. Following a disclosure ask if they would like any specific support or information. Some individuals may simply need to share with a trusted adult without requiring further intervention at that time.

7.4.2 PROVIDING PERSONALISED SUPPORT

If students or educators request or accept assistance, offer personalized support that reflects their unique needs and experiences. This may include providing tailored information, emotional support, and social resources that align with their specific circumstances.

7.4.3 ACCOMPANYING FAMILIES ON THEIR JOURNEY

Students can freely seek assistance at school. Schools are not required to disclose any information to parents unless the students are in danger. However, if students wish, schools can help facilitate communication between them and their parents.

Educators and psychosocial support professionals collaborate closely with families, recognising that each parent or guardian is at a different stage of understanding and acceptance. They meet parents where they are, offering guidance and resources to help them foster love and support for their child. In addition, the school provides professional support services, both within the school and through external agencies, to address the emotional and psychological needs of LGBTIQ+ students. By acknowledging the unique journey of each family, the school ensures that every individual feels fully supported in all aspects of their life. The school's commitment includes offering resources, education, and support to help families navigate this journey with compassion and understanding.

7.4.4 TRENDS & PEER PRESSURE

In situations where a group of students identifies as LGBTIQ+, and the authenticity of these identifications may be uncertain, it is important to be aware of emerging trends and behaviours. These trends can sometimes lead to peer pressure, where other students might feel compelled to misrepresent their sexuality to gain acceptance. In such cases, or when any other emergent trends are observed, it is advisable to consult with the psychosocial team. Regardless of the circumstances, always validate the students' feelings and provide them with accurate information and appropriate support.

7.4.5 TRANS, GENDER VARIANT AND INTERSEX STUDENTS IN SCHOOLS

Trans, gender variant and intersex students face a range of issues and psychological demands and needs that warrant being addressed (Isar Lev, 2009; Kosciw & Diaz, 2008; Richards, 2015; Luengsuraswat, 2009; OHRC 2014)

The Directorate for Educational Services and the Directorate for Quality and Standards in Education jointly published the policy “Trans, Gender Variant, and Intersex Students in Schools” in 2015. This document remains valid and should be consulted by all schools. The following sections highlight some of the key components outlined in the 2015 policy, though they are not exhaustive.

7.4.5.1 ISSUES Faced by Trans, gender variant and intersex students

- Sex and gender stereotypes
- Culture and cultural expectations
- Bullying and other unfair treatment
- Lack of wellbeing due to discrimination
- Exclusion from sports and other gender activities

- Unease with gendered uniforms, toilets and other gendered spaces
- Decreased attention during school time and failure to learn due to lack of safety in school and lack of support services
- Minority stress and social isolation
- Absenteeism due to lack of safety in schools / mental health related to transitioning

7.4.5.2 NEEDS of Trans, gender variant and intersex students

- Privacy and confidentiality
- Persons to advocate for their wellbeing and rights: parents, teachers, psychologist, social worker, counsellor etc.
- Inclusive policies and regulations
- Support from school and wider community
- Counselling when identity affirmation is proving difficult.
- Access to information

7.4.5.3 Transition

There are a growing number of students who are choosing to transition (or affirm their gender) while still at school. This may mean that they will be adopting clothing, hairstyles and mannerisms that match their identity. Some may even be undergoing hormone therapies or puberty blockers. (Trans, Gender Variant and Intersex Students in Schools, 2015)

In recent years, church schools have successfully supported trans, gender variant, and intersex students through their personalised transition journeys. In every instance, schools have worked collaboratively with the student's family, supported by the school's psychosocial team and external agencies such as the Rainbow Support Services. Based on these experiences, the following four guiding principles are recommended:

1. **Personalised Support:** Tailor support to the student's individual needs and pace.
2. **Family Involvement:** Engage with the student's family, meeting them where they are and offering ongoing support as needed.
3. **Safety and Confidentiality:** Reassure the student about their safety and the confidentiality of their journey.
4. **Collaboration:** Work with specialised services to provide comprehensive information and psychosocial support services for the student's wellbeing.
5. **Foster Inclusivity:** Help educators and other students understand and contribute to building an inclusive environment.

7.4.5.4 Inclusive Language and Intersex

Avoid using pathologizing terms like "disorders of sex development" and the word "hermaphrodite," which many intersex people find stigmatizing. Instead, use "intersex" or

refer to sex traits, variations, or characteristics. Most intersex people are not trans or gender variant, so it is important not to assume they have, want, or need to transition. Avoid using language typically associated with trans people, such as "transgender" or "gender diversity," when referring to intersex individuals. It is also crucial not to make assumptions about an intersex person's gender identity, as it does not automatically align with non-binary identities. Always consider "all" or "different" genders without assuming specific gender identities based on intersex variations or surface characteristics.

7.5 FOLLOW UP CARE PLAN

A follow-up care plan for supporting LGBTIQ+ students should be comprehensive and ongoing, ensuring the student's wellbeing throughout their educational journey. Here's a suggested plan:

- **Regular Check-Ins:** Schedule consistent check-ins with the student to assess their emotional and academic wellbeing. This can be done by a trusted staff member or the school's psychosocial team.
- **Family Support:** Continue engaging with the student's family, providing them with resources and support as they navigate the transition process alongside their child.
- **Peer Education and Inclusion:** Implement programs or workshops to educate other students on inclusivity and respect, fostering a supportive school environment.
- **Coordination with External Agencies:** Maintain regular communication with specialised services and LGBTIQ+ organisations, such as Drachma and Rainbow Support Services, to ensure the student has access to any additional resources or counselling they may need.
- **Academic and Social Monitoring:** Keep an eye on the student's academic progress and social interactions to ensure they are not experiencing any difficulties. Provide additional support if any issues arise.
- **Flexible Support:** Be prepared to adjust the care plan as the student's needs evolve over time. Flexibility is key to responding to any new challenges or changes in the student's circumstances.
- **Confidentiality and Safety:** Ensure that the student's privacy is respected and that they feel safe at all times. Reinforce confidentiality protocols among staff.
- **Feedback Loop:** Establish a feedback mechanism where the student can express their concerns or needs, ensuring their voice is central to the care plan.
- **Staff Training:** Continue to provide training for staff to ensure they are equipped to support the student effectively and sensitively.

- **Long-Term Planning:** Work with the student and their family to plan for future transitions, whether that be moving to a new school, higher education, or entering the workforce, ensuring ongoing support beyond the current school setting.

This plan should be reviewed and updated regularly to reflect the student's changing needs and circumstances.

8 RESPONDING TO & MITIGATING CRITICAL INCIDENTS IN SCHOOLS

8.1 CRITICAL INCIDENTS: A DEFINITION

A Critical Incident (CI) is defined as a traumatic event, or the threat of such occurring within or outside the Maltese Islands, which causes trauma (extreme stress, fear, injury or death) within a school community and which overwhelms the normal coping mechanism of that school.

For the purpose of this policy, the following events are defined as critical incidents:

Any incident that is charged with extreme emotion	Death, serious injury or any threat to safety	Physical or sexual assault	Severe verbal or psychological aggression	Violence or threats of violence, including domestic violence
Holdups, attempted robbery, major theft or vandalism	Natural disasters	Fire, explosion, bomb threats	Any fatality or near fatality likely to affect seriously a number of staff and of students	Violent or disturbed intruder on school premises during the school day
Threat of serious infection	Incidents in which sights, sounds or smells are distressing	Acute illness (physical or mental)	A student/member of staff goes missing	

Figure 16: Defining a Critical Incident

Critical incidents happen when least expected. The effects of a critical incident on **students or members of staff** can be wide-ranging. It can also impact on the wider community including students and staff from other schools.

Experience has shown that schools that have a Critical Management Plan in place, handle the situation better. They tend to provide the best support to students, staff and families and return to normality sooner while continuing to be alert to the vulnerability of all concerned.

When a school is affected by a crisis, all staff (teaching, clerical, ancillary etc.) have an important role to play in supporting the emotional health and wellbeing of their school community and in maintaining control of the situation in the school. The response to a critical incident differs according to the nature of the incident and specific circumstances. It must be recognised that, on occasion, some members of staff may, for various reasons, not be in a position to take an active role in managing a critical incident.

Critical incidents are managed with the foremost goals of preserving life, protecting the school's property and restoring normal operations as quickly as possible.

8.2 GUIDING PRINCIPLES

8.2.1 MAKING SCHOOLS SAFE

The school is committed to providing a safe environment for students, staff and visitors and to protecting its resources.

Preventive/precautionary steps taken by the School shall include:

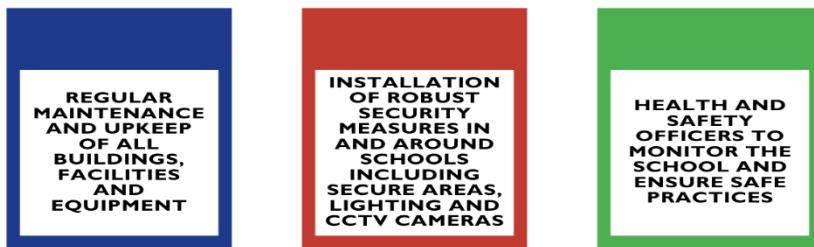


Figure 17: Making Schools Safe

All staff members, students and visitors are encouraged to report any possible safety issues to HoS and/or DSO. Clear and direct lines of communication including between HoS and DSO are essential. Any suspicious activity or persons in and around the school are to be reported immediately.

It is important that orientation meetings for new students and newly recruited members of staff are given upon entry to the school. This includes emergency contacts and how to respond in a critical incident as defined above.

8.2.2 MENTAL AND EMOTIONAL SAFETY AND WELLBEING

The school is committed to providing a nurturing environment where the mental and emotional wellbeing of students and staff is of primary importance.

8.3 SCHOOL INVOLVEMENT AND RESPONSIBILITIES

8.3.1 PREVENTION AND PREPARATION

The school shall regularly identify and evaluate threats and potential crisis events to enhance preparedness for such events.

The school shall maintain a contact list of all relevant community resources including:

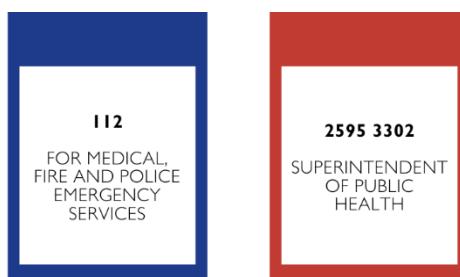


Figure 18: Emergency Numbers

It is highly recommended that the school adhere to the plans, systems and processes as established by the SfCE to ensure it swiftly and effectively responds to and manages critical incidents.

8.4 DIRECTED INTERVENTION

The following is the procedure for managing a Critical Incident.

8.4.1 PROCEDURE FOR MANAGING CRITICAL INCIDENTS

When a critical incident occurs the Head of School and/or DSO should be informed immediately. Where a student or member of staff is injured or needs medical attention, the first step is to apply first aid and seek medical attention.

The HoS and/or DSO shall take the following steps:

- **Notification:** When a critical incident occurs, the person who has found out about the incident or to whom the incident has been disclosed, is to immediately notify the Head of School (HoS) and/or Designated Safety Officer (DSO). Schools need to be aware that during a critical incident, offers of help and support will come from many sources. Though well intentioned, such help, support and suggestions may only serve to complicate the CI response. It is therefore important to give careful consideration whether accepting help from any source other than that which has been planned will be of benefit to the school community.
- **Assess the Situation and take action:** HoS and/or DSO need to understand what happened, confirm the identity of the person/s involved, assess the current situation and then follow the flow of the diagram below.

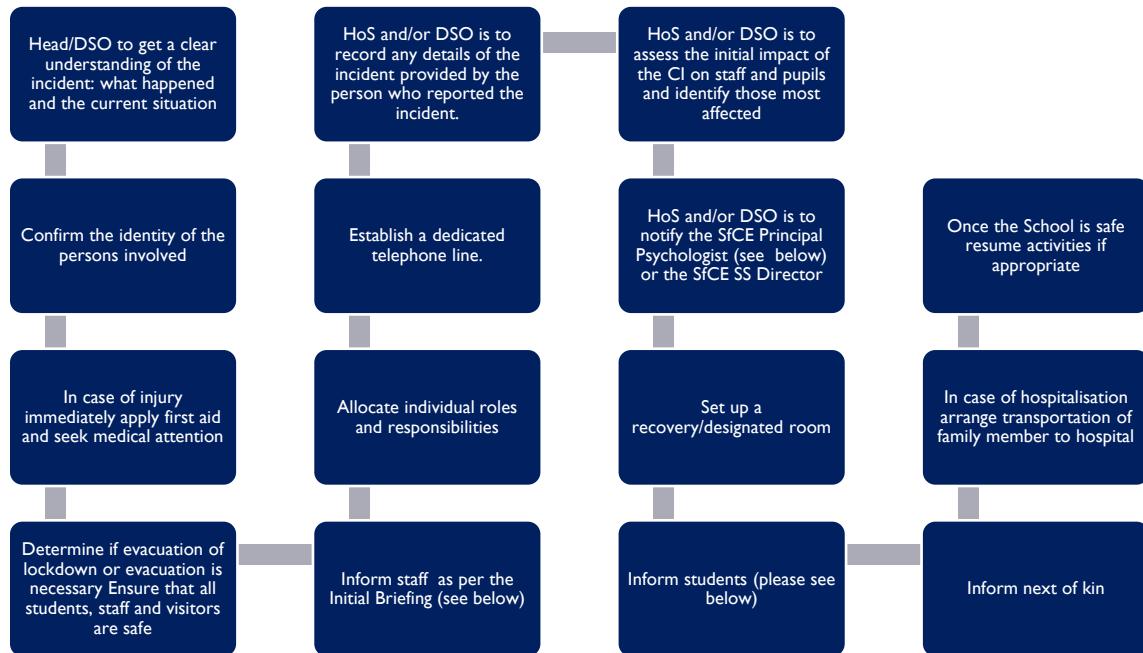


Figure 19: Procedure for managing critical incidents

The HoS and/or DSO will:

- Get a clear understanding of the incident: what happened and the current situation.
- Confirm the identity of the persons involved in the incident and that they are students/members of school staff.
- In the case of injury, the first step is to immediately apply first aid and to seek medical attention in a safe environment.
- Determine if evacuation or lockdown procedures need to be implemented
- Ensure that all other students, staff and visitors are safe.
- Inform staff as per initial briefing (please see below).
- Allocate individual roles and responsibilities for tasks such as e.g. Evacuating the school, answering the phone, communicating relevant information to staff and students etc.
- Establish a dedicated telephone line.
- Record any details of the incident provided by the person who reported the incident.
- Assess the initial impact of the ci on staff and pupils and to identify those most affected.
- Notify the SFCE principal psychologist (see below) or the SFCE Director Student Services informing them if any student or member of staff has died or been injured.

- Report on what steps the school has taken. The form below will assist the HoS and/or DSO in reporting the incident and action taken to the principal psychologist. See Appendix 10, *Critical Incident Response Checklist*.
- Set up a recovery/designated room in which meetings are held and support sessions will be given.
- Inform students.
- Inform next of kin.
- If a student/member of staff has been hospitalised, arrange for transportation of family member to hospital at the cost of the family.

Once the School is safe and the student is not in danger and is receiving the appropriate attention, resume activities if appropriate. Sustaining the normal routine, with timetable flexibility that allow pupils and staff to access support and will maintain a sense of continuity and stability for the whole school community.

8.4.1.1 Critical Incidents during weekends and school holidays

In the eventuality that a Critical Incident occurs during the weekends and school holidays, please contact the Director Student Services immediately.

8.5 BREAKING THE NEWS

8.5.1 INFORMING STAFF

The following is what the initial briefing for staff should include. Initial briefing can be done with the Principal Psychologist or his/her delegate upon arrival. Absent staff members should also be briefed on the situation.



Figure 20: Breaking the News to Staff

Vulnerable students and members of staff in this instance include:

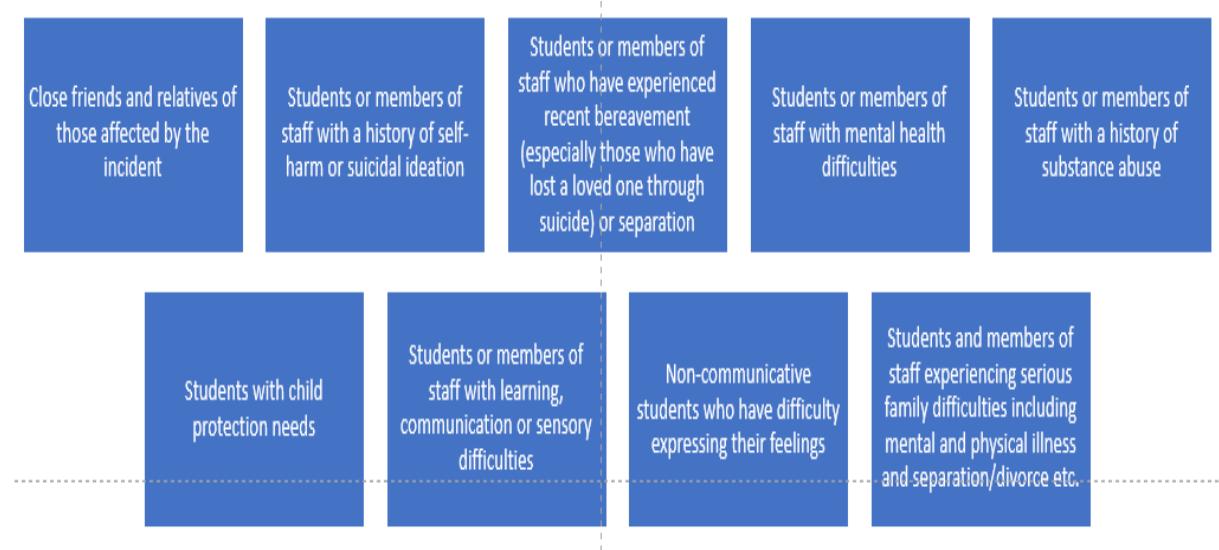


Figure 21: Breaking the News to Vulnerable Students and Members of Staff

8.5.2 INFORMING STUDENTS

This will be done together with the Principal Psychologist /delegate and appointed team upon arrival at the school.

8.5.3 INFORMING PARENTS

This will be done together with the Principal Psychologist/delegate.

8.5.4 INFORMING THE MEDIA

This will be done together with the Principal Psychologist/delegate.

8.6 INTERVENTION BY THE SFCE CRITICAL INCIDENT TEAM

8.6.1 INTERVENTION FOLLOWING THE CRITICAL INCIDENT

The SfCE Critical Incident Team can support schools in dealing with critical incidents. Upon receiving a request for support from the HoS or DSO, the team will respond promptly with a level of support which is judged to be appropriate to the nature, size and severity of the event.

The Principal Psychologist/delegate will coordinate an intervention by members of the SfCE Student Services. Initial support will be offered to students and members of staff who are most impacted by the critical incident and who wish to receive such intervention.

The School Guidance Teachers and members of the School's Psychosocial and /or Pastoral Team will be involved in offering such support.

Such intervention will take place in as timely a manner as possible.

Professional judgement will be used to evaluate the critical incident and to respond appropriately.

8.7 FOLLOW UP

Follow up and/or referral to the school Guidance Teachers/ Pastoral Team and/or external agencies or professionals will be made according to need.

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APPENDICES

APPENDIX I: THE DESIGNATED SAFEGUARDING OFFICER IN CHURCH SCHOOLS

Selecting the right person/s

- Depending on the school population, the Head of School appoints one or two persons of trust to carry out the Designated Safeguarding Officer's duties.
- Since the Designated Safeguarding Officer (DSO) role complements that of the Head of School, it should be carried out by someone other than the Head of School.
- It is not advisable to assign both DSO duties and disciplinary duties to the same person, as these roles can conflict.
- It is recommended that the DSO possess a natural aptitude for addressing safeguarding and wellbeing matters on a daily basis. While a background in helping skills is an asset, it is not a strict requirement.
- Undertaking accredited safeguarding training is recommended.
- The person carrying out the DSO duties must be conversant with the SFCE policies and procedures related to safeguarding the school community and other related legislations.

The role of the Designated Safeguarding Officer

- May assist the Head of School in vetting newly recruited staff for clearance to work with children during enrolment period.
- Is responsible to ensure all members of staff receive adequate Safeguarding Training and are aware of and have access to the SfCE Safeguarding Guidelines and Procedures, and other related policies.
- Must be the first point of contact in case of witnessing or receiving a disclosure of abuse /lack of wellbeing. Hence, the school community must be aware of who is the designated person/s responsible for safeguarding duties.
- Receives referrals for psychosocial services from the SLT, educators, parents and students. The latter still have a right for a self-referral to Guidance teachers, counsellor, psychotherapist, youth Worker, and social worker.
- Appraises the referrals, consults with one or more psychosocial professionals and determines who is the professional best suited to address the needs of each particular student. In some cases, more than one professional may be involved.
- Actively listens to the students, educators and parents but does not carry out any investigation and /or take a therapeutic role and /or interfere in the approach to be taken by the professionals being involved.

- Has access to consent forms and students' data.
- Is entrusted with confidential details related to different situations. Shares information on need-to-know basis. Refer to chapter 2, Consent and Data Management.
- Keeps track of all correspondence, keeping in the loop all the persons involved with respective student.
- Updates the Head of School, when specific situations indicate an escalation in complexity and students /educators are at risk
- Follows safeguarding procedures in the case of a critical situation such as indications /disclosure of abuse or mental health issues.
- Consults with the adequate psychosocial professional to support in that particular situation. For example, in any disclosures /witnesses of abuse, the DSO is obliged to report to the school social worker immediately. In case of mental health emergencies, the DSO liaises with the school counsellor /psychotherapist.
- Co-signs referrals for statutory agencies and other external agencies /services
- Coordinates, sets the agenda and chairs the interdisciplinary psychosocial team meetings which are held periodically.

APPENDIX 2: INTERDISCIPLINARY PSYCHOSOCIAL TEAM

Structure

- This team may have a different name in each school but it serves a common purpose.
- The interdisciplinary psychosocial team meeting coordinated and chaired by the DSO/s is attended by the Rector and/or the Head of School, some/all SLT members, the core interdisciplinary team allocated to the school referring to psychologist, counsellor /therapist, social worker and HOD Inclusion. Depending on the agenda, other interdisciplinary professionals, Guidance teachers and other roles of special responsibilities such as the year coordinators may join parts of/ a full meeting.
- Since sensitive and confidential matters are discussed during these meetings, it is not advisable to have the Discipline teachers and PSCD teachers (unless they are Guidance teachers) included in these meetings.
- It is not recommended that when discussing specific cases, Deputy Heads who are not involved with the students concerned do not be present for that part of the meeting.
- Whilst any SLT member and interdisciplinary psychosocial professional may propose items for the agenda, the DSO filters the requests, organises the order of items to be discussed and invite any additional team members to discuss specific cases or concerns.
- Minutes of the meeting are taken by the DSO or any other person present for the meeting.
- The DSO/s must ensure that a care plan / way forward has been established for each case /situation discussed.
- The DSO follows up on the different care plans with the respective psychosocial professionals involved.

Purpose

The interdisciplinary psychosocial team meeting brings together the school leadership team and different professionals to discuss and /or present:

- Concerns about students not yet followed by any professional and not sure who can be involved in the care plan
- Updates on complex cases where almost all psychosocial professionals are involved
- Cases who have already been assigned a care plan but the situation is not improving and hence professionals involved consult with other team members for a fresh perspective
- Trends or situations affecting many students / a whole year group for example bullying dynamics, interest in pornography, suspecting students smoking on premises...

Frequency

- It is recommended that psychosocial team meetings are held regularly either monthly, every six weeks or minimum once a term.
- Updates on cases with an established care plan are discussed separately with the respective team involved.



APPENDIX 3: GDPD REGISTRATION AND CONSENT FORM



30, Binja Josmar,
Idmejda Street, Balzan, BZN 1521, Malta
Tel: +356 22039360
www.csm.edu.mt

SFCE-GDPD-002-102018- Student Wellbeing and Sensitive Data Processing Form

Kindly be advised that due to the sensitive data this Form (SFCE-GDPD-002-102018) may contain, it is to be considered as separate, yet complementary to SFCE-GDPD-001-102018- Student Registration and Consent Form. This enables better compliance to the different parameters governing personal and sensitive data, especially further restricted access and specified retention period in line with the GDPD school policy.

A. Student's Details					
Name			Surname		
Identity Card Number			Date of Birth	Nationality	
Address				Post Code	
B. Emergency & Medical Details					
Medical Condition/s of the student that the school should be informed about					
Any precautionary and/or intervention measures required from the school (these may need to be discussed further)					
The School may allow authorised Medical professionals from the Ministry for Health to screen your son/daughter as part of prevention programmes	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Any exceptions or remarks on the above consent					
Whenever required the school will contact the parent/s or guardian/s to inform about instances which require some form of medical attention. Nevertheless, in ensuring prompt action as may be necessary, the school is seeking authorisation to:					
Administer Paracetamol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Give First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Take the student to hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of Emergency Contact <small>(in case parents/guardians may not be reached)</small>		
			Relationship with Student		
Telephone of Emergency Contact <small>(Contact's consent is to be sought by parents/guardians)</small>					
Any other information that needs to be shared with the school:					
Signature – Parent/Guardian 1			Date	Signature – Parent/Guardian 2	
Identity Card Number			Identity Card Number		



C. Processing of Sensitive Data and Psycho-Social Professionals

The school is authorised to:

1. Store the student's sensitive personal data, including his/her medical information, reports from other professionals, statement of needs, Individual Educational Programme (IEP) documents, and recordings of sessions related to the student. The sensitive personal data is only retained until the student is enrolled at this school and will be destroyed in line with the school GDPR policy.
2. Share sensitive personal data with the below psycho-social professionals employed by the School and/or the Secretariat for Catholic Education, who render service at the School:

Psychologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Play Therapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dyslexia Support Team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counsellor/ Psychotherapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occupational Therapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Youth Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Autism Support Team	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The school is authorised to:

3. Allow the student to attend individual sessions on voluntary basis with Psycho-social professionals employed by the school and/or the Secretariat for Catholic Education rendering service at the school whenever the student feels the need for such service:

Counsellor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Play Therapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Psychotherapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>

All the professionals at school, particularly but not limited to those mentioned above, collaborate closely with parents and guardians when in contact with the student.

4. Confidentiality towards the student will be guaranteed by all the Parties involved with the student and other professionals providing the student with services that deal with personal issues, unless there is a risk of harm to self or others, and this to protect the student's confidentiality and best interest.
5. Irrespective of Clause C (3), professionals will still be involved with or without the parents /guardians consent in situations where:
 - i. There are patterns of absenteeism.
 - ii. The student's safety and well-being is at risk.
 - iii. The student's behaviour is a serious threat to others' safety and well-being.
 - iv. Youth workers interact with the students, in non-formal activities individually or as a group during school hours and other non-formal activities organised after school hours by the school.
 - v. In complex situations of bullying, the SMT is obliged to refer to the SFCE anti-bullying team for assessment. Such process may involve speaking to the students involved. Parents will be notified following such sessions.
 - vi. When illegal substance is found on the school premises, the school is obliged to inform the SFCE substance abuse team and the drug squad without any parental consent of the students' involved.
6. School's Senior Management Team and /or teaching staff may consult with psychosocial and other professionals on specific students without parents' consent.
7. The professionals may carry out class observations and give general recommendations to the teacher and the Learning Support Educator (LSE).
8. Psychologists, Occupational Therapists, Autism Support Team and Dyslexia Support Team will provide parents/ guardians with a separate consent form to carry out individual assessments with the student.

As per SfCE-GDPR-001-102018, the school is committed to destroy all sensitive data pertaining to the student in line with the GDPR school policy.

By signing this form, you acknowledge that it is your responsibility to ensure that the information provided is accurate and up to date. Should any changes occur, you agree to promptly notify the school and update the form accordingly.

Signature – Parent/Guardian 1**

Date

Signature – Parent/Guardian 2**

Identity Card Number

Identity Card Number

**Both signatures are required. One signature will only be deemed acceptable in exceptional circumstances.

APPENDIX 4: DEFINITION OF DIFFERENT FORMS OF ABUSE

There are **ten** types of abuse. These include:

- Emotional abuse
- Sexual abuse
- Spiritual
- Neglect
- Physical abuse
- Bullying
- Online abuse
- Poor practice
- Abuse of power
- Gender based violence

Emotional abuse: Is any type of abuse that involves the emotional mistreatment of a child or vulnerable adult over a period of time. Sometimes it is referred to psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child.

Victims of emotional abuse may display:

- Physical, mental and emotional development lags
- Extremes of passivity or aggression
- Social isolation poor peer relationship
- Absence of affect and ability to communicate feelings
- Over-reaction to mistakes
- Poor self-esteem. Statements about being worthless. (I'm stupid)
- Sudden speech disorders
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Angry acts (such as fire setting and animal cruelty),
- Chronic running away
- Admission of punishment which appears excessive

Sexual abuse: When a child or vulnerable adult is forced, exposed, persuaded, or threatened to take part in sexual activities. This may involve the sexual gratification of a person in a

position of trust, or for gain or for the gratification of others. Sexual abuse can involve both physical and non-physical contact.

Victims of sexual abuse may display:

- Have urinary infections, chronic itching, bleeding or soreness in the genital or anal areas
- Have soreness or bleeding in the throat (in case of sexual abuse)
- Have chronic ailments, such as abdominal pain or headaches
- A child withdrawing into a fantasy world
- Seem to be keeping secret something which is worrying them
- Show discomfort walking
- Exhibit sudden inexplicable changes in behaviour such as becoming aggressive or withdrawn
- Become severely depression
- Suicidal feelings and attempts or excessive risk taking
- Self harm
- Eating disorders, sudden loss of appetite (Anorexia) or compulsive eating
- Drug abuse – teenagers may turn to illegal drugs or alcohol to escape
- Becoming insecure or clinging
- Statements that they are no good, dirty or damaged
- Truancy or runaway behaviour – often a last resort to escape sexual abuse
- Stop enjoying previously liked activities (such as music, sport, art, scouts)
- Be reluctant to undress for gym
- Take over the parent role at home, seem old beyond their years (if victim of incest)
- Child is afraid to go home or expresses a desire to live in a foster home or institution
- Excessive bathing or poor hygiene
- Sleep disturbances and nightmares symptoms of fear and anxiety
- Start wetting themselves
- Repeat obscene words or phrases which may have been said during abuse
- Talk or write about sexual matters
- Inappropriate sexualised behaviours: clinging, fondling, flirting, rubbing, public
- masturbation

- Sexual themes in language or play
- Sexual aggression to, smaller children, toys, and pets
- Attempt to sexually abuse another child
- Detailed and overly sophisticated understanding of sexual behaviour
- Act in a sexual way inappropriate to their age
- Draw sexually explicit pictures depicting some act of abuse
- Have unexplained sources of money
- Non-participating in school activities

Spiritual abuse: Spiritual abuse is a form of emotional and psychological abuse. It is characterised by a systematic pattern of coercive, harmful or controlling behaviour in a religious context.

Neglect: Neglect is the ongoing failure to meet a child's basic needs. It's dangerous and children or vulnerable adults can suffer serious and long-term harm.

Victims of neglect may display:

- Constant hunger
- Poor personal hygiene
- Constant tiredness. Fatigue
- Poor state of clothing
- Untreated medical problems
- Destructive tendencies
- Low-self esteem
- Neurotic behaviour
- No social relationships and/or have tense relations with their peers,
- Chronic running away
- Compulsive scavenging
- Frequent lateness or non-attendance at school
- Delayed physical development
- Seeks physical contact with strangers
- Underweight
- An infant or young child does not cry for help or attention; makes no or little sound
- Child inappropriately clad for the weather

- Child smells of urine, excrement, or severe body odour.
- Prone to have stealing habits
- Be taking up responsibilities not appropriate to their age.
- Frequent illness

Physical Abuse: Is deliberately or neglectfully hurting a child or vulnerable adult causing injuries such as bruises, broken bones, burns or cuts.

Victims of physical abuse may display:

- Admission of punishment which appears excessive
- Fear of parents being contacted
- Withdrawal from physical contact – shrinking back if touched
- Arms and legs kept covered in hot weather
- Refusal to undress for gym
- Fear of going home after school
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Bullying smaller children
- In play demonstrates violence to dolls and animals
- Cruelty to animals
- Destructive behaviour
- Anger control problems
- Chronic running away
- Artwork displays violence; adults loom as large threatening figures, while child figures as small and powerless.
- Preoccupation with themes of conflict
- Unexplained injuries or burns especially if they are recurrent
- Improbable excuses to explain injuries
- Bald patches

Bullying: Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.

Children or vulnerable adults who bully use their power such as physical strength, access to embarrassing information, or popularity to control or harm others.

Victims of bullying may show:

- Some physical signs including: bruises, cuts and scratches
- Might also present with torn clothes,
- Poor eating or sleeping habits
- Bedwetting.
- Complaints about headaches or tummy aches.
- Refuse to attend school
- Stay close to teachers during breaks
- Start sitting on their own
- Having difficulty asking or answering questions in class
- Have trouble with schoolwork or homework.
- Stop taking part in school activities.
- Social changes might include being excluded at lunch and recess.
- Losing contact with classmates after school
- Being chosen last for teams and games.
- Emotional and behavioural changes may include being unusually anxious or nervous
- Seem upset or unhappy
- Be withdrawn or secretive

Online abuse: The internet can be a great place for children and young people to play, learn and connect. But it can also put them at risk of online abuse.

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones.

Victims of online bullying may show:

- **Uneasy, nervous or scared about going to school or outside.**
- **Nervous or jumpy when texting or using social media.**
- **Upset or frustrated after going online or gaming.**
- **Unwilling to discuss or share information about their online accounts and activity.**
- **Unexplained weight loss or weight gain, headaches, stomach-aches, or trouble eating.**

- **Trouble sleeping at night or sleepy during the day**
- **Loss of interest in favourite hobbies or activities.**
- **Child suddenly seems depressed or anti-social.**
- **Withdrawn from close friends and family**

Poor practice: Poor practice takes place whenever staff fail to provide a good standard of care and support. It occurs when staff ignore the rights of service users or deny them the chance to enjoy an ordinary life. Poor practice which is allowed to continue can cause harm and can become abuse.

This may include:

- Failing to act on and refer the early signs of abuse and neglect
- Poor record keeping
- Failing to listen to the views of the child
- Not sharing information with the right people within and between agencies
- Breaching of boundaries
- Giving lifts
- Adding students as friends on social media

Abuse of power: Abuse of power is when a person who has been trusted with a position of trust uses the power created by the role that the position entails to bully, coerce, undermine, intimidate or abuse others who view the person as someone to be trusted.

Gender-based violence: Gender-based violence is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.

Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in:

- physical harm
- sexual harm
- psychological
- economic harm

Examples of gender-based violence:

Domestic violence includes all acts of physical, sexual, psychological and economic violence that occur within the family, domestic unit, or between intimate partners. These can be former or current spouses also when they don't share the same residence. 22 % of all women

who have (had) a partner have experienced physical and/or sexual violence by a partner since the age of 15.

Sex-based harassment includes unwelcome verbal, physical or other non-verbal conduct of a sexual nature with the purpose or effect of violating the dignity of a person. Between 45% to 55% of women in the EU have experienced sexual harassment since the age of 15.

Female Genital Mutilation (FGM) is the ritual cutting or removal of some or all of the external female genitalia. It violates women's bodies and often damages their sexuality, mental health, wellbeing and participation in their community. It may even lead to death. Today, more than 200 million girls and women alive worldwide have undergone female genital mutilation. At least 600,000 women living in the EU have undergone FGM.

Forced marriage refers to marriage concluded under force or coercion – either physical pressure to marry or emotional and psychological pressure. It's closely linked to child or early marriage, when children are wed before reaching the minimum age for marriage.

Online violence is an umbrella term used to describe all sorts of illegal or harmful behaviours against women in the online space. They can be linked to experiences of violence in real life or be limited to the online environment only. They can include illegal threats, stalking or incitement to violence, unwanted, offensive or sexually explicit emails or messages, sharing of private images or videos without consent, or inappropriate advances on social networking sites. One in 10 women in the EU has experienced cyber harassment since the age of 15.

APPENDIX 5: DISCLOSURES' PROCEDURE FOR PREVENTION PROGRAMMES

Church schools collaborate with SEDQA and CARITAS to provide the following preventive programmes.

SEDQA	T.F.A.L – Year 3 and Year 5 Teen Outside the Box – Year 8
CARITAS	The Focus Programme – Year 6, 7, 8 , 9, 10 Testimonials – Year 11

When programme facilitators discuss sensitive topics, the students may disclose personal information indicating some kind of abuse and /or witnessing domestic violence and /or substance abuse at home.

For such disclosures the following established procedure is followed:

- The programme facilitator contains the disclosure in the big group, then s/he speaks to the child in the presence of a teacher or LSE.
- The facilitator asks for the DSO, relates to her /him what the student has said and writes down a report which will be signed by the facilitator and the DSO as endorsement of receiving the report.
- It is advisable that the DSO liaises with the school social worker immediately.
- Later in the day, the SEDQA / Caritas worker sends by email a copy of the disclosure report to the Head of School, DSO and SFCE Director Student Services.
- The disclosure report is then handled as per standard procedures.

It is agreed by all parties that the above procedure meets the legislative requirements of mandatory reporting and the students' situation is handled affectively.

APPENDIX 6: SFCE & VSA COMMON REFERRAL FORM

COMMON REFERRAL FORM

Minor's Name	
Minor's Surname	
Identity Card No:	
Parent / Legal Guardian	
Mobile/telephone no	
Email:	
Parent / Legal Guardian	
Mobile/telephone no	
Email:	

Referrals	
VSA	Secretariat for Catholic Education
Emotional Support <input type="checkbox"/>	Student Services <input type="checkbox"/>

Tick with 'X' if applicable:

Case reported to the Police

Case referred /known to Child Protection Services

Other relevant information:

--

The parents/legal guardians consent the transfer of personal data (tick with 'X')

/ _____

Name of parents/legal guardian

/ _____

Signature of the parents/legal guardian

/ _____

Name of referring Officer

Signature

Date: _____

*It is up to the referral party to check on whether parental consent is required or not. If SU is sixteen (16) years or over, consent of parent

APPENDIX 7: SAP RECEIPT

Substance Abuse Procedure (SAP) Receipt

This is to certify that I have received from Mr/Ms _____, Head of School / acting in lieu of Head of School, a sealed envelope whose contents have been found in _____ school and which are to be analysed in connection with possible substance abuse.

Name of Police Officer: _____

Rank/Number: _____

Signature: _____

Date and Time: _____

This is to certify that I have deposited with _____ (Police Officer) of _____ a sealed envelope whose contents have been found in _____ school and which are to be analysed in conjunction with possible substance abuse.

Name of Head of School: _____

Grade: _____

Signature: _____

Date and Time: _____

APPENDIX 8: BRIEF DESCRIPTION OF COMMON MENTAL HEALTH DISORDERS IN SCHOOL AGE CHILDREN

Anxiety and Mood Disorders

Anxiety Disorders: May involve panic attacks or excessive worry and fear, separation anxiety, school phobia and selective mutism.

Depression: It presents itself as persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite. Tiredness and poor concentration are common (WHO, 2023).

Anxiety and Mood disorders are common among school age children and can profoundly affect school attendance and schoolwork. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood and behaviour. They can lead to social withdrawal and poor academic achievement, isolation, bullying and loneliness. Untreated depression can lead to suicide.

Suicide and Non-Suicidal Self-Injury (NSSI)

Suicide: It is the deliberate act of killing oneself. Factors contributing to suicide risk include, harmful use of alcohol and substance abuse, traumatic experiences and bullying, stigma against help-seeking, barriers to accessing care and access to means of suicide (WHO, 2021).

Suicidal Ideations: Refers to thoughts, fantasies, or preoccupations about ending one's own life. It can range from fleeting considerations to detailed planning of a suicide attempt. These thoughts can be passive (e.g., wishing one were dead) or active (e.g., having a plan to commit suicide). People with suicidal ideations do not necessarily present with suicidal intent.

Suicidal intent: Refers to the person having the intention (might already have a suicidal plan or not) to die by suicide.

Suicidal Attempt: A deliberate but failed attempt to take one's own life but not causing death. It involves self-injurious behaviour with the intent to die but is either not fatal or is interrupted before death occurs (APA, 2023).

Non-Suicidal Self-Injury (NSSI): The intentional, direct injuring of body tissue without suicidal intent (DSM-5). Still, this may be extremely risky and may lead to undesirable consequences including death, hospitalisation or disability.

Death Wish: A subconscious or conscious desire for death or a preoccupation with thoughts about dying, not necessarily with the intent or plan to commit suicide. It can manifest as a general feeling of hopelessness, extreme sadness or as an underlying wish to escape from life's difficulties.

Eating Disorders

Eating disorders, such as **anorexia nervosa and bulimia nervosa**, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape.

Anorexia Nervosa: An eating disorder involving persistent refusal of food, excessive fear of gaining weight and disturbed perception of body image. People may engage in multiple acts to reduce weight, such as purging, vomiting, using fat burner tablets, over-exercising, calorie-counting, restricting diet etc. It can lead to premature death, often due to medical complications or suicide (American Psychiatric Association, 2023).

Bulimia Nervosa: Causes you to consume large amounts of food at one time (binge) usually accompanied by a lack of control, and subsequently get rid of the food through purging or vomiting.

Binge Eating Disorder: Regularly eating a lot of food over a short period of time until one is uncomfortably full.

High-Risk behaviours

High risk behaviour are defined as acts that increase the risk of disease or injury, which can subsequently lead to disability, death, or social problems. This may include aggressive behaviour, substance misuse (that which include tobacco and cannabis), risky sexual behaviours and eating disorders. Self-injurious behaviour is also a high-risk behaviour. Kindly refer to NSSI section above. Risk-taking behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact the child's mental and physical wellbeing.

Less common high-risk behaviours might be: delusional thinking such as paranoia and/or experiencing hallucinations, disorientation – loss of contact with reality

Behavioural disorders

Behavioural disorders are more common among younger adolescents than older adolescents.

Attention Deficit Hyperactivity Disorder (ADHD): A neurodevelopmental disorder characterized by impulsive behaviour (manifested by difficulties in turn-taking or waiting in lines, interrupting conversations), difficulty paying attention (manifested as difficulty to sustain attention, pay attention to detail, make careless mistakes, difficulties following instructions, difficulties listening clearly, forgetting daily activities, being disorganized), excessive activity (manifested by excessive movements, engaging in risk behaviours such as running and climbing, excessive talking) and acting without regard to consequences. ADHD must be present in multiple settings. If the issue arises in one setting (e.g., school or home), then further assessment within that setting is required.

Oppositional Defiant Disorder (ODD): ODD manifest a pattern of angry/irritable mood, argumentative/defiant behaviour, or vindictiveness. Children with ODD show a pattern of uncooperative, defiant, and hostile behaviour toward peers, parents, teachers, and other authority figures (DSM-5, 2023).

Conduct Disorder: May include cruelty, lack of guilt and a shallow effect. Specific behaviours include lying, aggression, cruelty to animals, fighting and destruction to property.

Behavioural disorders can affect adolescents' education and conduct disorder may result in criminal behaviour.

APPENDIX 9: ASSESSING NON-SUICIDAL SELF-INJURY (NSSI) AND SUICIDALITY

The Guidance Teacher or the person carrying out the assessment should check about:

1. Nature of self-injury

e.g., cutting, burning, stabbing, hitting, excessive rubbing?

To keep in mind:: Is there the expectation that the injury will lead to only minor or moderate physical harm? (i.e., there is no suicidal intent?)

2. Frequency of self-injury

One off? How often?

3. Where would you be when you do this?

4. Reasons behind the self-injury : - examples:

- To obtain relief from a negative feeling?
- To resolve an interpersonal difficulty?
- To induce a positive feeling state?

Perhaps at a later stage, what triggered or triggers the behaviour? Were there / Are there certain situations that set it off , or make it worse?

5. Any thoughts going through your mind at the time? Any feelings? Can you describe how it feels when you do this behaviour?

6. Has this behaviour or its consequences caused you significant distress? Has it interfered with your interpersonal, academic, or other important areas of your life?

7. Who else knows about this behaviour?

8. Are people around you when you engage in this behaviour?

9. Do you show / tell other people about the self-injury?

Checking for Suicide Ideation / Suicide Risk – perhaps when person uses metaphors like “there’s a limit to what I can take”, “there’s no light at the end of the tunnel”, “it’s all hopeless / useless - I feel breathless”

Questions you might ask:

1. I wonder how bad things get for you?
2. Have you ever had thoughts that life is not worth living/ Do you sometimes feel that you want to end your life?
3. I wonder if you are telling me that you want to die?
4. Have you thought about how you might kill yourself? Or Do you have any plans to act on your thoughts... now? At some future point?

To help develop a crisis plan / safety plan:

Score on 1 to 10 your suicidal feelings now (1 = none; 10 = overwhelming).

1. What things make the number go up?

Example:

- At night
- After I have had a drink
- If I argue with people

2. What things make the number go down?

Example:

- If I do some exercise.
- I do a hobby that helps me feel calmer.
- Distraction – do something else
- Defusing – humour, mindfulness
- If I talk to a friend

APPENDIX 10: CRITICAL INCIDENT RESPONSE CHECKLIST

CRITICAL INCIDENT AT SCHOOL - RESPONSE CHECKLIST		
Critical Incident Type		
Date		
Time		
Name of Staff Member coordinating the response		
INCIDENT RESPONSE	Tick when completed	Notes: e.g. time of action and details to include in final report
Identify injuries		
Identify damage to the property		
Call emergency 112		
Account for all members of staff, students and visitors		
Evacuate the site if necessary		
Form a response team		
Allocate specific roles and responsibilities to staff members		
Gather adequate information about the situation		
Communicate relevant information to staff and students (ongoing task)		
Communicate the necessary information to the Director Student Services and Principal Psychologist		
Record in writing decisions and action taken		
Identify key operations that have been disrupted		