

**Child Protection/**

**Safeguarding Policy**

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| **Date the policy came into effect** | **August 2022** |
| **Reviewed** | **September 2023** |
| **Name of person responsible for this policy** | **Safeguarding Team, Principal, BOG, staff** |
| **Other related policies** | **Behaviour and Citizenship, SEN, Intimate Care & Toileting, T&L, Pastoral Care, Anti-bullying, Critical Incident, Pupils in Flight, Attendance, Complaints, Educational Visits, e:Safety & Acceptable Use, First Aid, Drugs, Health and Safety, Records Management Policy, Relationships and Sexuality Education, Whistleblowing** |
| **Issued to** | **Staff, BOG, parents (pupils)** |

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**The purpose of the policy**

* The purpose of this policy is to inform staff, governors, parents, pupils, volunteers, community members and outside agencies about safeguarding arrangements and procedures in Euston Street Primary School & Nursery Unit.

**Please refer to DENI Circular 2017/04**

The purpose of the following procedures on Child Protection/Safeguarding is to protect our pupils by ensuring that everyone who works in our school - teachers, non-teaching staff and volunteers - has clear guidance on the action and procedure which is required where abuse or neglect of a child is suspected. The overriding concern of all caring adults must be the care, welfare and safety of the child and the **welfare of each child is our paramount consideration**. The problem of child neglect and or abuse will not be ignored by anyone who works in our school and we know that some forms of child abuse are also a criminal offence. It is also made available to parents/guardians to ensure that everyone in our school community is aware of the school procedure. It also aims to help inform everyone in our school community as to their responsibility in terms of Child Protection/Safeguarding.

In ESPS we have a primary responsibility for the care, welfare and safety of the pupils in our charge and we will carry out this duty through our policies including: safeguarding policy, pastoral care policy, anti-bullying policy, intimate care policy and the behaviour and citizenship policy. These policies aim to guide us to providing a caring, supportive and safe environment, valuing individuals for their unique talents and abilities, in which all our young people can learn and develop to their full potential. One way in which we seek to protect our pupils is by helping them learn about the risks of possible abuse, helping them to recognise unwelcome behaviour in others and acquire the confidence and skills they need to keep themselves safe.

**The aims of this policy are to help us:**

1. Follow the legal duties through the Children (NI) Order 1995, which places duties on the staff to activate the School’s Child Protection Policies and Procedures if abuse is suspected or if disclosure is made to any member of staff. DENI Circular 2017/04
2. Follow our pastoral responsibilities towards the children in its care, to protect them from harm and to adhere to the Child Protection Policies in its work with the children.
3. Have a Designated Teacher and Deputy Designated Teacher/s for Child Protection.
4. Have a Governor responsible for Safeguarding/Child Protection
5. Make sure that all members of staff are kept up-to-date with Child Protection Awareness training.
6. Make sure that all staff know what to do if abuse or neglect of a child is suspected.
7. Make sure that the welfare of each child is of paramount consideration.
8. Ensure that the policy and procedures are compliant with the ETI

**Mission**

‘To work together for excellence in: our learning; our school; our community; and our future’. (‘Achieving Excellence Together’)

Our purpose therefore is to be an excellent school. We continually strive for excellence in every area of school life. To achieve this aim we must always have the right school **vision and values** and these must be at the heart of all that we do, including our School Development Plan.

**Vision**

In order to achieve excellence in each aspect of school life, our vision is:

*'To create a safe, happy learning community. A community where together, we inspire and equip our pupils so that they fulfil their potential, use their talents and follow their dreams now and always.’*

**Values**

We believe that our school is a place where the child is at the centre.

*‘We value kindness, integrity, hard work and mutual respect.'*

Our school is always a place where everyone feels safe, valued, cared for and successful in what they do and in what they achieve each and every day. We aim to meet all our pupils’ needs in their learning and their welfare.

Pupils are encouraged to build positive relationships with other pupils, the school staff and their wider, more diverse community. We are a school with a Christian ethos and as such, we believe that working together as a whole community will provide our pupils with the relevant knowledge to understand and exercise the life skills and values of self-control, self-respect, mutual respect, tolerance in diversity, morality, healthy living and loving family relationships.

We promote care and respect for ourselves, others, as well as the school and the local and global environments.

Our values and attitudes revolve around our school ‘Golden Rules’. Our Behaviour and Citizenship Policy and Pastoral Care Policy and all resulting rewards, praise and sanctions are interlinked to these:

**Do be kind and helpful Do be gentle Do listen**

**Do work hard Do be honest Do look after property**

We expect everyone to uphold the school ‘Golden Rules’ and the core vision and values that accompany them. This value system is embedded in our school culture helping to sustain our strong positive ethos. Adherence to these values will help support our pupils as they hopefully grow to become good citizens capable of positive decision making and establishing healthy relationships.

We believe that pastoral care is not only at the heart of the working ethos of the school, but that it should be at the forefront of all levels of decision making. All SMT and SLT meetings begin with adherence to the school mission and vision and value statements.

We believe in all the school community being safe at all times. The needs of the child are paramount in relation to Child Protection & safeguarding.

We believe in high quality learning and pupils fulfilling their learning potential. We believe that our pupils should be encouraged to study to the best of their abilities at all times and understand that we always have high expectations of them in terms of standards, attainment and behaviour.

**Definition of Terms**

Designated Teacher – the teacher in charge of Safeguarding

Deputy Designate – the person/s responsible for Safeguarding in the absence and as well as the Designate.

E.A. – Education Authority

Access N.I. – Criminal history disclosure service Northern Ireland.

BOG – Board of Governors

ESPS – Euston Street Primary School

UNOCINI – Understanding the needs of children in Northern Ireland framework for assessment of and planning to meet the needs

**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), Revised Circular Number 2017/04 (September 2019), E Circular 2020/07 Safeguarding and Child Protection in Schools – A Guide for School.

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

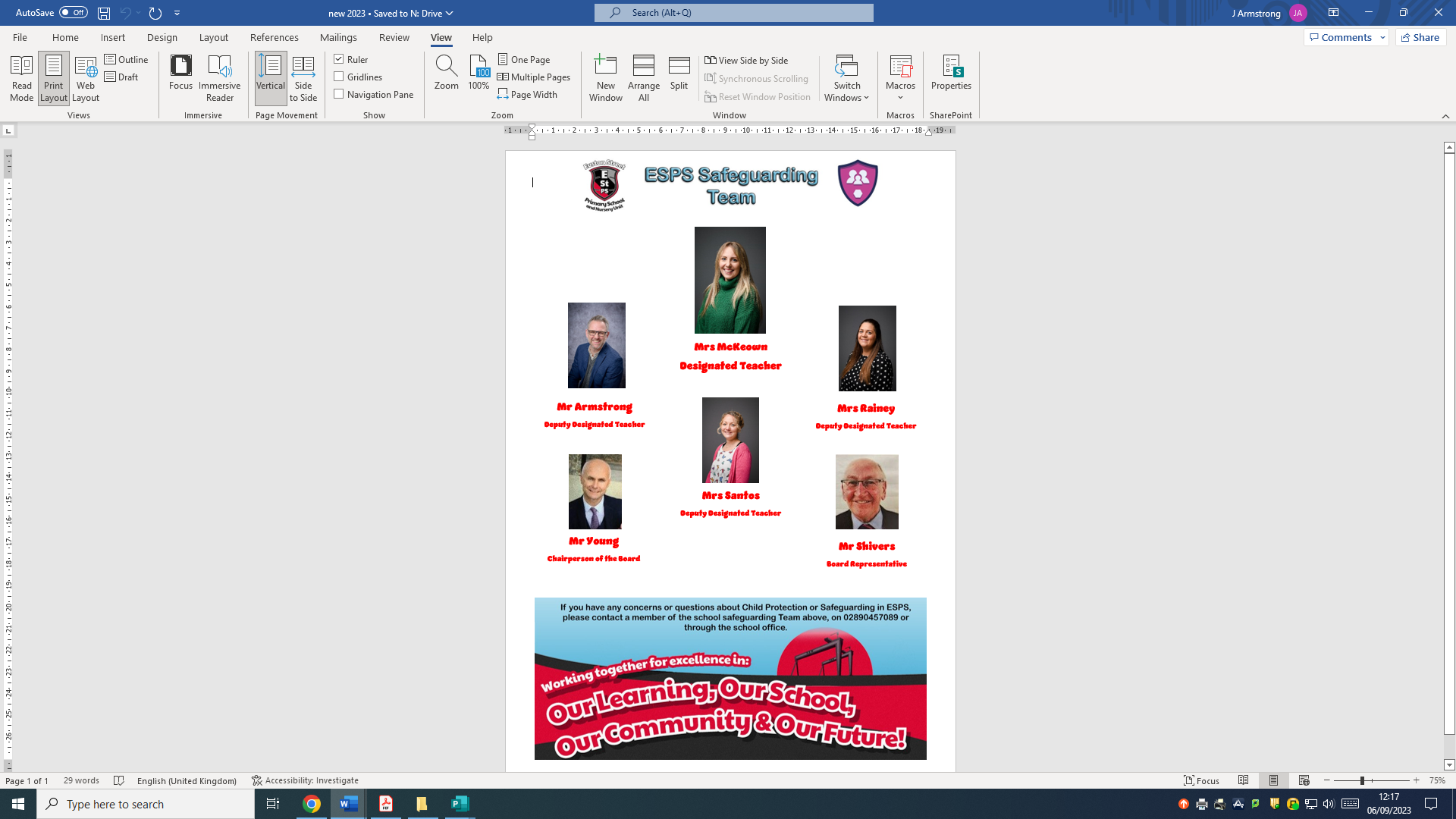
* the child or young person’s welfare is paramount
* the voice of the child or young person should be heard
* parents are supported to exercise parental responsibility and families helped stay together
* partnership
* prevention
* responses should be proportionate to the circumstances
* protection and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

Under **Articles 17 and 18** of the Education and Libraries (NI) Order 2003, the board of governors of a grant aided school has a statutory duty to:

* safeguard and promote the welfare of registered pupils at the school at all times when the pupils are on the school premises or in the lawful control or charge of a member of school staff; and
* decide on the measures to be taken by all persons associated with the school to protect pupils from abuse, whether at school or elsewhere and review these measures from time to time.

The 2003 Order places a further obligation on the Board of Governors to prepare a written statement of such measures and to secure that copies of the statement are available for inspection at the school.

Furthermore, the Schedule for Regulation 4 of The Education (School Development Plans) Regulations (Northern Ireland) 2010 requires schools to monitor and review (annually – Regulation 7) the progress made in the school’s approach to (c) promoting the health and well-being, attendance, good behaviour and discipline of pupils and (e) managing the attendance and promoting the health and well-being of staff.



**ROLES AND RESPONSIBILITIES**

**Designated Teacher/Deputy Designated Teacher**

* ensuring that all teaching and non-teaching staff, full-time, part-time or temporary and volunteers are trained to know the school procedures to be followed if they suspect an incidence of child abuse;

1. co-ordinating action by staff in cases of suspected child abuse and reporting to the appropriate Social Services Officer and the Education Authority’s Designated Officer/s;
2. ensuring that information is passed on to staff when and where it coincides with the best interests of the child;
3. to update regularly the deputy designated teacher/s on on-going concerns;
4. attending case conferences called by Social Services (other agencies) only if class teacher is unavailable, or furnish written information as requested;
5. whole school training and annual report to governors.
6. seek clarification or advice and consult with the Education Authority’s Designated Officer or appropriate senior social worker before a formal referral is made

**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.
* to maintain the schools Record of Child Abuse Complaints

**Board of Governors**

* a Designated Governor for Child Protection is appointed.
* a Designated and Deputy Designated Teacher are appointed in their schools.
* they have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
* safeguarding and child protection training is given to all staff and governors including refresher training.
* the school has a Child Protection Policy which is reviewed annually and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
* the school has an Anti-Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
* 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.
* the school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and DE Circular 2020/07 Safeguarding and Child Protection in Schools – A Guide for Schools:

**Chair of Board of Governors**

The Chair of the Board of Governors:

* receives training from CPSS and HR
* assumes lead responsibility in the event of a CP complaint or concern about the principal
* ensures compliance with legislation, Child Protection record keeping and policies

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

Other members of school staff

* members of staff must refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available;
* staff should complete the Record of Concern if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse;
* **staff should not** give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

**Support Staff**

* if any member of the support staff has concerns about a child or staff member they should report these concerns to the Designated Teacher or Deputy Designated Teacherif he/she is not available. A detailed written record of the concerns will be made and any further necessary action will be taken.

**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](http://www.eani.org.uk/schools/safeguarding-and-child-protection)

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

**Child Protection Definitions**

**Definition of Harm**

(*Co-operating to Safeguard Children and young People in Northern Ireland August 2017*)

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:**

Neglect

Physical abuse

Sexual abuse

Emotional abuse

Exploitation

The following is an extract from “Co-operating to Protect Children” (Children (NI) Order 1995 Volume 6) and clearly defines the categories of abuse:

*“Children may be abused by a parent, a sibling or other relative, a carer, an acquaintance or a stranger, who may be an adult or a young person. The abuse may be the result of a deliberate act or a failure on the part of a parent or carer to act or to provide proper care, or both.”*

**Neglect:**

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

**Physical abuse:**

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

**Sexual Abuse:**

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

**Emotional Abuse:**

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

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

**Exploitation:**

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

Although ‘exploitation’ is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse

**Specific Types of Abuse**

In addition to the types of abuse described above there are also some specific types of abuse that we in **Euston Street Primary School** are aware of and have therefore included them in our policy. Please see appropriate section in policy (page 32)

**ANTI-BULLYING (DE Circular** 2021/12)

The Addressing Bullying in Schools Act (NI) 2016, came into operation on 01 September 2021 which requires the BoG of the school to determine the anti-bullying measures pursued at the school and to record all incidents of bullying behaviours or alleged bullying behaviours involving a registered pupil.

Bullying is a highly distressing and damaging form of abuse and is not tolerated in our school. All our staff are vigilant at all times to the possibility of bullying behaviours occurring and will take immediate steps to stop it happening, to protect and reassure the pupil experiencing bullying behaviours and to sanction and support the pupil displaying bullying behaviours.

Any complaint by a parent that their child is, or may be, experiencing bullying behaviours will be fully investigated by the Senior Leadership Team. The Positive Behaviour and Citizenship Policy and the Anti-Bullying Policy will both contain further information.

**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. Euston Street Primary School seeks to promote pupils’ awareness and understanding of safeguarding issues, including those related to child protection through our curriculum. The safeguarding of children is an important focus in our 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 assemblies and there is a permanent child protection notice board in the main foyer and relevant information in the school reception area, which provides advice and displays helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, police etc. health visitor parent programmes, NSPCC, Love for Life, Time for Me
3. Euston Street Primary School provides emotional support through the Barnardo’s Time for Me Counselling programme. In addition to allocated drop-in visits, pupils have may be referred (by staff and parents) for specific intensive support.

**CONFIDENTIALITY**

Relationships within our school are built on trust and often on confidentiality which forms the basis for creating a secure and caring environment which fosters learning and personal development.

As a staff, where abuse or neglect is suspected, it is our professional responsibility to share relevant information with other professional agencies. We therefore recognise that, in order to protect a pupil from harm, cases may arise where confidentiality may be subordinated to the need to take appropriate action by informing and consulting others. It is important to remember that no promise of confidentiality can or should ever be made to a child or anyone else giving information about possible abuse.

**In an incident, the child’s welfare must be always be paramount; this overrides all other considerations.**

**NEWCOMER LANGUAGE CHAMPIONS**

Language Champions are invaluable pupil leaders in ESPS. To this end it is important that to use their skills consistently, without impacting on their learning whilst safeguarding them. The following arrangements must be adhered to by all staff:

* Parental permission must be sought by the Newcomer Coordinator prior to any pupil starting training to be a Language Champion;
* **Language Champions must never be used for matters of Safeguarding or Child Protection;**
* When using Language Champions with parents please check content of communication with member of the Safeguarding Team first to ensure that it is appropriate and that all Safeguarding/Child Protection stipulations will strictly apply during the engagement;
* Language Champions must be used from the list provided by the Newcomer coordinator;
* Prior arrangement should be made with the class teacher concerned so as to avoid or minimise any impact on pupil learning;
* No pupil should be left unattended or left vulnerable at any time;
* The pupil will show the agreed ‘safe’ hand signal if they wish to stop interpreting (touching thumbs) and the teacher will stop the conversation to allow the pupil to leave and return to class;
* Language Champions will receive training and a badge to equip and identify;
* The Language Champions will be identified to staff using the register, noticeboard and badges.

**Designated Teachers for Child Protection**

**How can a parent raise**

**an issue or express a concern?**

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

I can talk to the class teacher in the Nursery Unit

or Primary School

If I am still concerned, I can talk to the Designated Teachers for Child Protection/Safeguarding

**Mrs McKeown**

**M Armstrong/Mrs Rainey/Mrs Santos**

If I am still concerned, I can talk to the Principal

**Mr J Armstrong (Principal)**

**or**

Designated Governor for

Child Protection & E safety : Mr J Shivers

If I am still concerned, I can talk/write to the

Chairperson of the Board of Governors -

**Mr Young** c/o Euston Street Primary School

& Nursery Unit

I can also contact the EA/CSSC/ETI link person

***At anytime, I can talk to a social worker at the Gateway Services (02890507000) or the PSNI Central Referral Unit (02890259299)***

**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’s staff induction and training programme and as part of day to day practice. Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the Schools Safeguarding Team. The Board of Governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher.

**Child Protection File (GDPR compliant)**

All CP files are stored securely in school in both manual and electronic form and are only accessed by members of the Safeguarding Team. They are retained for the duration as described in the Management of Records Policy.

Child protection Files contain:

**Chronology of events/ action taken;**

* All records of concern;
* Any notes initially recorded which should be kept securely with the child protection file;
* Records of discussions and telephone calls (with colleagues, parents and children/young people and other agencies or services);
* Correspondence with other organisations - sent and received;
* Referral forms – both for support and/or specialist services (irrespective of outcome);
* Formal plans linked to the child e.g. child protection plan, child in need plan;
* Risk assessments;
* Risk Management Plans/ Individual Safety and Support Plans;
* School reports to interagency meetings and conferences;

**Transfer of Records**

ESPS will consider what information is required to be shared with another school on a case by case basis and will only be shared if the Safeguarding Team deem it necessary in the best interest of the pupil/s concerned.

It will be transferred safely and securely and only between those with restricted access and C2k email addresses.

**Appendix 1**

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

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

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

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

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

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

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

Child Protection referral is not required

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

Child Protection referral is required

Designated Teacher seeks consent of the parent/carer and/or the child (if they are competent to give this) unless this would place the child at risk of significant harm then telephones the Children’s Services Gateway Team and/or the PSNI if a child is at immediate risk. He/she submits a completed UNOCINI referral form within 24 hours.

**Appendix 2**

**COMPLAINTS AGAINST SCHOOL STAFF OR VOLUNTEER**

**Figure 2**

The complaint is about possible abuse by a member of staff

**I**

Consider precautionary suspension/

remove from direct contract duties

Tell Social Services/

Police

Yes

If a referral is necessary, or if doubts remain:

Tell the Chairperson of the Board of Governors

Tell the designated teacher

Tell the Principal

No

Yes

The designated teacher is the Principal

It is about the Principal

It is about the designated teacher

*Keep a written record at every stage, whether a referral is made or not*

It is about someone other than the Principal or designated teacher

Seek advice from Board

Instigate disciplinary proceedings

No – but disciplinary action

Suspension to be done by Principal (where not the subject of complaint) or Chairperson of Board of Governors

Tell complainant

No – no further action

Tell subject of complaint, Board/

complainant

Tell the Principal

Seek advice from Board/Social Services

**Appendix 3**

**PROCEDURES FOR REPORTING ABUSE**

**Complaint against a member of Board of Governors**

* The school will follow the procedure as outlined in Appendix 2.

The Principal will inform the Chairperson. If he/she is the subject of the complaint the Principal will inform the Vice Chairperson.

**Complaint against a volunteer working in the school**

* The school will follow the procedure as outlined in Appendix 2

**Complaints against School Staff**

* The school will follow the procedure as outlined in Appendix 2

Behaviour being pursued as a disciplinary matter - all details and correspondence must be kept on staff file and on child’s file.

A short summary of the record will be kept by the Principal on a “Record of Child Abuse Complaints”

These “Records of Child Abuse Complaints” are available annually for the Board of Governors.

“Record of Child Abuse Complaints” will contain -

1. date and brief details of nature of complaint;

2. by whom and against whom it was made;

3. if referred - to whom and date;

1. if dealt with under School’s disciplinary procedures - a brief note of the outcome.

**RECORD KEEPING**

The Principal will ensure that proper records, dated and signed are kept of all complaints or information received and all concerns about possible abuse noted by staff. The written record will be received from the member of staff who received the information/or has concerns. The Safeguarding termly meet each month.

What should the records contain?

1. Time, date, circumstances – chronology of events/action taken

2. Who gave the information

3. Nature of the information

4. If appropriate a description of signs or symptoms of possible abuse.

The Principal or delegated teacher will supplement this record with:

1. Details of advice sought - from whom and when

2. Decision reached

3. If referred to Social Services - how, when and by whom

4. If not referred - reasons why

5. When, by whom and how the person who made the complaint or gave the

information is told of the decision

All records will be signed and dated by the Principal or designated teacher.

**Appendix 4**

**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.

**Appendix 5**

**Storage of Records**

In accordance with DE guidance (Circular 2020/07) 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 Euston Street Primary School are stored securely and only the Designated Teacher/Deputy Designated Teachers 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.

**Appendix 6**

**APPOINTMENTS, INDUCTION OF NEW STAFF & STAFF TRAINING**

**Board of Governors** – at least one school governor serving on an interview panel or committee established for the purpose of recruiting or selecting staff for appointment to ESPS is trained in “Child Protection & Recruitment and Selection.”

On appointment, all staff should be made aware of Child Protection Procedures.

**Staff Vetting** All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 **and DE Circular 2013/01.** The Protection of Freedoms Act 2012 introduced changes to the vetting requirements for people undertaking Regulated Activity in specified places of work such as schools. However, schools should note that pre-employment vetting remains a key preventative measure in denying unsuitable individuals access to children and vulnerable adults through unsupervised Regulated Activity.

ESPS will ensure that newly appointed paid staff such as teachers and non-teaching staff, including classroom assistants, office, catering, cleaning and caretaking staff are appropriately vetted in line with the practice and procedures operated by their employing authority and outlined in [DE Circular 2013/01](https://www.education-ni.gov.uk/publications/circular-201301-guidance-schools-and-employing-authorities-pre-employment-safer) Disclosure and Barring Arrangements: Vetting Requirements for Paid Staff Working in or Providing a Service for Schools

All staff, paid or unpaid in our school will have been subject to a criminal background check to ensure suitability to have access to our children.

**Substitute Teachers** – ESPS will only employ as substitute teachers, those who are on the Northern Ireland Substitute Teachers Register. Substitute teachers will receive a safeguarding leaflet upon arrival for the day and will sign in and out of the school visitor book. They will be issued with a ‘visitor’s’ badge for purposes of Safeguarding. They will also receive a trifold leaflet with information about Safeguarding, Child Protection, Pastoral Care and other general school information.

**Volunteers** – all volunteers, including parents, working in any capacity in our school or supervising on school trips will be required to complete our Volunteer Application Form and complete Safeguarding/Child Protection training. In addition to this they will also have been subject to a criminal background check to ensure suitability to have access to our children. They will also sign in and out of school and wear a ‘Visitor’s’ badge at all times.

The E.A. will offer appropriate In-service Training on child abuse issues for the Designated & Deputy Designated Teachers.

E.A. will assist the school in developing appropriate programmes of personal and social development which will contribute to the prevention of child abuse.

**LIABILITY FOR TEACHERS AND NON TEACHING STAFF**

Any teacher or other member of staff who complies with the procedures as set out by the E.A. and embodied in this policy in relation to making a report of suspected child abuse is acting within the course of his/her employment and in such circumstances where he/she has acted in good faith, will receive the full support of the E.A., the Board of Governors and the Principal and will not be legally or financially liable.

**Appendix 7**

**Details Euston Street Primary School & Nursery Unit**

Designated Teacher Mrs McKeown

Deputy Designated Teachers Mr Armstrong/Mrs Rainey/Mrs Santos

BoG Designated Child Mr J Shivers

Protection 🕿: 028 90457089 (school)

Chairperson of Board Mr M Young 02890457089

E.A. Designated Child 🕿: 02890 564393

Protection Support Services

**Helplines:**

NSPCC 🕿: 0808 8005000

NI Childline 🕿: 0800 1111

PSNI CARE Unit 🕿: 028 9065 0222

**Appendix 8**

**DISCLOSURE**

If a child discloses that he/she has been abused there are 6 points to remember:

1. **Receive** - stay calm, listen, accept, take notes.

2. **Reassure** - not child’s fault, but do not make promises.

3. **React** - no leading questions, do not criticise perpetrator, do not ask child to repeat to another person or member of staff.

4. **Record** - brief at time and write up later. Record date, time, place, behaviour of child and words of child. Draw diagram to indicate bruising.

Report- as soon as possible to the designated teacher

5. **Remember -** to follow your group’s guidelines, consult as appropriate, refer to Social Services.

1. **Relax** - support for yourself

Five things to say

1. I believe you
2. I am glad that you have told me this
3. I am sorry that this has happened to you
4. It is not, nor ever was your fault
5. We are going to do something together about this

**Appendix 9**

**ROLE OF SOCIAL SERVICES AND OTHER AGENCIES**

Social Services have a statutory duty to investigate any case where they receive information suggesting that a child or young person may be in need of care, protection or control unless satisfied that such enquiries are unnecessary. Their objective is to ensure the safety and welfare of the child. They have a lead role in co-ordinating the work of all the agencies and professionals concerned with the child’s family. A joint protocol has been established between the Social Services and the Police for investigative purposes. This will involve the police in investigating situations where a crime may have been committed.

When there is suspicion that a child has been abused, Social Services may convene a multi-disciplinary Case Conference which may involve principals or their nominees depending upon who is best placed to contribute effectively to the discussion of the child’s welfare.

**Conduct of Staff**

1. All schools are aware that they must safeguard and promote the welfare of the pupils in their charge.
2. This duty rests with all members of staff, teaching and non-teaching, and implicit in it is the assumption that the conduct of school staff towards their pupils must be above reproach.
3. The younger the pupil, the less likely it will be that he or she will be able to recognise and respond appropriately to an abuse by any member of staff of the trust his or her position confers.
4. *Any abuse of that position of trust by any member of staff must be regarded with the utmost gravity.*
5. As well as the more obvious physical or sexual abuse, members of staff should be alert to the risk of emotional abuse, such as persistent sarcasm, verbal bullying or severe and persistent negative comment or actions.
6. Staff should reflect on every aspect of their contact with children which may give rise to perceptions or allegations of this form of abuse.
7. Integral to a clear understanding of standards of behaviour expected of school staff is an understanding of the acceptable boundaries of physical contact with pupils. It is unnecessary and unrealistic to suggest that teachers should only touch pupils in emergencies. Particularly with younger children, touching them is inevitable and can give welcome reassurance. However, teachers must bear in mind that even perfectly innocent actions can sometimes be misconstrued. Children may find being touched uncomfortable or distressing for a variety of reasons. It is important for teachers to be sensitive to a child’s reaction to physical contact and to act appropriately.

*It is also important not to touch pupils, however casually, in ways, on parts of the body, (especially breasts and genitalia) or in circumstances that might be considered indecent.*

1. In extreme cases, a teacher may have to restrain a pupil physically to prevent him or her causing injury to him-or herself, to others or to property. In such instances no more than the minimum necessary force should be used; the teacher should seek to avoid causing injury to the pupil.
2. Governors, employers and senior staff have a responsibility to ensure that professional behaviour applies to relationships between staff and pupils; that all staff are clear about what constitutes appropriate behaviour and professional boundaries and that those boundaries are maintained with the sensitive support and supervision required.
3. Staff on residential trips need to be particularly mindful of their responsibility, as do individuals in circumstances where there is one- to - one contact with pupils, for example in the teaching of music, or in extracurricular activities.

**Visitors to school**

Most visitors to school are pre-arranged although some are not. They will range from specialist music peripatetic teachers to tradesmen and even parents working in school in a voluntary capacity. All visitors in school sign in and out upon their visit and wear a visible visitor’s badge. They will also receive a visitor’s leaflet with information about Safeguarding/Child Protection. The pupils are repeatedly made aware of what the visitors badge looks like and what it means. Visitors will not have any unsupervised access to any pupils at any time during their visit to the school.



**Appendix 10**

**Volunteer Helpers**

**Child Protection Legislation**

Dear Parents

It has been our policy to encourage parents and friends to help with activities in school.

In accordance with our Children Protection Policy, all volunteer helpers are required to complete a Criminal Background Check and a School Application Form which gives consent to seek references from people who have known the volunteer.

The form and all subsequent information will be held in total confidence by the school.

Should you feel you wish to assist with any activity / event during the year, it would be helpful if you could complete the forms and return them to school as soon as possible.

While this is an additional layer of administration, the Department of Education is very clear about the need to make certain our children are safe in school.

If you have any queries concerning the procedure, please do not hesitate to contact me.

Thank you for your continued support of the school.

**Mr John Armstrong**

Principal

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**Voluntary Help Registration**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden/previous name (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Do you have a current driving licence? **Yes / No** Use of a car? **Yes / No**

2 Have you previously been involved in voluntary work involving children and young people?

If so, please give details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any disability which would affect the type of voluntary work you could undertake? **Yes / No**

If yes, please give details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever been convicted of a criminal offence or been the subject of a caution or bound over order? **Yes / No**

If yes, please give details (Nature, Dates etc)

*You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974(exceptions)(Amendment) Oder 1986, you should declare any convictions, including “spent” convictions.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5 Have you ever been investigated by Social services in relation to Child Protection or had a child removed from your care? **Yes / No**

If yes, please provide details and advise on outcome.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please indicate the area (or areas) where you would be willing to help

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 Is there any reason why you would be unsuitable to work with pupils and vulnerable adults. Yes / No

**REFEREES**

Please give the name and addresses of 2 referees who may be contacted to support your application. Referees should not be family members or members of the staff of the school.

|  |  |
| --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Criminal Records Checks**

Voluntary activities in the school involve substantial contact with the children and it is necessary to arrange for a Criminal Records Check to be carries out. Please sign the declaration below.

**DECLARATION**

The information I have given is correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 11**

**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.

2.1 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.

2.2 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.

2.3 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.

2.4 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

2.5 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**

2.6 **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**

2.7 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.

2.8 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.

2.9 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.

2.10 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.

2.11 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**

1. **Bruises + Soft Tissue Injuries**

2.12 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

2.13 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.

2.14 **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.

2.15 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.

2.16 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**

2.17 **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**

2.18 **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.

2.19 **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.

2.20 **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**

## 2.21 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.

2.22 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.

2.23 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**

2.24 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**

2.25 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**

* 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**

2.27 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.

2.28 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.

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

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

2.30 **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.

2.31 **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).

2.32 **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.

2.33It 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**

2.34 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.

2.35 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.

2.36 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.

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

2.38 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.

2.39 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**

2.40 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.

2.41 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.**

**Index of Suspicion of Sexual Abuse:**

Key: Red - high probability of sexual abuse occurring

Green - sexual abuse possibly occurring

Blue - one hypothesis amongst many

|  |  |  |
| --- | --- | --- |
| **Under 5**  **RED**  Disclosure  Genital injuries  VD  Vivid details of sexual activity (such as penetration, oral sex, ejaculation)  compulsive masturbation (contextually abnormal)  sexual drawings  sexualised play, with explicit acts | **5-12 years**  **RED**  Pregnancy/abortion  Disclosure  Genital injuries  VD  Explicit sexual stories / poems  Exposing themselves  Masturbation in contextually, inappropriate fashion  “Promiscuity”  Suicide attempts  Running away  Alcohol and drug abuse  Offending / abusing  Gender identify difficulties |  |
| GREEN  Person specific fear  Nightmares  Chronic genito-urinary  Soreness of gentials/bottom  Fears of specific situations:  fear of being bathed  fear of being changed  fear of being put to bed | GREEN  Arson  Soreness of genitals/bottom  Chronic genital / urinary infections  Obsessive washing  Depression  Bedwetting / enuresis  Anal incontinence / encopresis  Anorexia  Glue sniffing  Nightmares  Truanting  Unexplained large sums of money / gifts |  |
| BLUE  Developmental regression  Hostile / aggressive behaviour  Psychosomatic condition  HIV | BLUE  Abdominal pains  Developmental regression  Peer problems  HIV  School problems  Psychosomatic conditions |  |

**Pre-School Child (0-4years)**

2.42 **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.

2.43 **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**

2.44 **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.

2.46 **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**

2.47 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.

2.48 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.

2.49 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.

2.50 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.

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

**Recognition of Emotional Abuse**

2.52 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**

2.53 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.

2.54 **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**

2.55 **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**

2.56 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.

2.57 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.

2.58 **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**

2.59 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.

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

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

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

**Child**

2.63 **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).

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

* developmental delay/special needs
* presents as being under-stimulated
* abnormal reaction to separation/ or attachment, disorder
* over-active and/or aggressive
* soiling and/or wetting
* repeated running away from home
* substance misuse
* offending behaviour, including stealing food
* teenage pregnancy.

2.65 **Family and social relationship indicators include**

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

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

**Parents**

2.66 **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.

2.67 **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.

2.68 **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.

2.69 **Social Presentation**

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

2.70 **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**

2.71 The following home and environmental conditions should be considered:

* poor housing conditions
* overcrowding
* lack of water, heating, sanitation
* no access to washing machine
* piles of dirty washing
* little or no adequate clean bedding/furniture
* little or no food in cupboards
* human and/or animal excrement
* uncared for animals
* referrals to environmental health
* unsafe environment
* rural isolation.
  1. **Impediments to ongoing assessment and appropriate multidisciplinary support**
* failure to see the child
* no ease of access to whole house
* fear of violence and aggression
* failure to seek support and advice or consultation, as appropriate, from line manager
* failure to record concern and initial impact
* inability to retain objectivity
* unwitting collusion with family
* failure to see beyond conditions in the home
* child's view is lost
* geographical stereotyping
* minimising concern
* poor networking amongst professionals
* inability to see what is/is not acceptable;
* familiarity breeding contempt; and
* failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002)

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

**Children with Disability**

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

**Recognition of Abuse of Children with Disability**

2.74 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.

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

### **Risk Factors Associated with Child Abuse**

2.76 A number of factors may increase the likelihood of abuse to a child. The following list is not exhaustive and does not preclude the possibility of abuse in families where none of these factors are evident.

**Child**

* poor bonding due to neo-natal problems
* attachment interfered with by multiple caring arrangements
* a 'difficult' child, a 'demanding' baby
* a child under five years is considered to be most vulnerable
* a child's name or sibling's names previously on the Child Protection Register
* a baby/child with feeding/sleeping difficulties
* birth defects/chronic illness/developmental delay.

**Parents**

* both young and immature (i.e. aged 20 years and under) at birth of the child
* parental history of deprivation and/or abuse
* slow jealousy and rivalry with the child
* expect the child to meet their needs
* unrealistic expectations/rigid ideas about child development
* history of mental illness in one or both parents
* history of domestic violence
* drug and alcohol misuse in one or both parents of the child
* frequent changes of carers
* history of aggressive behaviour by either parent
* unplanned pregnancy
* unrealistic expectations of themselves as parents.

**Home and Environmental Conditions**

* unemployment
* no income/poverty
* poor housing or overcrowded housing
* social isolation and no supportive family
* the family moves frequently
* debt
* large family

**No list of symptoms can be exhaustive. Also it must be remembered that alternative medical, psychological or social explanations may exist for the signs and symptoms described above.**

**Appendix 12**

**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.

Adults may misuse online settings e.g. chat rooms, social and gaming environments and other forms of digital communications, to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared. Those working or volunteering with children or young people should be alert to signs that may indicate grooming, and take early action in line with their child protection and safeguarding policies and procedures to enable preventative action to be taken, if possible, before harm occurs. Practitioners should be aware that those involved in grooming may themselves be children or young people, and be acting under the coercion or influence of adults. Such young people must be considered victims of those holding power over them. Careful consideration should always be given to any punitive approach or ‘criminalising’ young people who may, themselves, still be victims and/or acting under duress, control, threat, the fear of, or actual violence. In consultation with the PSNI and where necessary the PPS, HSC professionals must consider whether children used to groom others should be considered a child in need or requiring protection from significant harm

If the staff in Euston Street Primary School become aware of signs that may indicate grooming they will take early action and follow the school’s child protection policies and procedures. The HSCT and PSNI should be involved as early as possible to ensure any evidence that may assist prosecution is not lost and to enable a disruption plan to reduce the victim’s contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim to be put in place without delay.

**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).

Any child under the age of eighteen, male or female, can be a victim of CSE. Although younger children can experience CSE, the average age at which concerns are first identified is 12-15 years of age. Sixteen and seventeen year olds, although legally able to consent to sexual activity can also be sexually exploited.

CSE can be perpetrated by adults or by young people’s peers, on an individual or group basis, or a combination of both, and can be perpetrated by females as well as males. While children in care are known to experience disproportionate risk of CSE, **the majority of CSE victims are living at home**.

**Domestic and Sexual Violence and Abuse**

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy (2016) defines domestic and sexual violence and abuse as follows:-

**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.

Further information about The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022 can be found by following the link to: <https://www.legislation.gov.uk>

**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. Where there is a concern that a child or young person may be at immediate risk of FGM this should be reported to the PSNI without delay. Contact can be made directly to the Sexual Referral Unit (based within the Public Protection Unit) at 028 9025 9299. Where there is a concern that a child or young person may be at risk of FGM, referral should be made to the relevant HSCT Gateway Team.

**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 Euston Street Primary School, we have knowledge or suspicion of a forced marriage in relation to a child or young person we will contact the PSNI immediately.

**Appendix 13**

**Children who display harmful sexualised behaviour (DE Circular 2022/02)**

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 must also be borne in mind that 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.

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, abusive or violent. Normal sexual behaviour will generally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Inappropriate 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. The CPSS will advise if contact with PSNI or Social Services is required. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

**Abusive Sexual Behaviours** are of significant concern and guidance on the management of the pupils and referrals to other agencies such as Social Services or the Police should be sought from CPSS.

Some examples of abusive sexual behaviours are victimising intent or outcome, the misuse of power, coercion and force to ensure victim compliance, they may be intrusive and may include elements of expressive violence, informed consent is lacking or is not given by the victim, for example because of their special needs or they may have been under the influence of alcohol or other substances

**Violent Sexual Behaviours are** also of significant concern. They may have features of threat, force, coercion or harm to others.

Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism.

Advice from CPSS will be required if we are aware of a young person displaying violent sexual behaviour**.**

**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.

**Appendix 14**

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

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

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

**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 individual’s consent.

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

**Appendix 15**

**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]. Teachers, nursery assistants and other adults will come into contact with children while helping them with toileting, washing and changing their clothing. Staff in pre-school settings should consider whether the Code of Conduct meets the needs of their particular responsibilities and should make clear the boundaries of appropriate physical contact, and their Code to staff and parents.

* **Looked After Children**

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

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

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

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

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

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

* **Young people in supported accommodation**

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

* **Young people who are homeless**

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

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

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

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

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

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

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

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

* **Gender identity issues and sexual orientation**

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.

**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.

**Actions to be Taken when a Child / Young Person is Subject to a Threat to Life**

NCPO (National Chief Police Officers) define a perceived or potential Threat to Life as ‘when considering all the circumstances relating to an individual, their involvement with, or knowledge of a crime or criminal behaviour or any other relevant information – a risk is identified that they may be exposed to a fatal attack or serious injury’.

The report *“Children and Young People Engagement Project: Research Report, March 2016”* makes reference to engagement work with children and young people undertaken by the Northern Ireland Commissioner for Children and Young People (NICCY) and its findings which included “a substantial degree of concern about paramilitary activities and intimidation and violence towards young people”. This report cites that paramilitary activity was a recurrent theme across research papers and throughout consultation. In particular, concerns were expressed that young males residing in disadvantaged communities, who had low levels of educational attainment, few prospects, were vulnerable to paramilitary organisations on a number of front including;

* Being targeted by paramilitaries and asked to carry out tasks for them – which could include criminal activities;
* Borrowing money from paramilitaries and falling into a situation of “owing them” including drug debt, or getting into trouble with them for failure to repay debt;
* Becoming victims of paramilitary expulsions, beatings or shootings.

The document **Practice Guidance on Actions to be Taken when a Child / Young Person is Subject to a Threat to Life** sets out the primary duties of the two lead agencies i.e. PSNI and HSC Trusts and their respective roles and responsibilities in investigating and responding to reports of children subject to a threat to life.

Staff must act without delay if they have concerns about a child or young person who presents as being a subject to threat to life. It is important that children and young people who communicate or express concerns in this regard, are seen urgently by an appropriately qualified and experienced professional to ensure the threats are taken seriously, treated with empathy, kindness and understanding and informed assessments of risk and needs can be completed as a matter of priority by the relevant authorities

**Operation Encompass**

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

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical and psychological harm. Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium and long-term effects of domestic abuse.

As an Operation Encompass school, when the police have attended a domestic incident and one of our pupils is present, they will make contact with the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the designated teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 ‘Child Protection Record Keeping in Schools’ and a note will be made in the child’s child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

Further information see [The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022](https://www.legislation.gov.uk/nisr/2022/146/contents/made).

**Signs of Safety**

‘Signs of Safety’ is an approach used by social workers when working with children and their families within the Child Protection system. The approach requires the social worker to work alongside families and multi-agency partners to identify risks and concerns as well as identifying the strengths within the family and where appropriate within the wider family circle to protect children.

The purpose and function of the Child Protection Case Conference is to bring multi-disciplinary/multi-agency professional/staff and families together to discuss the risks to the child/young person, to make a decision about whether or not to place the child/young person on the Child Protection Register and agree a plan to keep the child/young person safe. This will not change with the implementation of the Signs of Safety approach.

The Signs of Safety approach enhances and supports the Child Protection Case Conference. The focus of the Child Protection Case Conference is to be clear about the concerns based on past history and current risks/harm as well as identifying strengths within the family.

The Signs of Safety approach provides additional tools for social workers to engage with families. Some language used at Child Protection Case Conferences under the Signs of Safety approach will change. Those attending Child Protection Case Conferences will be asked to use language that everyone can understand, to identify – for example - “what they are worried about”, “what is going well” and “what needs to happen to keep the child/young person safe”.

A collaborative visual record will be created during the Child Protection Case Conference.

Child Protection Case Conferences from January 2020 onwards using the Signs of Safety approach, shall begin to use some of the aforementioned language and approach.

**EUSTON STREET PRIMARY SCHOOL**

TEL: 02890 457089

**Signs of Safety**

Case Conference Date and Location:

Pupil Name:

Year Group: Date:

Attendance:

|  |  |
| --- | --- |
| **ESPS SoS Area** | **Euston Street Primary School Update** |
| **What is working well**  • What are the best aspects of school is the child  getting currently? | Please provide summary of the strengths for the child/ren/family. Please consider parent/carer’s behaviour, child(ren)’s behaviour (in and out of class), child’s physical/emotional presentation, presentation of work, participation in teaching/learning experiences, child’s relationships with teacher/other adults and other children, school’s contact with home or anything else you consider relevant. |
|  |
| **What we are worried about**  • What are you most worried might happen to the  child if things don’t change or if they get worse? | Please provide summary of the strengths for the child/ren/family. Please consider parent/carer’s behaviour, child(ren)’s behaviour (in and out of class), child’s physical/emotional presentation, presentation of work, participation in teaching/learning experiences, child’s relationships with teacher/other adults and other children, school’s contact with home or anything else you consider relevant. |
|  |
| **What needs to happen next**  • What is the next smallest step that needs to happen to help the child further in ESPS? | What additional actions/services do you think would benefit this child/family in moving towards a safer environment for the child(ren)? |
|  |

Signed

Safeguarding Team member/s Euston Street PS



**EUSTON STREET PRIMARY SCHOOL**

**Template for Social Services**

TEL: 02890 457089

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

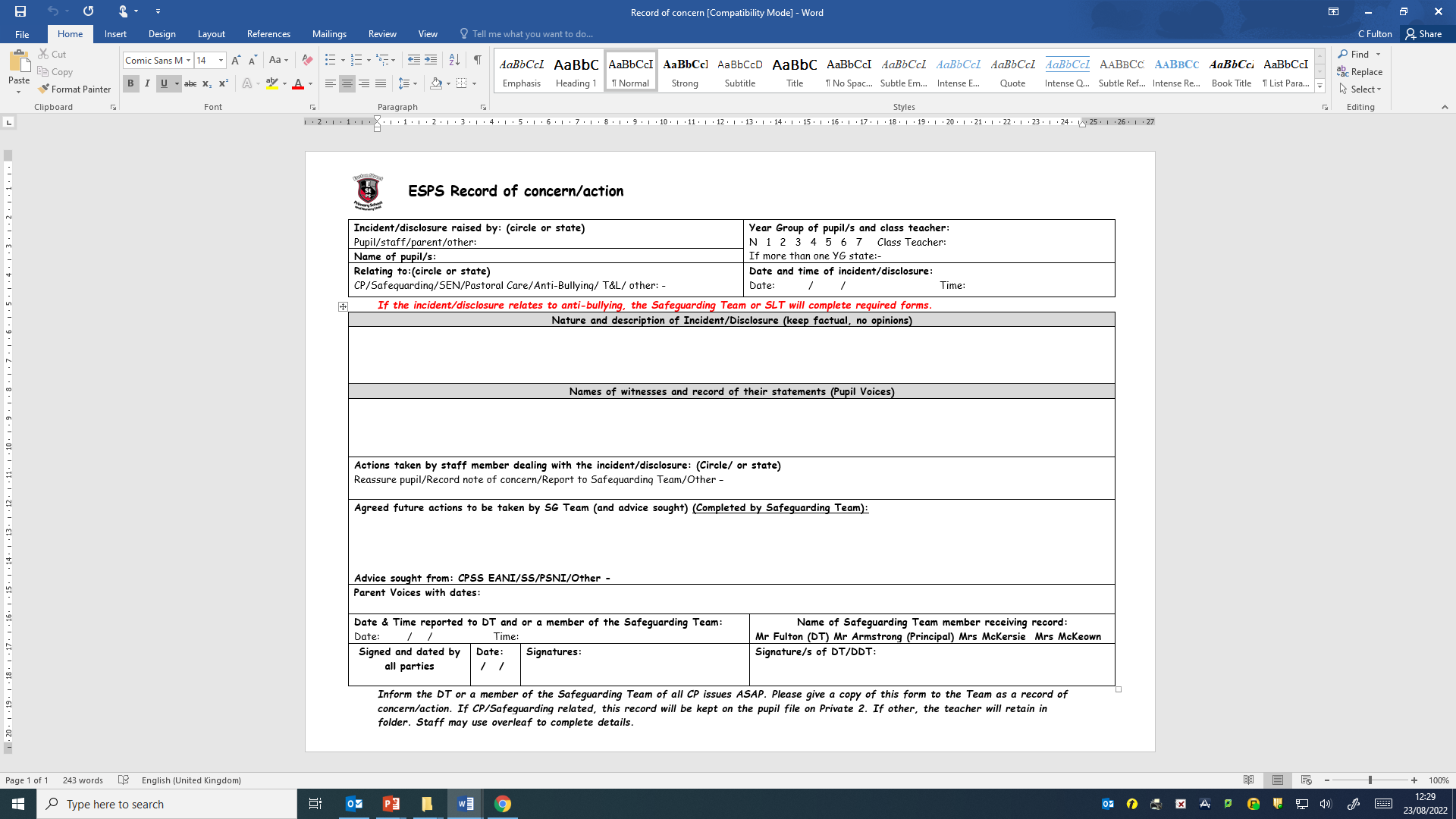
DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SW NAME: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPDATED INFORMATION FROM SOCIAL SERVICES**

|  |  |
| --- | --- |
| **Pupil’s Name** | **Date of Birth** |
| **Updated Information for School Safeguarding Team**  (Please outline briefly, any updated information that school need to be made aware of)  **What is working well? What are we worried about? What needs to happen next?** | |
| **Any future actions required or advised from Social Services**  **What needs to happen next?** | |

Signed

**Appendix 16**

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**CONFIDENTAL**

**CHILD PROTECTION NOTE OF CONCERN**

**REPORTS TO Mrs McKeown (DESIGNATED TEACHER)**

|  |
| --- |
| Name of Pupil: |
| Year Group and Class: |
| Date, time of incident/disclosure: |
| Circumstances of incident/disclosure:  (Location, situation etc.) |
| 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:  If ‘No’ state reason: |
| Date and time of the report to the Designated Teacher: |
| **(For Safeguarding Team)**  Written note from staff member placed on pupil’s Child Protection file  If ‘No’ state reason: |

**Name of staff member making the report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Designated Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**