

St. Joseph's Primary School



Child Protection Policy & Procedures

2022 Full Edition
REVIEW DATE: March 2023

(Parents receive a copy of this and complaints procedure every two years
or on intake to the school)

Table of Contents

Table of Contents	2
Our School's Child Protection Ethos and Key Principles of Safeguarding	4
A statement and evaluation of the ethos of St Joseph's Primary School	4
Related Policies	7
ST. JOSEPH'S PRIMARY SCHOOL SAFEGUARDING TEAM	8
ROLES AND RESPONSIBILITIES	9
CHILD PROTECTION-Definition of Harm	15
1. <u>TYPES OF ABUSE</u>	15
2. <u>DEFINITIONS OF ABUSE</u>	16
3. BULLYING	20
Signs and Symptoms of Abuse	20
4. SAFE RECRUITMENT MEASURES	20
5. CODE OF CONDUCT FOR ALL STAFF, PAID OR UNPAID & VISITORS	20
THE PREVENTATIVE CURRICULUM	21
6. Procedures for Reporting Suspected (or disclosed) Abuse	21
10. DEALING WITH ALLEGATIONS OF ABUSE AGAINST A MEMBER OF STAFF or volunteer	24
11. Intimate Care	25
12. Confidentiality and Record Keeping	26
CONSENT	26
13. Staff in-Service Training	29
14. Monitoring and Evaluation	29
15. LIABILITY FOR STAFF	30
REFERENCE DOCUMENTS	30
APPENDIX 1 - Indicators of Possible Abuse	31
APPENDIX 2 A -Child Sexual Exploitation (CSE)	41
Appendix 2 B	42
Signs and Symptoms of Child Abuse	42
APPENDIX 3 -Code of conduct	60
APPENDIX 4- Visitors code of conduct	67
APPENDIX 5	70
WHAT DO YOU DO IF YOU ARE WORRIED OR	70
ANNOYED ABOUT YOURSELF OR SOMEONE ELSE	70

APPENDIX 6- A guide for parents	71
Appendix 7- Allegation against a member of staff	72
Appendix 8 Possible abuse by someone other than a staff member...	73
APPENDIX 9- Proforma	74
Appendix 10-Legislation and Guidance documents.....	76

Reviewed by:

Designated Teacher for Child Protection.....**Mrs Lesley Cochrane**.....
Date:.....

Deputy Designated Teacher for Child Protection ...**Mrs Helen Turley**...
Date:.....

Principal**Mrs Imelda Porter**.....
Date:.....

Designated Governor for Child Protection...Mrs Anita Rogan.....
Date:.....

Chair of Governors Father Paul Alexander
Signed..... Date.....

Our School's Child Protection Ethos and Key Principles of Safeguarding
ETHOS

A statement and evaluation of the ethos of St Joseph's Primary School.

'A small school with a big heart'

'We want our school to be a place for everyone. To do some work and have some fun! Where people feel like they belong. We ask God's Holy Spirit to be active here. To make an atmosphere of joy, peace and love.'

We at St. Joseph's Primary School aim to provide a happy and caring atmosphere for the child, where they feel secure and able to fulfil their potential. We will acknowledge and celebrate their achievements and individual strengths and differences and aim to promote their self-esteem and confidence at all times.

Our purpose is to provide a solid foundation to help them to progress to adulthood through:

- Encouraging each child to be confident, independent and responsible learners through a curriculum which suits the needs of each individual.
- Promoting the development of lively and enquiring minds to acquire skills towards self learning.
- Developing respect for others in terms of religion, race and personal circumstances and
- Encouraging the children to become active and interested members of the wider community.

In St. Joseph's Primary School, the pastoral care structures are based on a shared understanding of what it means to be a Catholic school. We in St. Joseph's P.S. have a responsibility for the Pastoral Care, general welfare and safety of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. The schools Child Protection Policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

We in St. Joseph's Primary School have a responsibility for the care, welfare and safety of our pupils. The general principles which underpin our work are those set out in the Children (NI) Order 1995, the Department of Education guidance "Safeguarding and Child Protection in Record keeping in Schools (DENI Publication 2020) <https://www.education-ni.gov.uk/sites/default/files/publications/education/Circular%20202007%20Child%20Protection%20Record%20Keeping%20in%20Schools.PDF>

"Co-operating to safeguard children and young people in Northern Ireland" (DHSSPSNI, Aug 2017) and the SBNI Regional Core Child Protection Policies and Procedures 2017. *More legislation documents and guidance documents can be found listed in Appendix 10.*

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. (Co- operating To Safeguard Children and Young People in Northern Ireland 2017) <https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

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.

As part of a team, we have a caring commitment to guide and advise our pupils, both formally and informally, on personal and educational matters.

We believe that the pastoral dimension in our school contributes to the creation of a supportive atmosphere for both pupils and teachers alike.

The primary responsibility of all staff of St. Joseph's Primary School is the care, welfare and safety of the pupils in our charge, and we will carry out this duty through the implementation of the Child Protection and other policies. We seek to protect our pupils by helping them to 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 statutory personal development curriculum (PDMU) requires St. Joseph's Primary School to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system.

The curriculum at St. Joseph's Primary School 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.

In recent years, the use of 'keeping safe messages' and the term '**preventative curriculum**' have become even more widely used in St. Joseph's Primary School to denote the proactive promotion of positive emotional health and wellbeing of pupils within and across the school community. This is achieved by raising awareness of social, emotional, and health issues, developing the confidence, resiliencies and coping skills of pupils, and in offering early intervention when pupils are experiencing certain difficulties.

Staff teach pupils how to develop healthy relationships, and to make informed choices in their lives so that they can protect themselves. Further details of how this is achieved can be found in year group planners and the school Relationship and Sexuality Education (RSE) Policy.

We recognise the contribution that ALL staff and volunteers make in helping to make our school a safe environment. We promote a child-centred ethos where children are listened to by adults and taken seriously and recognise that the child's welfare must be paramount in our decision making.

Everyone in our school community has a role to play and is committed to safeguarding the children in our care by ensuring that all:

- children are/feel safe and protected in our school and reasonable steps are taken to ensure their welfare is safeguarded and their safety is preserved.
- members of teaching and support staff, and all adults who have contact with the children have been subject to appropriate vetting procedures and have been provided with the school's Child Protection training.

Related Policies

It is important that all relevant agencies involved in education and care cooperate for the benefit of the child. All staff have a total commitment to Child Protection. They promote a preventative curriculum raising children's awareness about themselves through Personal Development and other areas of the curriculum, in addition to developing a climate of trust so that children feel able to talk and share their thoughts and feelings. Governors and all staff are acutely aware of the importance of promoting E-Safety and the associated risks i.e. Content, contact, conduct and commercial risks as referred to in DENI Circular 2017/04.

The problem of child 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. The Child Protection Policy complements and supports other policies including:

- Data Protection
- Child Protection: Record Keeping in our School
- Attendance Policy
- Positive Behaviour Management and Discipline Policy
- Pastoral Care
- Anti-Bullying Policy
- Safe Handling
- Special Educational Needs
- First Aid and Administration of Medicines
- Health and Safety Policy
- Relationships and Sexuality
- Intimate Care
- E-Safety Policy
- Educational Visits
- Staff Code of Conduct
- Drugs
- Complaints Policy
- GDPR Policy/Records Management
- Use of mobile Phones/cameras

These policies are available to parents and any parent wishing to have a copy should contact the School office or visit the school website at www.stjosephspsballycruttle.com

ST. JOSEPH'S PRIMARY SCHOOL SAFEGUARDING TEAM

Terminology

Safeguarding and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.

Child protection refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the school, full time or part time, temporary or permanent, in either a paid or voluntary capacity.

DT refers to the designated teacher for child protection

Child includes everyone under the age of 18.

SBNI-Safeguarding Board for Northern Ireland

Parent refers to birth parents and other adults who are in a parenting role or who have parental responsibility, for example step-parents, foster carers and adoptive parents.

Key personnel

The designated teacher (DT) for child protection is

Mrs L Cochrane

Contact details: email: lcochrane952@c2kni.net

Tel: .02844841546

The deputy designated teacher is__Mrs H Turley__

Contact details: email: hturley264@c2kni.net

Tel: ... 02844841546.

The designated child protection governor is Mrs Anita Rogan

Contact details: email: anitarogan@aol.co.uk

Tel: 07500586078

The Principal is ____Mrs I Porter__

Contact details: email: iporter336@c2kni.net

Tel: 02844841546

The Chair of BOG is Father Alexander

Contact Details: email: saul@downandconnor.org

Tel: 02844612525

Effective functioning of the Safeguarding Team structure relies on the skills and expertise of adults within St. Joseph's Primary School, and their recognition and prompt reporting of child protection and safeguarding concerns.

ROLES AND RESPONSIBILITIES

SAFEGUARDING TEAM

The responsibilities of the team will include:

- Monitoring and periodic review of Safeguarding and Child Protection arrangements in the school.
- Support for the Designated Teacher in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.

Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements. (i.e. DENI Circular 2017/04 - Section 4.7.1. & 4.7.2) School Governors Handbook- **Co-operating to Safeguard Children and Young People in Northern Ireland**

- Revised Sept. 2019 <https://www.education-ni.gov.uk/sites/default/files/publications/education/cps-school-governors-handbook-safeguarding-and-child-protection-revised-september-2019.pdf>

As best practice, the Safeguarding Team review their child protection / safeguarding practices annually.

BOARD OF GOVERNORS

Boards of Governors must ensure that:

- 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.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually and ***parents and pupils receive a copy of the child protection policy and complaints procedure every two years.***
- The school has an ***Anti-Bullying Policy which is reviewed at intervals of no more than four years*** and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- There is a code of conduct for all adults working in the school.
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19.
- 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 2020/07 Child Protection: Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

CHAIR OF THE BOARD OF GOVERNORS

The Chairperson of the BoG plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment.

The Chair of the Board of Governors will ensure:

- They assume lead responsibility for managing any complaint/allegation against the School Principal.
- Child Protection records are kept in a locked filing cabinet in the Principal's office.
- They sign and date the Record of Child Abuse complaints annually, even if there have been no entries.

DESIGNATED GOVERNOR FOR CHILD PROTECTION

The BoG delegates a specific member of the governing body to take the lead in safeguarding/child protection issues in order to advise the governors on the following.

Provides advice to Governors about:

- 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.

PRINCIPAL

The Principal will ensure:

- As Secretary to the Board of Governors, that information is relayed promptly to Governors about any new DE guidance (circulars and letters) related to child protection/safeguarding.
- That she is actively involved in the school Safeguarding Team.

- That Child Protection is an item on the Agenda at Board of Governor meetings each term.
- Suitable staff are appointed to roles of Designated and Deputy Designated Teacher(s) for Child Protection.
- Designated time is allocated for the Designated Teacher to carry out their role effectively.
- New staff and volunteers have Safeguarding and Child Protection awareness sessions.
- They lead procedures in relation to a complaint against a member of staff also keeping the Chairperson informed.
- The maintenance of any records of allegations against staff including the Record of Child Abuse complaints.
- All parents and pupils receive a copy, or summary of the Child Protection Policy at intake and, at a minimum, every two years.

DESIGNATED TEACHER (DT)

Every school is required to have a DT and DDT with responsibility for child protection. These are highly skilled roles developed and supported through a structured training programme, requiring knowledge and professional judgement on complex and emotive issues.

The DT will:

- Be available to discuss safeguarding or child protection concerns of any member of staff.
- Be responsible for record keeping of all child protection concerns.
- Promote safeguarding and child protection ethos in the school.
- Liaise with the Education Authority (EA) Designated Officers for Child Protection.
- Attend training and are aware of duties, responsibilities and role.
- Keep the school Principal informed.
- Lead the development of the schools Safeguarding and Child Protection policy.
- Take the lead in the drafting and issuing the summary of the Child Protection arrangements for parents every 2 years.
- Make referrals to Social Services or the PSNI Central Referral Unit where appropriate.
- Notify the Chair of the Board of Governors in the event of an allegation against the Principal.
- Complete induction and training of all staff including support staff raising awareness of child protection policy and procedures.
- Compile written report at least annually to the Board of Governors regarding child protection.

- Complete a referral form (UNOCINI) sending this to Social Services.
- Maintaining a current awareness of early intervention supports and other local services. E.g. Family Support Hubs.
- The **Designated Teacher** may seek clarification or advice and consult with the EA **Designated Officer** or appropriate senior social worker before a formal referral is made.

DEPUTY DESIGNATED TEACHER (DDT)

The role of the DDT is to work co-operatively with the DT in fulfilling his/her responsibilities.

It is important that the DDT works in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

TEACHING STAFF

If any member of the teaching staff has concerns about a child or staff member they should report their concerns to the Designated Teacher, or in their absence the Deputy Designated Teacher, who will keep a detailed written record of the concerns and take any further necessary action.

Before approaching the **Designated Teacher** with his/her concerns a teacher may seek some clarification from the child, remembering to exercise tact and understanding. Great care must be taken in asking and interpreting children's responses to questions about indicators of abuse. Teachers should be aware that, if their concerns lead to a formal referral, the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings. This is also the case if a child makes an allegation of abuse or voluntarily discloses information which amounts to an allegation.

- Class teachers should complete the Note of Concern (**See Appendix 9**) 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 Teacher** who will keep a detailed written record of the concerns and take any further necessary action.

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.

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

Parents must play their part in safeguarding by:

- Informing the school if their child has a medical condition or educational Need.
- Ensuring the school has up to date contact details for them providing details of any Court Orders relating to the safety or wellbeing of a parent or child.
- Giving details of any change in a child's circumstances for example change of address, change of contact details, change of name, change of parental responsibility.
- Contacting the school to inform child's absence, or sending in a note on the child's return to school, so that the school is reassured as to the child's health/circumstances. More information on parental responsibility can be found on the EA website at: www.eani.org.uk/schools/safeguarding-and-child-protection
- Informing the school whenever anyone, other than themselves, intend to pick up their child after school.
- Familiarising themselves with the School's Pastoral Care, Anti-Bullying, Positive Behaviour, E Safety and Child Protection Policies.
- Informing a taxi firm transporting their child to/from school that the driver must park the taxi outside the school grounds Car Park.

The driver must then collect the child from a member of staff and show an appropriate form of identity.

PUPILS

Pupils should play their part in safeguarding by informing an adult if they have any concerns about themselves or another pupil or adult at home or in school.

(Appendix 5)

CHILD PROTECTION-Definition of Harm

The Child Protection Policy seeks to ensure protection of our pupils by ensuring that everyone who works in our school - teachers, support staff and volunteers - has clear guidance and training on the action that 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.

A copy of the full version of the Child Protection Policy is given and receipted to every family of the school when their child commences their education at the school. A summary of the policy is sent home annually to each family. The Child Protection Policy is also available on the school website and a paper copy of the policy can be requested at any time by a parent.

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

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

1. TYPES OF ABUSE

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 on-going information sharing is key between professionals.

2. DEFINITIONS OF ABUSE

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

Child abuse may take a number of forms including:

- I. NEGLECT**
- II. PHYSICAL ABUSE**
- III. SEXUAL ABUSE**
- IV. EMOTIONAL ABUSE**
- V. EXPLOITATION**

- I. 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.
- II. Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.
- III. 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 masturbating, 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.

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

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

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

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.

All the above definitions are from 'Co-operating to Safeguard Children & Young People in N.I. (2016)

Indicators of Child Abuse can be viewed in **Appendix 1**.

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in **St Joseph's P.S.** are aware of and have therefore included them in our policy. Please see **Appendix 1**

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English or sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see **Appendix 1**

Other specific types of abuse include:

- VI. Grooming**
- VII. Child Sexual Exploitation (CSE)**
- VIII. Domestic and Sexual Violence and Abuse**
- IX. Female Genital Mutilation (FGM)**

VI. 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.

VII. Child Sexual Exploitation (CSE) - Although Child Sexual 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.

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

VIII. Domestic and Sexual Violence and Abuse -

The Stopping Domestic and Sexual Violence and Abuse Strategy (2016) defines domestic and sexual violence and abuse as follows:-

Domestic Violence and Abuse:

'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.'

Sexual Violence and Abuse:

'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).'

It is recognised that children who live in an atmosphere of Domestic Violence may be at risk. Domestic Violence is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality. If it comes to the attention of school staff that Domestic Violence is or may be affecting a child this must be passed on to the Designated/Deputy Designated Teacher who has an obligation to share the information with the Social Services Gateway Team.

Potential indicators of Child Sexual Exploitation are listed in **Appendix 2**.

IX. Female Genital Mutilation (FGM) - 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 this school policy.

3. BULLYING

Although not an official form of abuse, bullying in any form will not be tolerated in St. Joseph's Primary School. Our Anti-Bullying Policy is available at the school upon request and can be found on the school website. It includes detail on how to address E-safety and Internet abuse.

Signs and Symptoms of Abuse

The definition of signs and symptoms of abuse have been taken from the SBNI Regional Core Policies and Procedures guidance. **These have been customised by the school to reflect the developmental age of our pupils. See Appendix 2b**

4. SAFE RECRUITMENT MEASURES

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

5. CODE OF CONDUCT FOR ALL STAFF, PAID OR UNPAID & VISITORS

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

All actions concerning children must uphold the best interests of the child as a primary consideration, Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child in their charge must be above reproach at all times.

St. Joseph's Primary School takes account of Section 7 of DENI Circular 2017/04 regarding 'Dealing with Children with increased vulnerabilities'. e.g. Children with a disability and children with limited fluency in English.

The staff at St. Joseph's Primary School have also adopted a Code of Practice for their behaviour towards pupils. **(Appendix 3).**

Visitors are required to read and follow the Visitors Code of Conduct and sign the Visitors' Book. (**Appendix 4**).

THE PREVENTATIVE CURRICULUM

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

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

6. Procedures for Reporting Suspected (or disclosed)

Abuse

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

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

In St. Joseph's Primary School all staff, through their care of children, take all reasonable steps to ensure that children are safe and remain healthy.

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will act immediately.

No child will be given a promise of confidentiality but will be assured that the information shared will only be disclosed to people who NEED to know. In reporting a concern or suspicion, all adults in school must follow the following procedures.

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse the person should:-

- RECEIVE - listen to what a child says but do not ask leading questions except when to show you have understood.
- REASSURE - ensure the child is reassured that he/she will be safe and their interests come first.
- REACT - only to ensure the child is safe and secure.
- RECORD - make note of what you have seen or heard and the date and time.
- REPORT - Report to the Designated or Deputy Designated Teacher

The Designated Teacher, Principal and Deputy Designated Teacher will follow Child Protection and Safeguarding procedures.

The welfare of the child is St. Joseph's Primary School's paramount concern.

¹ Co-Operating to Safeguard Children and Young People in Northern Ireland (March 2016)

<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

If there are concerns that a child may be at risk, Mrs Cochrane and Mrs Turley will discuss any concerns with Mrs Porter.

If after consultation with the EA (SE Region) Child Protection Officers a referral is deemed necessary, it will be made immediately by telephone and followed up with a UNOCINI. The Principal and Designated Teacher will inform Social Services and or the PSNI.

**This will be done in an envelope marked
'CONFIDENTIAL - CHILD PROTECTION'**

Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately.

(Appendix 6 - A Guide for Parents)

How a Parent Can Raise a Concern

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

If a parent has a concern they can talk to the **Class Teacher**, the Designated or Deputy Designated Teacher for child protection or the Principal.

If they are still concerned they may talk to the Chair of the Board of Governors.

At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in **Appendix 56**

Where School Has Concerns or Has Been Given Information about Possible Abuse by Someone Other Than a Member of Staff

In **St Joseph's P.S.** if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see **Appendix 9**) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff always taking care to avoid due delay. **If Principal is not available, they will consult the Chair of BOG or Designated Child Protection BOG member.** If required advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

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

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

The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form.

Where appropriate the source of the concern will be informed of the action taken.

For further detail please see **Appendix 8**

10. DEALING WITH ALLEGATIONS OF ABUSE AGAINST A MEMBER OF STAFF or volunteer

The procedure when dealing with allegations of abuse against a member of staff should be applied with expediency, sensitivity, common sense and judgement. All actions taken should comply with the inter-agency arrangements outlined in SBNI Regional Core Child Protection Policies and Procedures 2017.

St. Joseph's Primary School Governors and staff will follow updated guidance which is clearly recorded in DENI Circular 2015/13.

- If an allegation is made against a member of staff, the resolution of that allegation will be a clear priority to the benefit of all concerned. Any unnecessary delays will be avoided. **Allegations should be reported immediately**, normally to the Principal or Designated Teacher for Child Protection/Deputy Designated Teacher for Child Protection.

- A **Lead Individual** to manage the handling of an allegation will be identified from the outset. This will normally be the Principal or a designated senior member of staff. If the Principal is the subject of concern, the allegation should be reported immediately to the Chairperson (Chair) of the Board of Governors, Deputy Chairperson, Designated Governor for Child Protection and the person appointed to be the Lead Individual.

In accordance with agreed disciplinary procedures **the Board of Governors, the Chair or the Principal can impose a precautionary suspension on a member of staff** and should only do so following full consideration of an individual case in conjunction with the Lead Individual and advice from the relevant Employing Authority.

A precautionary suspension will be kept under regular review and can only be ended by the Board of Governors.

In response to an allegation, other options will be considered before suspending a member of staff. Suspension should not be the default option. An individual will be suspended **only** if there is no reasonable alternative. If suspension is deemed appropriate, the reasons and justification should be recorded by the employer and the individual notified of the reasons. The precautionary suspension will be reviewed monthly. The requirement to maintain confidentiality must be emphasised. Please refer to **Appendix 7**.

If the school has concerns or has been given information about possible abuse by someone other than a member of staff please refer to **Appendix 8**.

In the unlikely event of the Designated Teacher or Deputy Designated Teachers not being available to deal with an emergency involving child protection issues, the teacher must speak to the next senior member of staff.

11. Intimate Care

St. Joseph's Primary School has a separate Intimate Care Policy. It may be necessary for staff to do things of a personal nature for these younger children in their care. Children may be upset and need to be comforted. They may have a toileting accident and need to have their

clothes changed. To fail to do these things for a young child would be negligent.

In order to safeguard the child and protect, the following code of conduct will be adhered to at all times in St. Joseph's Primary School:

- Children will be encouraged to adjust clothing, etc. themselves when using the toilet.
- Children who wet their clothes after a toileting accident will be given clean replacements and depending on the child's level of independence, will be encouraged to change themselves in the privacy of a cubicle in the toilet area.
- If assistance is required to help a child change, If possible, the member of staff should be accompanied by a second member of staff. If not possible, the adult supporting the child will inform another member of staff as to their whereabouts and the need to help a pupil.
- If a child vomits or soils themselves, their previously given contacts will be telephoned in the order given to request that they are changed by a parent or another adult who has the parents' consent to clean and change the child
- In all toileting accidents, the child's parent/s will be informed by the class teacher, the classroom assistant or school secretary. Written records of incidents will be kept on an official form. A child's initial is recorded to provide anonymity. Code letters W, S and V (Wetting, Soiling or Vomiting) will be used.
- The Building Supervisor and Cleaners will only enter the toilet areas after first making sure that no pupils are present.

12. Confidentiality and Record Keeping

The relationship which teachers and other staff in the education service have with the children in their charge is based on trust and, often, on confidentiality. Such relationships are an integral feature of a secure and caring environment which fosters learning and personal development. Some forms of child abuse are however a criminal offence and staff have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies.

No promise of confidentiality can or should ever be given where abuse is alleged. In the interests of the child, staff have a responsibility to share relevant information about the Protection of Children with other professionals, particularly the investigative agencies.

CONSENT

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

In circumstances where the consent of the parent/carer and/or the young person has been sought and is withheld we will consider and where possible respect their wishes. However our primary consideration must be the safety and welfare of the child and we will make a referral in cases where consent is withheld if we believe on the basis of the information available that it is in the best interests of the child/young person to do so.

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

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

Confidentiality and Information Sharing

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

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

Where it is necessary to safeguard children information will be shared with other statutory agencies in accordance with the requirements of

this policy, the school data protection policy and the General Data Protection Regulations (GDPR)

Record Keeping

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

In order to meet these requirements all child protection records, information and confidential notes concerning pupils in our school are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DE guidance on the disposal of child protection records these records will be stored from child's date of birth plus 30 years.

If information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and appropriately password protected.

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

Written records will comply with DENI Circular 2020/07 Child Protection Record Keeping in Schools <https://www.education-ni.gov.uk/sites/default/files/publications/education/Circular%20202007%20Child%20Protection%20Record%20Keeping%20in%20Schools.PDF>

- Safeguarding and Child Protection in Schools: A guide for schools (2017). Updated September 2019 and August 2020

Records will be kept in a locked Cabinet in Mrs Porter' Office.

Only the Principal, DT and DDT have access to these records. The key is kept securely. Electronic records are only accessible to the Principal, DT and DDT. All must be encrypted and appropriately password protected.

DENI Child Protection Note of Concern Proforma is in **Appendix 9**.

The Data Protection Act 1998 establishes a framework of rights and duties which are designed to safeguard personal data. This framework balances the legitimate needs of organisations to collect and use personal data for business and other purposes against the right of individuals to respect for the privacy of their personal details.

-When considering what information can be shared, including on transfer to another school, schools must ensure that they comply with the 8 principles in the Data Protection Act 1998 -(See Data Protection Policy and Child Protection Record Keeping in our School.)

Where abuse is suspected, schools have a legal duty to refer to the Statutory Agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a 'need to know' basis. The Designated Teacher for Child Protection will transfer Child Protection documentation to the Designated Teacher for Child Protection of a pupil's new school.

Appropriate and continued staff development will be provided for teachers and other staff who, at all levels of the caring process, need to feel that they themselves are valued and that help and support are available to them.

13. Staff in-Service Training

Each member of staff will receive general training on this policy and the procedures on a yearly basis. This will be led by the Safeguarding Team. The Safeguarding Team and Governors will also avail of courses offered by the Education Authority and other multi-disciplinary agencies when appropriate. Training resources can be accessed on the school computer system.

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

14. Monitoring and Evaluation

The Safeguarding Team will regularly discuss all Child Protection and Safeguarding issues.

The Board of Governors (who have reviewed and approved this policy) will also be advised of relevant Child Protection Issues at regular intervals during the course of the school year.

Specific details will not be shared with the Governors and confidentiality will be maintained.

The Safeguarding Team will review this policy annually and advise Governors and parents of changes when necessary.

15. LIABILITY FOR STAFF

Any teacher or other member of staff who complies with EA Procedures in 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 Board and will not be legally or financially liable.

REFERENCE DOCUMENTS

EA (SE Region) Child Protection - Policy and Procedures Training Material which encompassed the following documents

DENI Circular 2017/04, Safeguarding and Child Protection in Schools

DENI Circular 2020/07 <https://www.education-ni.gov.uk/sites/default/files/publications/education/Circular%20202007%20Child%20Protection%20Record%20Keeping%20in%20Schools.PDF>,

Child Protection Record Keeping in Schools

DENI Circular 2015/13 Dealing with allegations of abuse against a member of staff

DENI Circular 2017

Co-operating to Safeguard Children (DHSSPS 2016)

SBNI Regional Core Child Protection Policies and Procedures 2017

DE of Justice - Tackling Domestic & Sexual Violence & Abuse Action Plan

DE strategy for Tackling Violence at Home www.nidirect.gov.uk/articles/domestic-violence-and-abuse

Policy update Autumn 2006, 2011, 2016 Policy reviewed annually 2007-2017

Useful Telephone Numbers

Childline 0800 1111 NSPCC 0800 800 5000 Useful Website www.deni.gov.uk

APPENDIX 1 - Indicators of Possible Abuse

Physical	Emotional
<ul style="list-style-type: none"> • Bruising (self harm) • Burns • Bites • Broken Bones • Sprains • Dislocations • Scalds • Weals • Cuts • Fear (excessive, shrinking away) • Reluctance to undress or change for PE/swimming • Poorly clothed/covering up • Behaviour change (dramatic)/performance change • Aggression • Withdrawal • Weight loss • Pallor • Alert/third party reports • 'Under the influence' of illegal or unauthorised substances 	<ul style="list-style-type: none"> • Quiet • Withdrawn • Low self esteem • Unable to make friends • Poor concentration/sleepy • Can't accept praise • Need to control environment by behaviour (negative reaction) • Inappropriate learned responses • Attention demanding • Imaginary friend • Lack of interest in everything • Impulsive stealing • Wanting to stay in school • Over-reaction • Overly attached to teacher, over sensitive to praise/criticism • Doesn't like physical contact • Sudden speech disorders • Drug/solvent abuse • Deprived of love, positive attention, appropriate relationships, stimulation • Exposed to criticism, negativity, blame and denied their human rights
Neglect	Sexual
<ul style="list-style-type: none"> • Lack of provision of food in school • Lack of supervision • No interest in education • Hunger and tiredness • Poor personal hygiene • Unkempt state • Emaciation • Few friends • Withdrawn or aggressive • Health problems • Difficulties in school work 	<ul style="list-style-type: none"> • Inappropriate drawings • □Issues getting changed • □Inappropriate or sexually explicit language • □Inappropriate play - sculpting genital features with play-dough • □Fear of the dark • Posture and sexualised gestures • Obsessive washing • Frequent ailments or marks and bruising • Tired and withdrawn

<ul style="list-style-type: none"> • Inappropriately dressed 	<ul style="list-style-type: none"> • Low self-esteem • Difficulty concentrating on school work • Avoids physical contact • May have significantly more money • Few friends of own age
---	--

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 St Joseph's P.S. 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.**

Statutory Responsibilities

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

Domestic and Sexual Violence and Abuse

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 Violence and Abuse:

'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.'

Sexual Violence and Abuse

'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).' Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

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

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

Children Who Display Harmful Sexualised Behaviour

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

It 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 'healthy', 'problematic' or 'sexually harmful'. Healthy sexual behaviour will normally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if additional advice from PSNI or Social Services is required. We will also take guidance from DE Circular 2016/05 to address concerns

about harmful sexualised behaviour displayed by children and young people.

What is Harmful Sexualised Behaviour?

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

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

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

Harmful sexualised behaviour will always require intervention and we will follow the procedures in the child protection policy and, seek support from the EA CPSS.

E Safety/Internet Abuse

Online safety means acting and staying safe when using digital technologies. It is wider than simply internet technology and includes electronic communication via text messages, social environments and apps,

and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

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

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

We in **St Joseph's P.S.** 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:

1/Sexting between Individuals in a Relationship

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.

2/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 to share an inappropriate image of another person without the individuals consent. For further information see: www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

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.

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**

Children whose first language is not English/Newcomer pupils should be given the opportunity 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. DTs and other relevant school staff should seek advice and support from the EA's Intercultural Education Service if necessary. All schools should 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.

- **Gender Identity Issues and Sexual Orientation**

Schools should strive to provide a happy environment where all young people feel safe and secure. All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity, and not to be treated any less favourably due to their actual or perceived sexual orientation. DE requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. It is via this policy that schools are expected to cover issues relating to relationships and sexuality, including those affecting LGB&T children and young people. **Schools can also reference how they adhere to the EA guidance below**

<https://www.eani.org.uk/school-management/policies-and-guidance/supporting-transgender-young-people>

As a staff working with young people from the LGBTQ+ 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. NB Each school should tailor this to reflect what they do.

- **Boarding Schools and Residential Settings**

Children in the above settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance. NB Each school should make clear their policy as to the arrangements for children staying in NI outside of term time.

- **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 and EA 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.

APPENDIX 2 A -Child Sexual Exploitation (CSE)

Potential indicators of CSE:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation.
- Truanting/leaving school without permission.
- Persistently going missing or returning late.
- Receiving lots of texts/ phone calls prior to leaving.
- Change in mood - agitated/stressed.
- Appearing distraught/dishevelled or under the influence of substances.
- Inappropriate sexualised behaviour for age.
- Physical symptoms eg bruising; bite marks.
- Collected from school by unknown adults or taxis.
- New peer groups.
- Significantly older boyfriend or girlfriend.
- Increasing secretiveness around behaviours.
- Low self-esteem.
- Change in personal hygiene (greater attention or less).
- Self harm and other expressions of despair.
- Evidence or suspicion of substance abuse.

While these indicators can be useful in identifying potential risk, their presence does not necessarily mean CSE is occurring. More importantly, nor does their absence mean it is not.

Appendix 2 B

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 Suspicious 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

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.

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

Sexual Abuse

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.**

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.

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.

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

APPENDIX 3 -Code of conduct



Code of Conduct for Staff and Volunteers in Schools

BOG Ratified

Signed _____

Date _____

This Code of Conduct applies to all staff and volunteers, is designed to give guidance on the standards of behaviour which should be observed. School staff and volunteers are role models, in a unique position of influence and trust and their behaviour should set a good example to all the pupils within the school. It does not form part of any employee's contract of employment. It is merely for guidance and specific breaches of the Code must not be viewed as a disciplinary offence.

The Code includes sections on:

- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

INTRODUCTION

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

intended to detract from the enriching experiences children and young people gain from positive interaction with staff. It sets out standards of conduct which staff are expected to follow when within, or representing the School. This code is not exhaustive but is written to assist staff and it is important that staff should take advice and guidance if necessary.

If in doubt ask.

The underlying purpose is to ensure that the School provides a high quality service to its pupils and stakeholders in accordance with the Mission Statement and to promote public confidence in the integrity of the School.

It takes in the requirements of the law and attempts to define the required levels of professionalism to ensure the well-being of the School, its staff and its customers.

It has been drafted to comply with School Policies and Procedures.

Staff are requested to read this Code carefully and consider the issues which it raises.

The Principal should also ensure that all staff are aware of the Code's contents and are fully briefed on its implications.

Reference to this Code will be made in all contacts of employment, and copies will be given to all staff. In addition, the induction programme for all new staff will reinforce the principles of this Code.

Investigations of alleged breaches of this Code will be covered under the School's Disciplinary procedures and related codes of practice.

SAFEGUARDING PUPILS

All staff and volunteers have a duty to safeguard pupils from physical abuse, sexual abuse, emotional abuse, neglect and exploitation.

The duty to safeguard pupils includes the duty to report concerns about a pupil or colleague to a member of the school's Safeguarding Team

The school's DT is **MRS L.Cochrane**

and the DDT is **MRS H. Turley**

All staff and volunteers must be familiar with relevant school policies e.g. Child Protection, e-Safety and Acceptable Use Policy.

Code of Conduct for Staff & Volunteers

1. Setting an Example

1.1 All staff and volunteers in schools set examples of behaviour and conduct which can be copied by pupils. Staff and volunteers should therefore, for example, avoid using inappropriate or offensive language at all times, and demonstrate high standards of conduct in order to encourage our pupils to do the same. All staff and volunteers should be familiar with all school policies and procedures and to comply with these so as to set a good example to pupils.

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

2. Relationships and Attitudes

2.1 All staff and volunteers should treat pupils with respect and dignity and not in a manner which demeans or undermines them, their parents or carers, or colleagues. Staff and volunteers should ensure that their relationships with pupils are appropriate to the age and maturity of their pupils. They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of pupils, embarrassing or humiliating pupils, discriminating against or favouring pupils. Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation. Relationships with pupils must be professional at all times and sexual relationships with current pupils are not permitted and may lead to criminal conviction.

2.2 Staff and volunteers may have less formal contact with pupils outside of school; perhaps through mutual membership of social groups, sporting organisations, or family connections.

Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.

2.3 Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:

- acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders;
- co-operating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service;
- respect for school property;
- taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises;
- being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers;
- respect for the rights and opinions of others.

3. Private Meetings with Pupils

3.1 It is recognised that there will be occasions when confidential interviews with individual pupils must take place. As far as possible, staff and volunteers should conduct interviews in a room with visual access or with an open door and ensure that another adult knows that the interview is taking place. Where possible, another pupil or (preferably) another adult should be present or nearby during the interview.

4. Physical Contact with Pupils

4.1 To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.

4.2 Staff and volunteers should therefore be cognisant of the guidance issued by the Department on the use of reasonable force (Circular 1999/09 and guidance document 'Towards a Model Policy in Schools on Use of Reasonable Force').

5. Honesty and Integrity

5.1 All staff and volunteers are expected to maintain the highest standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.

5.2 Gifts from suppliers or associates of the school (eg a supplier of materials) must be declared to the Principal. A record should be kept of all such gifts received. This requirement does not apply to "one off" token gifts from pupils or parents eg at Christmas or the end of the school year. Staff and volunteers should be mindful that gifts to individual pupils may be considered inappropriate and could be misinterpreted.

6. Conduct outside of Work

6.1 Staff and volunteers should not engage in conduct outside work which could damage the reputation and standing of the school or the staff/volunteer's own reputation or the reputation of other members of the school community.

- a. Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school.

Advice should be sought from the Principal when considering work outside the school.

7. E-Safety and Internet Use

7.1 A staff member or volunteer's off duty hours are their personal concern but all staff and volunteers should exercise caution when using information technology and be fully aware of the risks to themselves and others. For school-based activities, advice is contained in the school's Online Safety Policy.

7.2 Staff and volunteers should exercise particular caution in relation to making online associations/friendships with current pupils via social media and using texting/email facilities to communicate with them. It is preferable that any contact with pupils is made via the use of school email accounts or telephone equipment when necessary.

8. Confidentiality

8.1 Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should

not be shared with any person other than on a need to know basis. In circumstances where the pupil's identity does not need to be disclosed the information should be used anonymously.

8.2 There are some circumstances in which a member of staff or volunteer may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals should pass information on without delay, but only to those with designated child protection responsibilities.

8.4 If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.

8.5 Staff and volunteers need to be aware that although it is important to listen to and support pupils, they must not promise confidentiality or request pupils to do the same under any circumstances. Additionally concerns and allegations about adults should be treated as confidential and passed to the Principal or a member of the safeguarding team without delay.

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

HANDLING CONVERSATIONS OF A SENSITIVE NATURE

Staff should:

RECEIVE - listen to what a child says but do not ask leading questions except when to show you have understood.

REASSURE - ensure the child is reassured that he/she will be safe and their interests come first.

REACT - only to ensure the child is safe and secure.

RECORD - make note of what you have seen or heard with the date and time.

REPORT - Report to the Designated or Deputy Designated Teacher

CONCLUSION

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

From time to time, it is prudent for all staff to reappraise their teaching styles, relationships with children/young people and their manner and approach to individual children/young people, to ensure that they give no grounds for doubt about their intentions.

CONFIRMATION OF COMPLIANCE

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

Name.....

Position/Post

Held.....

.....

Signed.....

Date.....

APPENDIX 4- Visitors code of conduct

All visitors must:

1. Read the Code of Conduct and sign the Visitors' book
2. Report immediately to the office
3. Knock the door before entering an office/classroom and explain the reason for your visit
4. Only be alone with a child in a room which has visual access or an open door
5. Never initiate an inappropriate conversation with a child
6. Never have physical contact with a child
7. Never swear on the premises
8. Never smoke on the premises
9. Never bring nuts or foods containing nuts of any kind onto the premises (in case of nut allergies in the school)
10. Take precautions to ensure that any equipment you may have with you is safely and securely stored so pupils do not have access
11. Be particularly cautious when using social networking sites at all times.
12. Report any incidents immediately to:

ST. JOSEPH'S PRIMARY SCHOOL SAFEGUARDING TEAM

PRINCIPAL:	Mrs I. Porter
DESIGNATED TEACHER:	Mrs L. Cochrane
DEPUTY DESIGNATED TEACHER:	Mrs H. Turley
CHAIRPERSON OF GOVERNORS:	Fr. Paul Alexander
DESIGNATED GOVERNOR:	Mrs Anita Rogan

RELATIONSHIPS WITH PUPIL'S OUTSIDE OF WORK DECLARATION

It is recognised that there may be circumstances whereby staff and volunteers of the school are known to pupils outside of work. Examples include membership of sports clubs, family connections or private tutoring.

Staff must declare any relationship outside school that they may have with pupils.

Employee Name	Student Name	Relationship

I can confirm that I am fully aware of the code of conduct relating to contact out of school with pupils in line with this policy.

If I am tutoring a pupil outside of school, I am aware that the following must be adhered to:

- I do not, at any point, teach the child in question as part of my daily timetable-this is a stipulation of such tutoring.
- I emphasise to parents that this is done completely independent of the school.
- No monies come through the school at any point, informally (eg via the child) or formally.

- No private tutoring is to take place on the school premises.

I confirm that if these circumstances change at any time, I will complete a new form to ensure the school are aware of any relationships.

Signed.....

Date.....

Once completed, signed and dated, please return this form to the Principal.

APPENDIX 5

**WHAT DO YOU DO IF YOU ARE WORRIED OR
ANNOYED ABOUT YOURSELF OR SOMEONE ELSE**



I am annoyed or worried

I can talk to my teacher

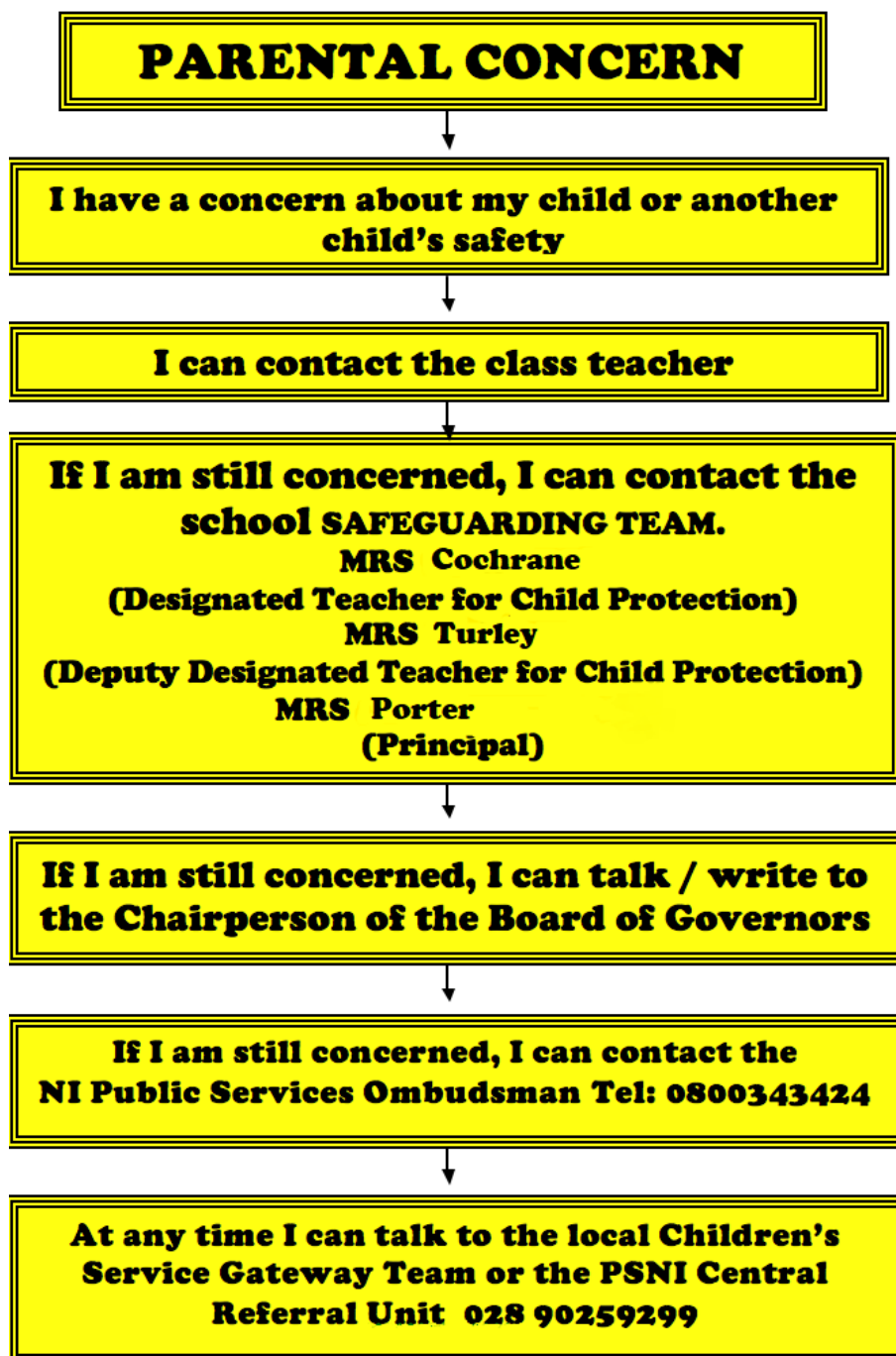
**If I am still concerned, I can talk to
MRS Cochrane
(Designated Teacher for Child Protection)
MRS Turley
(Deputy Designated Teacher for Child Protection)**

**If I am still concerned, I can talk to
MRS PORTER
(Principal)
or any other member of staff. They are
all here to listen and help.**

**If you are unsure about talking to a
member of staff you can call
CHILDLINE on 0800 1111
NSPCC on 0800 800 5000**

APPENDIX 6- A guide for parents

Procedure for Parents who wish to raise a Child Protection Concern



If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the legislative power to investigate your complaint.

If a parent has a concern about a child's safety or suspect child abuse within the local community, it should be brought directly to the attention of the Children's Services Gateway Team.

Appendix 7- Allegation against a member of staff



Key Points

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



Guidance on the Next Steps

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



Possible outcomes

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



Precautionary suspension is not appropriate and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed.

Alternatives to precautionary suspension imposed.

Appendix 8 Possible abuse by someone other than a staff member



If the school has concerns or has been given information about possible abuse by someone other than a member of staff the process below should be followed for a referral.

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



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



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



Child Protection referral is required
Designated Teacher seeks consent of the parent/carer and/or the child (if they are competent to give this) unless this would place the child at risk of significant harm then telephones the Children's 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.

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

Child Protection referral is not required
School may consider other options including monitoring the situation within an agreed timescale; signposting or referring the child/parent/carers to appropriate support services such as the Children's Services Gateway Team or local Family Support Hub with parental consent, and child/young person's



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.

NOTE OF CONCERN

St. Joseph's Primary School

Complete and pass to Designated Teacher (DT) for Child Protection as soon as possible on the same day. If not available pass to Deputy DT or Principal.

Continue on reverse if needed

Action taken by DT/DDT /Principal

Details of any advice sought, from whom and when:

Any further action taken:

Written report passed to Designated Teacher:

☐

Date and time of report to the Designated Teacher:

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

☐

If 'No' state reason:

Signature of Staff Member:

Date:

Signed:

Date:

(DT/DDT/Principal)

This form to be filed in pupils CP file

Appendix 10-Legislation and Guidance documents

- The UN Convention on the Rights of the Child.
- The Children Order (NI) 1995
- Education and Libraries (NI) Order 2003
- The Safeguarding Vulnerable Groups (NI) Order 2007 (as amended by the Protection of Freedoms Act 2012).
- The Sexual Offences (NI) Order 2008
- Safeguarding Board (NI) Act 2011
- Children's Services Co-operation Act (NI) 2015
- The Addressing Bullying in Schools (NI) Act 2016
- Public Services Ombudsman (NI) Act 2016
- SBNI Regional Core Child Protection Policy and Procedures (2017).
- Safeguarding and Child Protection in Schools: A guide for schools (2017). Updated September 2019 and August 2020