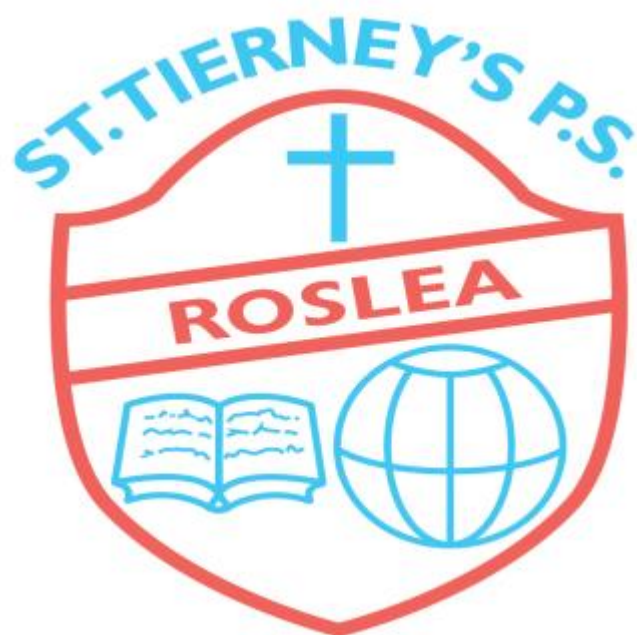


ST TIERNEY'S PRIMARY SCHOOL ROSLEA



SAFE GUARDING & CHILD PROTECTION POLICY

Reviewed January 2022 by M McElroy

Ratified by BOG Term 2 2018-19

Child Protection Ethos

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

Key Principles of Safeguarding and Child Protection

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

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

- the child or young person's welfare is paramount;
- the voice of the child or young person should be heard;
- parents are supported to exercise parental responsibility and families helped stay together;
- partnership;
- prevention;
- responses should be proportionate to the circumstances;
- protection; and
- evidence based and informed decision making.

Other Related Policies:

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

- Anti-Bullying Policy
- Attendance Policy
- Behaviour Management & Discipline Policy
- Code of Conduct
- Complaints policy
- Data protection Policy
- Educational Visits
- E-Safety Policy
- First Aid and Administration of Medicines
- Health and Safety Policy
- Intimate Care

- Relationships and Sexuality Education
- Special Educational Needs
- Use of Mobile Phones/Cameras
- Use of Reasonable Force/Safe Handling

These policies are available to parents and any parent wishing to have a copy should contact the School office on 02867751493.

School Safeguarding Team

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

- Chair of the Board of Governors – Fr John Chester
- Designated Governor for Child Protection Mrs Sarah Boyle
- Principal – Elaine Murray
- Designated Teacher Mrs Maeve McElroy
- Deputy Designated Teacher – Mr Gerard McMahon

Roles and Responsibilities

Designated Teacher/ Deputy Designated Teacher

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

- the induction and training of all school staff including support staff;
- being available to discuss safeguarding or child protection concerns of any member of staff;
- responsibility for record keeping of all child protection concerns;
- maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs;
- making referrals to Social Services or PSNI where appropriate;
- liaison with the EA Designated Officers for Child Protection;
- keeping the school Principal informed;
- lead responsibility for the development of the school's child protection policy;
- promotion of a safeguarding and child protection ethos in the school; and
- compiling written reports to the Board of Governors regarding child protection.

Principal

- as secretary to the Board of Governors, assist in fulfilling its safeguarding and child protection duties;
- ensure the Board of Governors are kept fully informed of all developments relating to safeguarding including changes to legislation, policy, procedures, DE circulars, inclusion of child protection on the termly meeting agenda;

- to manage allegations / complaints against school staff;
- to establish and manage the operational systems for safeguarding and child protection;
- to appoint and manage designated teacher/deputy designated teachers who are enabled to fulfil their safeguarding responsibilities;
- to ensure safe and effective recruitment and selection including awareness of safeguarding and child protection for new staff and volunteers;
- ensure that parents and pupils receive a copy or summary of the child protection policy at intake and at a minimum every 2 years; and
- to maintain the schools record of child abuse complaints.

Board of Governors

The Board of Governors as a body must ensure that the school fulfils its safeguarding responsibilities in keeping with current legislation and DE guidance including:

- a designated governor for child protection is appointed;
- a designated and deputy designated teacher are appointed in their schools;
- they have a full understanding of the roles of the designated and deputy designated teachers for child protection;
- safeguarding and child protection training is given to all staff and governors including refresher training;
- the school has a child protection policy which is reviewed annually and parents and pupils receive a copy or summary of the child protection policy and complaints procedure every two years.
- the school has an anti-bullying policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016;
- there is a code of conduct for all adults working in the school;
- all school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19;
- they receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff; and
- the school maintains child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2016/20 Child Protection: Record Keeping in Schools.

Chair of Board of Governors

The chair of the board of governors:

- has a pivotal role in creating and maintaining a safeguarding ethos;
- receives training from CPSS and HR;
- assumes lead responsibility in the event of a CP complaint or concern about the principal; and
- ensures compliance with legislation, Child Protection record keeping and policies

Designated Governor for Child Protection

Advises the board of governors on: -

- the role of the designated teachers;
- the content of child protection policies;
- the content of a code of conduct for adults within the school;
- the content of the termly updates and full annual designated teachers report; and
- recruitment, selection, vetting and induction of staff.

Other members of school staff

Teachers, Classroom Assistants and other Support staff in school see children on a daily basis over long periods and can notice physical, behavioural and emotional indicators and a child may choose to disclose to them allegations of abuse.

Members of staff **must** refer concerns or disclosures to the Designated/Deputy Teacher for Child Protection/Principal. In addition, class teachers should also keep the Designated Teacher informed in writing or verbally about poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse. A pro-forma for reporting a concern or disclosure is included at **appendix 7**.

If a member of staff does not feel their concerns are being taken seriously or action to safeguard the child is not being taken by professionals and the child is considered to be at risk of continuing harm then they should speak to the Designated Teacher for Child Protection, Principal, Education Authority Designated Officer for Child Protection or to Social Services.

Parents

The primary responsibility for safeguarding and protection of children rests with parents who should feel confident about raising any concerns they have in relation to their child.

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

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

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

Child Protection Definitions

Definition of Harm

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

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

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

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

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

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

PHYSICAL ABUSE is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

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

EXPLOITATION is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, and engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child. The main types of abuse as well as their physical and behavioural indicators are included in **Appendix 1**.

The signs and symptoms of child abuse are also included in Appendix 3.

Children with Increased Vulnerabilities

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

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in St Tierney's are aware of and have therefore included them in our policy.

Responding to Safeguarding and Child Protection Concerns

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is

undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm¹.

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

Receive – listen to what the child says, without displaying shock or disbelief. Accept what is said, making brief cursory notes. These notes should be retained.

Reassure- ensure the child is reassured that he/she will be safe and his/her interests will come first. No promise of confidentiality can or should be made to a child or anyone else giving information about possible abuse.

Respond- respond to the child only as far as is necessary for you to establish whether or not you need to refer the matter. Use open questions e.g. anything else to tell me? Do not interrogate or ask leading questions- this may invalidate your evidence and the child's in any later court proceedings. Do not criticise the perpetrator- the child may love this person and reconciliation may be possible. Explain what you have to do next and to whom you have to talk.

Record- make notes at the time and write these up as soon as possible afterwards. Note the time, date, place, people present as well as what *is seen and* said. Record key phrases/words used, noticeable non-verbal behaviour and any physical injuries. Under no circumstances should a child be photographed or a child's clothing removed. Do not destroy original notes.

Report- refer the matter to the Designated Teacher. Respect confidentiality i.e. the matter should only be discussed on a need to know basis.

How a Parent can Raise a Concern

In St. Tierney's PS we aim to work closely with parents/guardians in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner.

If a parent has a concern, they can talk to the class teacher, the designated or deputy designated teacher for child protection or the principal.

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

At any time, a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in **Appendix 4**.

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

In St. Tierney's PS, if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see **Appendix 7**) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the designated teacher or with the deputy designated teacher if he/she is not available.

The designated teacher will consult with the principal or other relevant staff (Chair of BOG if Principal unavailable) always taking care to avoid due delay. If required, advice may be sought from an Education Authority Child Protection Officer. The designated teacher may also seek clarification from the child or young person, their parent/carer.

If a child protection referral is not required the school may consider other options including monitoring, signposting or referring to other support agencies e.g. Family Support Hub with parental consent and, where appropriate, with the child/young person's consent.

If a child protection referral is required, the designated teacher will seek consent from the parent/carer and/or the child {if they are competent to give this} unless this would place the child at risk of significant harm.

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

For further detail please see **Appendix 5**.

Where a complaint has been made about possible abuse by a member of the school's staff or a Volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the designated teacher if the principal is not available) must be informed immediately. If the complaint is against the principal then the designated teacher should be informed and he/she will inform the Chairperson of the board of governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 6** will be followed.

Consent

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

the parent's/carer's capacity to understand should be ascertained. These should be addressed through the provision of appropriate communication methods, including, where necessary, translators, signers, intermediaries or advocacy services.

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

Where staff decide not to seek parental consent before making a referral to children's social services in the local Health and Social Care Trust or the police, the reason for this decision must be clearly noted in the child/young person's records and included within the verbal and written/UNOCINI referral.

When a referral is deemed to be necessary in the interests of the child/young person, and the parents/carers have been consulted and do not consent, the following action should be taken:

- the reason for proceeding without parental consent must be recorded;
- the withholding of permission by the parent/carer must be included in the verbal and written referral to children's social services;
- the parent/carer should be contacted to inform them that, after considering their wishes, a referral has been made.

Staff making a referral may ask for their anonymity to be protected as far as possible because of a genuine threat to self/family. In such instances this anonymity should be protected with an explanation to the staff member that absolute confidentiality cannot be guaranteed as information may become the subject of court processes.

Confidentiality and Information Sharing

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

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will consider what information should be shared with the Designated Teacher in the receiving school.

Where it is necessary to safeguard children information will be shared with other statutory agencies in accordance with the requirements of this policy, the school data protection policy and the General Data Protection Regulations (GDPR).

Record Keeping

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

In order to meet these requirements all child protection records, information and confidential notes concerning pupils in St Tierney's Primary School are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DE guidance on the disposal of child protection records these records will be stored from child's date of birth plus 30 years. If information is held electronically, whether on a laptop or on a portable memory device, all must be encrypted and appropriately password protected.

These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence.

Safe Recruitment Procedures

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

Staff Training

When new staff or volunteers start at the school, they are briefed on the school's Child Protection Policy and Code of Conduct and given copies of these policies. All staff will receive basic child protection awareness training and regular refresher training. The Principal, Designated Teacher/Deputy Designated Teacher, Chair of the Board of Governors and Designated Governor for Child Protection will also attend child protection training courses specific to their roles which is provided by the Education Authority's Child Protection Support Service for Schools.

Code of Conduct For all Staff - Paid or Unpaid

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors

(See appendix 8 - the school's Code of Conduct is available on request)

The Preventative Curriculum

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (2017/04)

1. Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.
2. Throughout the school year child protection issues are addressed through class assemblies and there is a permanent child protection notice board in the main corridor and relevant information in each resource area, which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, police etc. health visitor parent programmes, RISENI

Monitoring and Evaluation

This policy will be reviewed annually by the safeguarding team and approved every 2 years by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the school staff induction and training programme and as part of day to day practice. Compliance with the policy will be monitored on an on-going basis by the designated teacher for child protection and periodically by the Schools Safeguarding Team. The board of governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the designated teacher.

Date Policy Reviewed: _____

Signed:

_____ **(Designated Teacher)**

_____ **(Principal)**

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

Appendix 1

Specific Types of Abuse

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

If the staff in St. Tierney's PS become aware of signs that may indicate grooming they will take early action and follow the school's child protection policies and procedures.

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Co-operating to Safeguard Children and Young People in NI. DHSSPS version 2.0 2017)

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

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

CSE is a form of child abuse and, as such, any member of staff suspecting that CSE is occurring will follow the school's child protection policy and procedures, including reporting to the appropriate agencies.

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

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

If it comes to the attention of school staff that Domestic Abuse, is or may be, affecting a child this will be passed on to the Designated/Deputy Designated Teacher who has an obligation to share the information with the Social Services Gateway Team.

Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in our school policy.

Forced Marriage A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced marriage is a criminal offence in Northern Ireland and if in St. Tierney's PS we have knowledge or suspicion of a forced marriage in relation to a child or young person we will contact the PSNI immediately.

Children who display harmful sexualised behaviour

Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships. As a school we support children and young people, through the Personal Development element of the curriculum, to develop their understanding of relationships and sexuality and the responsibilities of healthy relationships. Teachers are often therefore in a good position to consider if behaviour is within the normal continuum or otherwise.

It is important to distinguish between different sexual behaviours - these can be defined as 'healthy', 'problematic' or 'sexually harmful'. Healthy sexual behaviour will normally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Problematic sexual behaviour requires some level of intervention,

depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. We will also take guidance from DE Circular 2016/05 to address concerns about harmful sexualised behaviour displayed by children and young people.

What is Harmful Sexualised Behaviour?

Harmful sexualised behaviour is any behaviour of a sexual nature that takes place when:

- There is no informed consent by the victim; and/or
- the perpetrator uses threat (verbal, physical or emotional) to coerce, threaten or intimidate the victim
- Harmful sexualised behaviour can include: Using age inappropriate sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual behaviour between children is also considered harmful if one of the children is much older - particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other is not.
- However, a younger child can abuse an older child, particularly if they have power over them - for example, if the older child is disabled.

Sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the school's positive behaviour policy but it is important to always apply principles that remain child centred.

Harmful sexualised behaviour will always require intervention and in our school we will refer to our child protection policy and, seek the support that is available from the CPSS.

E safety/Internet abuse

Online safety means acting and staying safe when using digital technologies. It is wider than simply internet technology and includes electronic communication via text messages, social environments and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

In January 2014, the SBNI published its report 'An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland' which identified the associated risks around online safety under four categories:

- **Content risks:** the child or young person is exposed to harmful material.
- **Contact risks:** the child or young person participates in adult initiated online activity.
- **Conduct risks:** the child or young person is a perpetrator or victim in peer-to-peer exchange.
- **Commercial risks:** the child or young person is exposed to inappropriate commercial advertising, marketing schemes or hidden costs.

We in St. Tierney's PS have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

The school's actions and governance of online safety are reflected clearly in our safeguarding arrangements. Safeguarding and promoting pupils' welfare around digital technology is the responsibility of everyone who comes into contact with the pupils in the school or on school-organised activities.

Sexting is the sending or posting of sexually suggestive images, including nude or semi-nude photographs, via mobile or over the internet. There are two aspects to Sexting:

Sexting between individuals in a relationship schools should look at this individually. Whilst their procedures should be the same as below they may want to include something specific here re what their preventative curriculum approach will be.

Pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual relationship) and in these cases we will contact local police on 101 for advice and guidance. We may also seek advice from the EA Child Protection Support Service.

Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all of the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a young person from seeking help if they feel entrapped by the misuse of a sexual image.

Sharing an inappropriate image with an intent to cause distress

If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 (www.legislation.gov.uk/ukpga/2015/2/section/33/enacted) to share an inappropriate image of another person without the individuals consent.

If a young person has shared an inappropriate image of themselves that is now being shared further whether or not it is intended to cause distress, the child protection procedures of the school will be followed.

Appendix 2

Children with Increased Vulnerabilities

- **Children with a disability**

Children and young people with disabilities (i.e. any child or young person who has a physical, sensory or learning impairment or a significant health condition) may be more vulnerable to abuse and those working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues.

Staff must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. Staff and volunteers working with children with disabilities will receive training to enable them to identify and refer concerns early in order to allow preventative action to be taken.

- **Children with limited fluency in English**

As with children with a special educational need, children who are not fluent in English should be given the chance to express themselves to a member of staff or other professional with appropriate language/communication skills, especially where there are concerns that abuse may have occurred.

Designated Teachers should work with their SEN co-ordinators along with school staff with responsibility for newcomer pupils, seeking advice from the EA's Inclusion and Diversity Service to identify and respond to any particular communication needs that a child may have. All schools should try to create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

- **Pre-school provision**

Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parent[s]/carer[s]

- **Looked After Children**

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

children, young people and their parents and/or others with parental responsibility for the looked child are taken into account when decisions are made.

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

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

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

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

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

- **Young people in supported accommodation**

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

- **Young people who are homeless**

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

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

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

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

If we become aware of a child or young person who may be separated, unaccompanied or a victim of human trafficking we in St. Tierney's PS will immediately follow our safeguarding and child protection procedures

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

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

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

- **Gender identity issues and sexual orientation**

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

As a staff working with young people from the LGBT community we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **Boarding schools and residential settings**

Children in the above settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance.

- **Work experience, school trips and educational visits**

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE guidance on educational visits, school trips and work experience to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

Children/young people's behaviours

- **Peer Abuse**

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

- **Self-Harm**

Self-harm encompasses a wide range of behaviours and things that people do to themselves in a deliberate and usually hidden way, which are damaging. It may indicate a temporary period of emotional pain or distress, or deeper mental health issues which may result in the development of a progressive pattern of worsening self-harm that may ultimately result in death by misadventure or suicide. Self-harm may involve abuse of substances such as alcohol or drugs, including both illegal and/or prescribed drugs.

Self-harming behaviours may indicate that a child or young person has suffered abuse; however this is not always the case. School staff should share concerns about a child or young person who is self-harming with a member of the safeguarding team who will seek advice from appropriately qualified and experienced professionals including those in the non-statutory sector to make informed assessments of risk in relation to self-harming behaviours.

- **Suicidal Ideation**

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

APPENDIX 3 Signs and Symptoms of Child Abuse

This section contains information for all professionals working with children and families and is not an exhaustive list. The following pages provide guidance only and should not be used as a checklist.

3.1 **The first indication that a child is being abused may not necessarily be the presence of a severe injury. Concerns may become apparent in a number of ways e.g.**

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing conversation by the child, or his parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents.

- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding.

- by a child not thriving or developing at a rate which one would expect for his age and stage of development.

- by the observation of a child's behaviour and changes in his behaviour.

- by indications that the family is under stress and needs support in caring for their children.

- by repeat visits to a general practitioner or hospital.

3.2 There may be a series of events which in themselves do not necessarily cause concern but are significant, if viewed together. Initially the incident may not seem serious but it should be remembered that prompt help to a family under stress may prevent minor abuse escalating into something more serious.

3.3 It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s). Staff should familiarise themselves on 'attachment theory' and its implications for assessing the bond between parents and their children.

3.4 Suspicions should be raised by e.g.

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem
- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)

- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
 - evidence of domestic violence
 - parents with mental health difficulties, particularly of a psychotic nature
 - evidence of parental substance abuse
- 3.5 Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

Parental Response to Allegations of Child Abuse Which Raise Concern

3.6 **Parents' responses to allegations of abuse of their child are very varied. The following types of response are of concern:**

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.
- parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.
- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

Physical Abuse

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

- 3.8 It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.
- 3.9 Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.
- 3.10 If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.
- 3.11 A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

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

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

- 3.13 Less common sites for accidental bruising include:

- Eyes
- Ears
- Cheeks
- Mouth
- Neck
- Shoulders
- Chest
- Upper and Inner Arms
- Stomach
- Genitals

- Upper and Inner Thighs
- Lower Back and Buttocks
- Upper Lip and Frenulum
- Back of the Hands.

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

- frequent
- patterned, e.g. finger and thumb marks
- in unusual positions, (note developmental level and activity of the child).

Research on aging of bruises (from photographs) has shown that it is impossible to accurately age bruises although it can be concluded that a bruise with a yellow colour is more than 18 hours old. Tender or swollen bruises are more likely to be fresh. It is not possible to conclude definitely that bruises of different colours were sustained at different times.

The following should give rise to concern e.g.

- bruising in a non-mobile child, in the absence of an adequate explanation,
- bruises other than at the common sites of accidental injury for a child of that developmental stage,
- facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children.
- soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation.
- a torn upper lip frenulum (skin which joins the lip and gum).
- patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back.
- ligature marks caused by tying up or strangulation.

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

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

b) Eye Injuries

3.17 Injuries which should give cause for concern:

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

c) Burns and Scalds

3.18 Accidental scalds often:

- are on the upper part of the body
- are on a convex (curved) surface
- are irregular
- are superficial
- leave a recognisable pattern.

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

- circular burns
- linear burns
- burns of uniform depth over a large area
- friction burns
- scalds that have a line which could indicate immersion or poured liquid
- splash marks
- old scars indicating previous burns or scalds.

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

- a responsible adult checks the temperature of the bath before a child gets in to it.
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet.
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.

- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks.
- small round burns may be cigarette burns, but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

d) Fractures

3.21 The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain and it is very difficult for a parent to be unaware that a child has been hurt. In infants, rib and metaphysical limb fractures may produce no detectable ongoing pain however.

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

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

- any fracture in a child under one year of age
- any skull fracture in children under three years of age
- a history of previous skeletal injuries which may suggest abuse
- skeletal injuries at different stages of healing
- evidence of previous fractures which were left untreated.

e) Scars

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

f) Bites

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

g) Other Types of Physical Injuries

3.26

- poisoning, either through acts of omission or commission
- ingestion of other damaging substances, e.g. bleach
- administration of drugs to children where they are not medically indicated or prescribed

- female genital mutilation, which is an offence, regardless of cultural reasons
- unexplained neurological signs and symptoms, e.g. subdural haematoma

h) Fabricated or Induced Illness

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

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

3.29 There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.

(R v Cannings (2004) EWCA Crim1 (19 January 2004)).

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

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.
- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

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

- failure to thrive/growth faltering (sometimes through deliberate withholding of food.)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions.
- pyrexia (high temperature).
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen).

- apnoea (stops breathing).
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent 'accidental' overdoses (especially in very young children).

3.32 **Concerns may arise when:**

- reported symptoms and signs found on examinations are not (3 explained by any medical condition from which the child may be suffering).
- physical examination and results of medical investigations do not explain reported symptoms and signs.
- there is an inexplicably poor response to prescribed medication and other treatment.
- new symptoms are reported on resolution of previous ones.
- reported symptoms and/or clinical signs do not occur when the carers are absent
- over time the child is repeatedly presented to health professionals with a range of signs and symptoms.
- the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.

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

Sexual Abuse

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

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

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

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

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

3.39 It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused.

Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

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

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

Pre-School Child (0-4years)

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

- bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs
- itching, soreness, discharge or unexplained bleeding
- physical damage to genital area or mouth
- signs of sexually transmitted infections
- pain on urination
- semen in vagina, anus, external genitalia
- difficulty in walking or sitting
- torn, stained or bloody underclothes or evidence of clothing having been removed and replaced

- psychosomatic symptoms such as recurrent abdominal pain or headache.

3.43 **Possible behavioural indicators include:**

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

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

- poor peer group relationships and inability to make friends.
- inability to concentrate, learning difficulties or a sudden drop in school performance.

- reluctance to participate in physical activity or to change clothes for physical education, games or swimming.
- unusual or bizarre sexual themes in child's art work or stories.
- frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child's school performance.
- unusual reluctance or fear of going home after school.

The Adolescent

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

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

3.46 **Possible behavioural indicators include:**

- repeated running away from home
- sleep problems - insomnia, recurrent nightmares, fear of going to bed or overdressing for bed
- dependence on alcohol or drug
- suicide attempts and self-mutilation
- hysterical behaviour, depression, withdrawal, mood swings;
- vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity
- eating disorders — e.g. anorexia nervosa and bulimia
- low self-esteem and low expectation of others
- persistent stealing and /or lying
- sudden school problems - taunting, lack of concentration, falling standard or work etc.
- fear or abhorrence of one particular individual.

Emotional Abuse

3.47 Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional

abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.

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

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

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

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

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

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

3.54 **Possible behaviours that may indicate emotional abuse include:**

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc.
- marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying.
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction.
- physical problems such as repeated illnesses, severe eating problems, severe toileting problem.

- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride.
- lack of any sense of pleasure in achievement, over-serious or apathetic.
- over anxiety, e.g. constantly checking or over anxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

Neglect

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

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

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

- medical neglect
- educational neglect
- simulative neglect environmental neglect
- environmental neglect
- failure to provide adequate supervision and a safe environment.

Recognition of Neglect

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

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

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

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

Child

3.63 **Health presentation indicators include:**

- non-organic failure to thrive (growth faltering)
- poor weight gain (improvement when away from the care of the parents)
- poor height gain
- unmet medical needs
- untreated head lice/other infestations
- frequent attendance at 'accident and emergency' and/or frequent hospital admissions
- tired or depressed child, including a child who is anaemic or has rickets
- poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding).

3.64 **Emotional and behavioural development indicators include:**

- developmental delay/special needs
- presents as being under-stimulated

- abnormal reaction to separation/ or attachment, disorder
- over-active and/or aggressive
- soiling and/or wetting
- repeated running away from home
- substance misuse
- offending behaviour, including stealing food
- teenage pregnancy.

3.65 **Family and social relationship indicators include**

- high criticism/low warmth
- excluded by family
- sibling violence
- isolated child
- attachment disorders and /or seeking comfort from strangers
- left unattended/or to care for other children
- left to wander alone day or night
- constantly late to school/late being collected
- not wanting to go home from school or refusing to go to school
- poor attendance at school/nursery
- frequent name changes and/or change of address or parental figures within the home.
- management of a child with a disability who is not attaining the level of functioning which is commensurate with the disability.

Consideration should be given as to whether a child and adolescent mental health assessment is required. Have all children in the family been seen and their views explored and documented?

Parents

3.66 **Lack of emotional warmth indicators include:**

- unrealistic expectations of child
- inability to consider or put child's needs first
- name calling/degrading remarks
- lack of appropriate affection for the child
- violence within the home from which the child is not shielded
- partner resenting non-biological child and hostile in attitude towards him
- failure to provide basic care for the child.

3.67 **Lack of stability indicators include:**

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home

- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

3.68 **Issues relating to providing guidance and setting boundaries indicators include:**

- poor boundary setting
- inconsistent attitudes and reactions, especially to child's behaviour
- continuously failing appointments
- refusing offers of help and services
- failure to seek or use advice and/or help offered appropriately
- seeks to mislead professionals by providing inaccurate or confusing information
- failure to provide safe environment.

3.69 **Social Presentation**

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

3.70 **Health**

- mental ill health
- substance misuse
- learning difficulties
- (post-natal) depression
- history of parental child abuse or poor parenting
- physical health.

Home and Environmental Conditions

3.71 The following home and environmental conditions should be considered:

- poor housing conditions
- overcrowding
- lack of water, heating, sanitation
- no access to washing machine
- piles of dirty washing
- little or no adequate clean bedding/furniture
- little or no food in cupboards
- human and/or animal excrement
- uncared for animals
- referrals to environmental health
- unsafe environment
- rural isolation.

3.72 Impediments to ongoing assessment and appropriate multidisciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable;
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002)

When staff become aware of any of the above features they should review the case with their line manager.

Children with Disability

- 3.73 In recognising child abuse, all professionals should be aware that children with a disability can be particularly vulnerable to abuse. They may need a high degree of physical care, they may have less access to protection and there may be a reluctance on the part of professionals to consider the possibility of abuse.

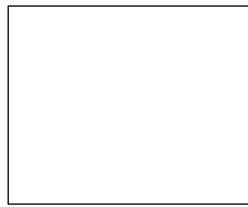
Recognition of Abuse of Children with Disability

- 3.74 Recognition of abuse can be difficult in that:

- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care
- there is a reluctance to accept that children with disabilities may be abused.

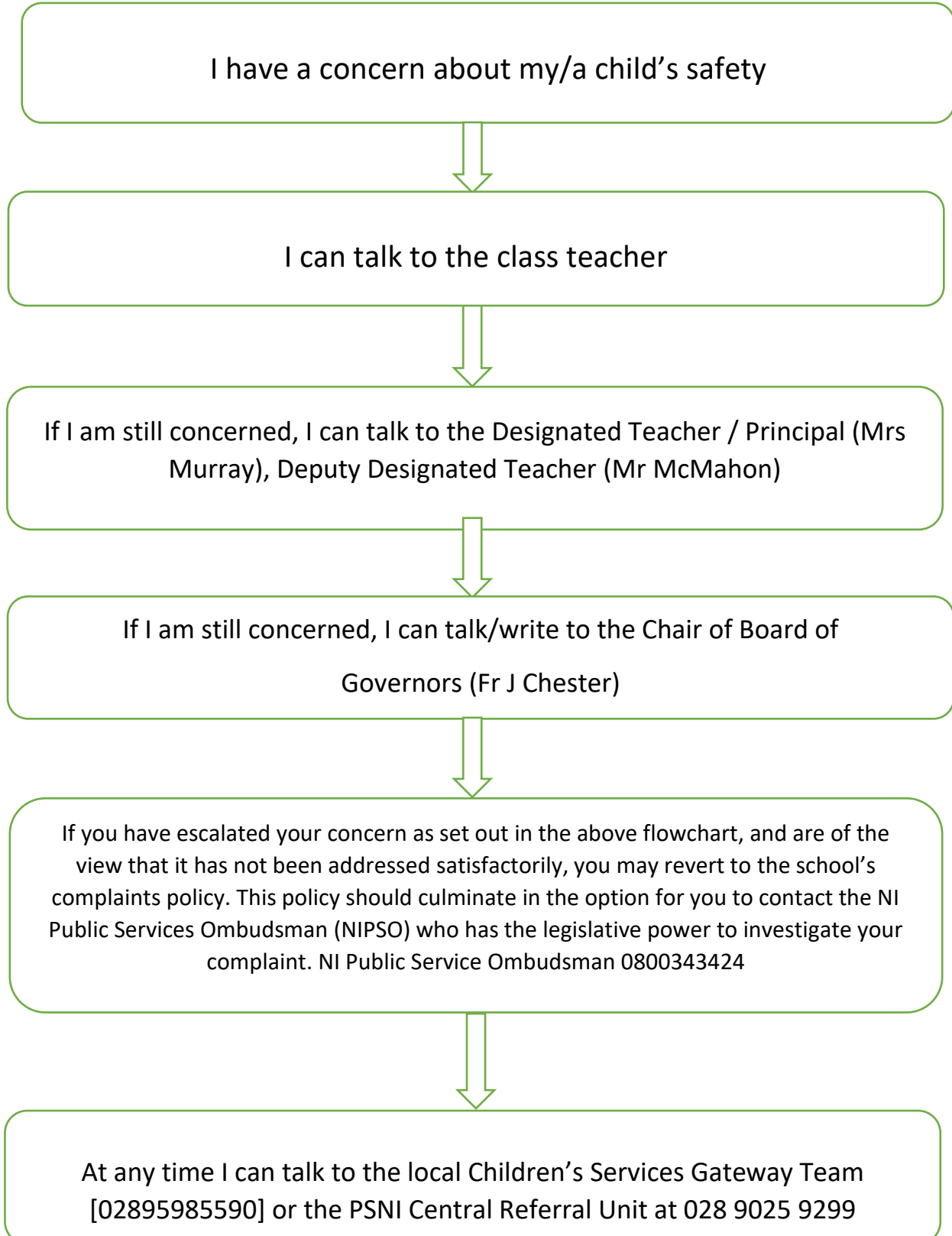
- 3.75 Children with disability will usually display the same symptoms and signs of abuse as other children. These may be incorrectly attributed, however, to the child's disability.

Appendix 4



How a Parent can make a Complaint

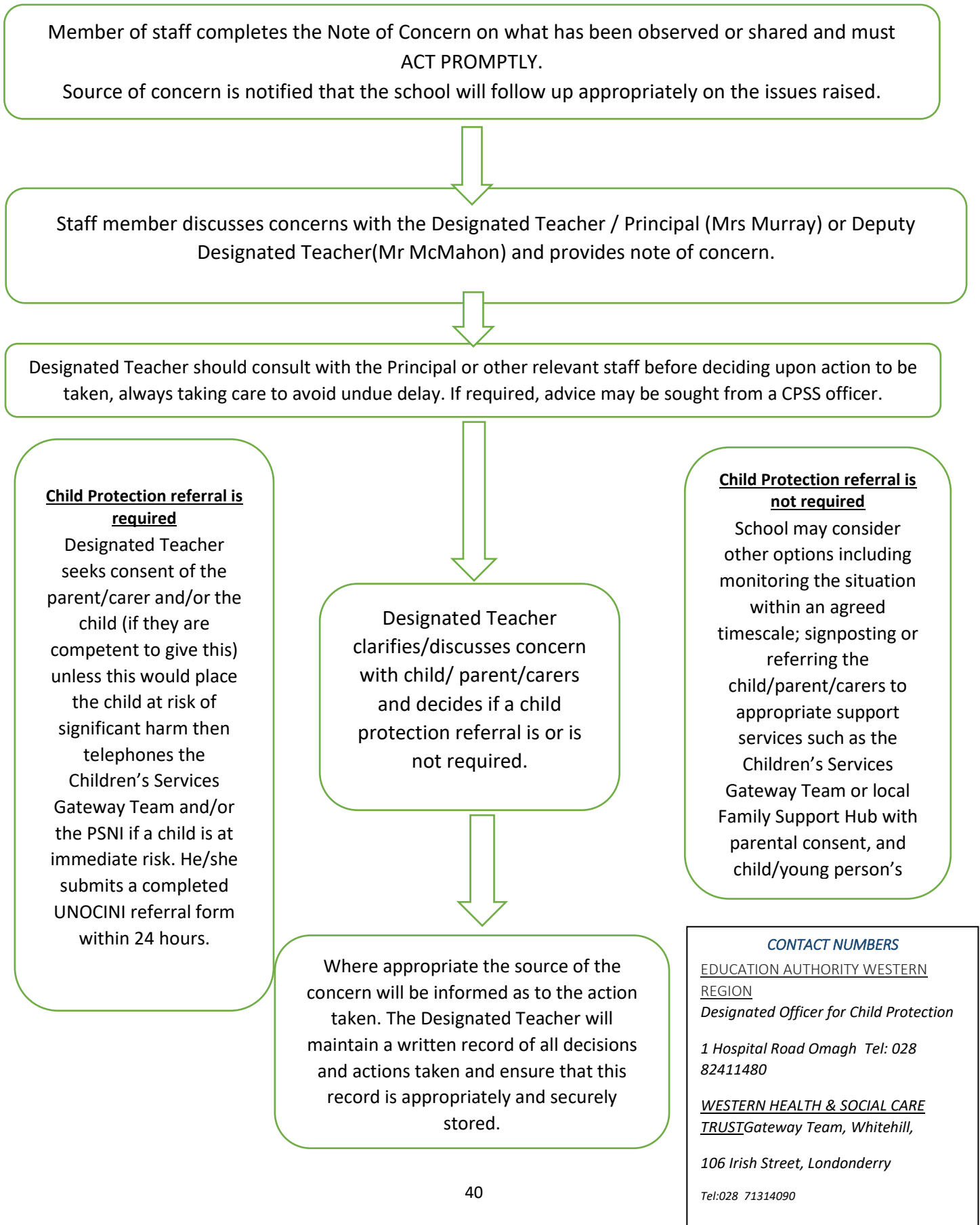
If a parent has a potential child protection concern:



Appendix 5



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





Dealing with Allegations of Abuse Against a Member of Staff

Key Points

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



Guidance on the Next Steps

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



Possible Outcomes

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



Precautionary suspension is not appropriate and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed

Alternatives to precautionary suspension imposed

Appendix 7

CONFIDENTIAL – NOTE OF CONCERN

CHILD PROTECTION RECORD – REPORTS TO DESIGNATED TEACHER

Name of Pupil:
Year Group:
Date, time of incident / disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action taken at the time:

Details of any advice sought, from whom and when:

Any further action taken:

Written report passed to Designated Teacher: Yes: No:
If 'No' state reason:

Date and time of report to the Designated Teacher:

Written note from staff member placed on pupil's Child Protection file

Yes No

If 'No' state reason:

Name of staff member making the report: _____

Signature of Staff Member: _____

Date: _____

Signature of Designated Teacher: _____

Date: _____

Appendix 8

Code of Conduct for Staff and Volunteers

Introduction

This Code of Conduct is intended to assist staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct. It is built on the premise that staff must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the children and young people in their charge must be above reproach. However, it is not intended to detract from the enriching experiences children and young people gain from positive interaction with staff.

Private Meetings with Pupils

- Staff should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place. As far as possible, staff should conduct such interviews in a room with visual access, or with the door open.
- Where such conditions cannot apply, staff are advised to ensure that another adult knows that the interview is taking place. It may be necessary to use a sign indicating that the room is in use, but is not advisable to use signs prohibiting entry to the room.
- Where possible If a member of staff has concerns that a private interview with a pupil may be misinterpreted or may give rise to concern, he or she should ensure that another pupil or (preferably) another adult should be present or nearby during the interview, and the school should take active measures to facilitate this.
- Staff should be mindful of the potential risks involved in the use of Social Media/Networking sites accessed by pupils.

Physical Contact with Pupils

- As a general principle, staff are advised not to make unnecessary physical contact with their pupils.
- It is unrealistic and unnecessary, however, to suggest staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this.
- Staff should never touch a child who has clearly indicated that he/she is, or would be, uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm.
- Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.
- Staff who have to administer first-aid to a pupil should ensure wherever possible that this is done in the presence of other children or another adult. *However, no member of*

staff should hesitate to provide first-aid in an emergency simply because another person is not present.

- Any physical contact which would be likely to be misinterpreted by the pupil, parent or other casual observer should be avoided.
- Following any incident where a member of staff feels that his/her actions have been, or may be, misconstrued, a written report of the incident should be submitted immediately to the Principal/DT or Deputy DT if the Principal is unavailable.
- Staff should be particularly careful when supervising pupils in a residential setting, or in approved out of schools activities, where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school/work environment.

Choice and Use of Teaching Materials

- Teachers should avoid teaching materials, the choice of which might be misinterpreted and reflect upon the motives for the choice.
- When using teaching materials of a sensitive nature a teacher should be aware of the danger that their application, either by pupils or by the teacher, might after the event be criticised. Schools have already received advice on the value of consulting parents and Governors when proposing to use materials such as the AIDS education for schools and in connection with sex education programmes.
- If in doubt about the appropriateness of a particular teaching material, the teacher should consult with the Principal before using it.

Relationships and Attitudes

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

E-Safety and Internet Use

- Staff must exercise caution when using information technology and be aware of the risks to themselves and others. Regard should be given to the schools E-Safety and ICT Acceptable Use Policy at all times.
- Staff must not engage in inappropriate use of social network sites which may bring themselves, the school community or employer into disrepute. Staff should ensure that they adopt suitably high security settings on any personal profiles they may have.
- Staff should exercise caution in their use of all social media or any other web-based presence that they may have, including written content, videos or photographs, and

views expressed either directly or by 'liking' certain pages or posts established by others.

- Contact with students should only be made via the use of school email accounts or telephone equipment when appropriate. The use of personal mobile phones or devices during normal teaching times is to be avoided, unless in extenuating circumstances.
- Photographs / stills or video footage of students should only be taken using school equipment, for purposes authorised by the school. Any such use should always be transparent and only occur when parental consent has been given. The resultant files from such recording or taking of photographs must be stored in accordance with the schools procedures on school equipment.

Confidentiality

- Members of staff and volunteers may have access to confidential information about students in order to undertake their everyday responsibilities. In some circumstances staff may be given additional highly sensitive or private information. They should never use confidential or personal information about a student or his family for their own, or others' advantage. Information must never be used to intimidate, humiliate, or embarrass the student.
- Confidential information about students should never be used casually in conversation or shared with any person other than on a need to know basis. In circumstances where the student's identity does not need to be disclosed the information should be used anonymously.
- There are some circumstances in which a member of staff may be expected to share information about a student, for example when abuse is alleged or suspected. In such cases, individuals have a duty to pass information on without delay, but only to those with designated child protection responsibilities.
- If a member of staff is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.
- Adults need to be aware that although it is important to listen to and support students, they must not promise confidentiality or request students to do the same under any circumstances.
- Additionally, concerns and allegations about adults should be treated as confidential and passed to a senior leader without delay.

Disciplinary Action

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

Conclusion

It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which staff interrelate with children and young people, or where opportunities for their conduct to be misconstrued might occur. It is therefore important that staff exercise judgement and seek advice if unsure about a situation.

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

Response to COVID-19

There have been significant changes within our setting in response to the outbreak and the uncertainty of Education Restart

Despite the changes, the school's Child Protection Policy is fundamentally the same: children and young people always come first, staff should respond robustly to safeguarding concerns and contact the DT in line with our established safeguarding procedure.

This annex sets out some of the adjustments we are making in line with the changed arrangements in the school and following advice from government and local agencies.

Reporting arrangements **remain unchanged**

The school arrangements continue in line with our child protection policy.

The Designated Teacher (DT) is: Elaine Murray (due to Maternity leave for M McElroy)

The Deputy Designated Teacher (DDT) is: Gerard McMahon

The school's approach endeavours to ensure that the DT or a deputy is always on site while the school is open. In the unusual circumstance this is not possible the DT or Deputy will be contactable and the Principal or a Vice-Principal will email all staff by 9am to advise they are acting in an on-site safeguarding role together with contact details for the DT or Deputy DT and for use in emergency, the number of the Western Region Child Protection Designated team is available to all staff.

Staff will continue to follow the Child Protection procedure and advise the safeguarding leads immediately about concerns they have about any child, whether in school or not. COVID-19 means a need for increased vigilance due to the pressures on services, families and young people, rather than a reduction in our standards.

Children's services may be affected by the impact of the virus on staff and an increased demand for services. Where a child is at risk of significant harm there may be a need to be persistent in referring concerns to the local authority. The arrangements for contacting gateway are:

Should a child in the school's view be at risk of significant harm and local agencies are not able to respond, the school will immediately follow the safeguarding children partnership escalation procedure

Identifying vulnerability

<https://www.education-ni.gov.uk/news/new-vulnerable-children-guidance-published-schools-and-parents>

During Lockdown many families were assisted by the school or local community and this will continue for as long as required.

Staff will be aware of increased risk

The pressures on children and their families at this time are significant. There will be heightened awareness of family pressures through being contained in a small area, poverty, and financial or health anxiety. These areas should be considered in the setting of any work for children to undertake at home (including recognising the impact of online learning – see below). Staff will be aware of the mental health of both children and their parents and carers, informing the DSL about any concerns.

Peer on peer abuse

We recognise the potential for abuse to go on between young people, especially in the context of a school closure or partial closure. Our staff will remain vigilant to the signs of peer-on-peer abuse, including those between young people who are not currently attending our provision. Extra care should be taken where groups have mixed age, developmental stages, are attending other schools as an interim measure and similar. When making contact with these families our staff will ask about relationships between learners.

Risk online

Young people will be using the internet more during this period. The school may also use online approaches to deliver training or support. Staff will be aware of the signs and signals of cyberbullying and other risks online and apply the same child-centred safeguarding practices as when children were learning at the school.

- The school continues to ensure appropriate filters and monitors are in place
- Our governing body will review arrangements to ensure they remain appropriate
- The school has taken on board guidance from the UK Safer Internet Centre on safe remote learning and guidance for safer working practice from the Safer Recruitment Consortium. We have reviewed the code of conduct and information sharing policy accordingly.
- Staff have discussed the risk that professional boundaries could slip during this exceptional period and been reminded of the school's code of conduct and importance of using school systems to communicate with children and their families.
- Children and young people accessing remote learning receive guidance on keeping safe online and know how to raise concerns with the school and relevant external agencies.
- Parents and carers have received information about keeping children safe online with peers, the school, other education offers they may access and the wider internet community. We have set out the school's approach, including the sites children will be asked to access and set out who from the school (if anyone) their child is going to be interacting with online. Parents have been offered the following links:
 - Internet matters - for support for parents and carers to keep their children safe online
 - Net-aware - for support for parents and careers from the NSPCC
 - Parent info - for support for parents and carers to keep their children safe online

- Thinkuknow - for advice from the National Crime Agency to stay safe online
- UK Safer Internet Centre - advice for parents and carers

- Free additional support for staff in responding to online safety issues can be accessed from the Professionals Online Safety Helpline at the UK Safer Internet Centre.

Allegations or concerns about staff

With such different arrangements young people could be at greater risk of abuse from staff or volunteers. We remind all staff to maintain the view that 'it could happen here' and to immediately report any concern, no matter how small, to the safeguarding team.

Any staff or volunteers from outside our setting will complete an induction to ensure they are aware of the risks and know how to take action if they are concerned.

New staff or volunteers

New starters must have an induction before starting or on their first morning with the DT or a deputy. They must read the school child protection policy, the behaviour policy, the whistleblowing policy and the code of conduct. The DT or deputy will ensure new recruits know who to contact if worried about a child and ensure the new starters are familiar with the child protection procedure.

New children at the school

Where children join our school from other settings we will require confirmation from the DT whether they have a Safeguarding File or SEN statement. This file must be provided securely before the child begins at our school and a call made from our DSL or a deputy to the placing school's DT to discuss how best to keep the child safe. In some unusual circumstance this may not be possible. Information provided must include contact details for any appointed social worker. Safeguarding information about children placed in our school will be recorded on our safeguarding system (CPOMS), will be securely copied to the placing school DT and will be securely returned to the placing school on completion of the child's placement with us so there is a continuous safeguarding record for the child.

The DT will undertake a risk assessment in respect of any new information received, considering how risks will be managed and which staff need to know about the information. This will be recorded on our safeguarding recording system.

This policy has been remotely approved by Governors on and is available on the school website at www.sttierenyspsroslea.com

