

KILLYLEA PRIMARY SCHOOL

"Small School...BIG Opportunities"



SAFEGUARDING AND CHILD PROTECTION POLICY

FEBRUARY 2022

**“The welfare of children and young people
must be promoted and they must be given every opportunity
to develop to their full potential, free from harm
through abuse, exploitation and neglect”
Co-operating to Safeguard Children and Young People in NI, 2017.**

**“All children have the right as individuals to
knowledge that will help them to be safe,
independent and to be able to express their own feelings and concerns.”
Kidscape**

**“All adults have the responsibility to keep children
safe, to listen to their feelings and take them seriously.”
Kidscape**

**“Children have the right to be protected from all forms
of violence”
U N Convention 1991**

**“When adults or organisations make decisions which
affect children, they must always think first about what
would be the best for the child.”
U N Convention 1991**

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Introduction and Ethos

Our Safeguarding and Child Protection Policy aims to set out the framework, which underpins the practices and procedures within Killylea Primary School in relation to safeguarding our pupils.

In keeping with the aims of our school ethos and in line with the “Co-operating to Safeguard Children and Young People Policy, 2017”, we endeavour to take all reasonable steps to ensure effective safeguarding of our pupils by:

- **Promoting** the welfare of our pupils;
- **Preventing** harm occurring through early identification of risk and appropriate, timely intervention; and
- **Protecting** our pupils from harm when this is required.

The welfare of our pupils will be promoted and they will be given every opportunity to develop to their full potential, free from harm through abuse, exploitation and neglect.

Safeguarding and Child Protection Definitions

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.

Key Principles of Safeguarding and Child Protection

Child **protection** refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm. [From “Co-operating to Safeguard Children and Young People in Northern Ireland, 2017]

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, “Co-operating to safeguard children and young people in Northern Ireland” (DHSSPSNI, 2017), the Department of Education (Northern Ireland) guidance “Safeguarding and Child Protection in Schools” Circular 2017/04 (amended September 2019; updated June 2020) and the SBNI Core Child Protection Policy and Procedures (2017).

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

- The child or young person’s welfare is paramount;
- The voice of the child or young person should be heard;
- Parents are supported to exercise parental responsibility and families helped stay together;
- Partnership;
- Prevention;
- Responses should be proportionate to the circumstances;
- Protection; and
- Evidence based and informed decision making.

Aims and Objectives

- ❖ We will promote a culture which recognises our pupils' fundamental right to be safe and promote their general welfare and wellbeing.
- ❖ We aim to take all reasonable steps to ensure that the welfare of all children is paramount and that they are given every opportunity to develop to their full potential.
- ❖ We will seek to ensure a child centred approach, which is based on obtaining the views of our pupils and an understanding of their needs and rights.
- ❖ We aim to provide all staff, teaching and non-teaching, governors, parents and pupils, with appropriate knowledge so that they will be alert to possible signs of abuse/ harm and the reporting procedures to follow.
- ❖ We seek to set out clear expectations of key stakeholders' roles and responsibilities
- ❖ We aim to promote safe practices and challenge unsafe practices through shared responsibility
- ❖ Where abuse is suspected, we aim to make an immediate referral to the appropriate bodies and carry out enquiries carefully and sensitively.
- ❖ If abuse is suspected staff will deal with it instantly. Staff will continue to implement a personal and social educational programme which will include self- protection programmes to help children recognise and deal with potentially dangerous situations.
- ❖ Staff will implement an effective record keeping system to include dates, events and action taken and will liaise with other agencies where appropriate.
- ❖ Staff will commit to attendance at Child Protection case conferences and reviews and Looked After Children meetings and reviews whenever practically possible.
- ❖ Killylea Primary School will also seek to equip pupils with Personal Safety Strategies through e-safety, PDMU, WAU, RE and RSE.

Roles and Responsibilities

At **Killylea Primary School**, we have a vital role to play in safeguarding by:

- educating our pupils about risks of harm and how to prevent harm occurring
- being alert to and responding appropriately to concerns.

Age-appropriate education programmes are incorporated into our school curriculum to:

- make our pupils aware of risk factors
- signpost where support can be obtained

- empower pupils to seek assistance when they are at risk of harm or being harmed.

**KILLYLEA PRIMARY SCHOOL'S
SAFEGUARDING TEAM:**

- **Designated Teacher:** Mrs Pam Lowry
- **Deputy Designated Teacher:** Mrs Lynda Kerr
- **The Child Protection Governor:** Mrs Jane Kennedy
- **Chairperson of Board of Governors:** Rev W Atkins
- **Looked After Children Named Contact:** Mrs P Lowry

Board 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 Safeguarding & 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 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 Board of Governors

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

In the event of a safeguarding or child protection complaint being made against the Principal, it is the Chairperson who normally assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department (and relevant guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures.

The Chairperson is responsible for ensuring that child protection records are kept and for signing and dating annually the *School's Record of Child Abuse Complaints* against staff members even if there has been no entries.

Designated Governor for Child Protection

The BoG delegates a specific member of the governing body to take the lead in safeguarding and child protection issues to advise the governors on: -

- The role of the designated teachers;
- The content of child protection policies;
- The content of a code of conduct for adults within the school;
- The content of the termly updates and full Annual Designated Teachers Report;
- Recruitment, selection, vetting and induction of staff.

Designated Teacher for Child Protection

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 role involves:

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having responsibility for record keeping of all child protection concerns.
- Maintaining a current awareness of early intervention supports and other local services eg Family Support Hubs.
- Making referrals to Social Services or PSNI where appropriate.
- Liaison with the EA Designated Officers for Child Protection.
- Keeping the school Principal informed.
- Taking the lead responsibility for the development of the school's child protection policy.
- The promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the BoG regarding child protection

Deputy Designated Teacher for Child Protection

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

It is important that the DDT works in partnership with the DT so that 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.

The School Principal

The Principal, as the Secretary to the BoG, will assist the BoG to fulfil its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and termly inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff.

The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT Designated Teacher posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme.

It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.

The Principal ensures that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years. A full copy of the policy is available at the school office on request or on the school website www.killyleaps.com.

Other Members of School Staff

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if she is not available.
- Class teachers should complete the Note of Concern (**See Appendix 1**) 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. Rather, they should re-assure the child, thank them for trusting the adult enough to share the information and explain what will happen next (they will talk to the person in school who knows how to help in these kind of situations).

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 if she is not available. A written record of the concerns will be made, and any further necessary action will be taken.

Parents

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

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

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

The **LAC Named Contact** is responsible for:

- Raising awareness of the needs of Looked After Children with staff and Governors.
- Improving educational outcomes for LAC pupils through tracking and monitoring of pupil's progress and targeting support appropriately
- Monitoring LAC attendance
- Acting as an advocate for the child's views
- Prioritising and co-ordinating support to meet the personal, emotional and academic needs of the LAC through a Personal Educational Plan [PEP] including periods of transition
- Developing adaptive homework strategies to accommodate contact or living arrangements.
- Reviewing school policies to ensure inclusion of LAC

Safe Recruitment & Vetting Procedures

All staff, teaching and non-teaching, including parent volunteers, students on work experience, external coaches and music tutors, will be subject to vetting procedures through Access NI [Enhanced Disclosure Certificate], before permission is granted to work in the school, either on a paid or voluntary basis. Copies of Access NI certificates are kept in a locked safeguarding drawer and a copy forwarded to the Human Resources in the Education Authority [Southern Region].

All substitute teachers will be booked on line via NISTR.

All visitors are required to ring the doorbell for attention and identification and on entry are required to sign in and out, a visitors' book in the office stating their reason for being in school and wear a visitor badge while on school premises. Access and movement around the school and access to pupils is restricted as needs and purpose of visit require.

Pupils who come into school on work experience are fully supervised by school staff and undergo Child Protection induction training. Health and Social Care Programme students are required to supply an Enhanced Disclosure Certificate.

All Governors sitting on appointments panels must have undertaken Selection and Recruitment Training provided by the Education Authority.

Child Protection Training

The Designated Teacher and Deputy Designated teacher are given refresher training every three years by Child Protection Support Service [CPSS].

All staff, teaching, non-teaching and ancillary staff undertake Child Protection training every two years, facilitated by the DT.

New staff and student volunteers receive child protection training as part of their induction, from the DT.

All governors have Initial Child Protection Training as part of the induction training for new governors.

The Chairperson and Designated Governor for Child Protection attend a two day CPSS Introduction to Child Protection training within their first year in post and then refresher training every 3 years thereafter.

A Code of Conduct for Staff and Volunteers

Our Staff Code of Conduct is intended to assist staff in respect of the complex issue of child protection by drawing attention to the areas of risk for staff and offering advice on prudent conduct. All Staff members are consulted and an updated Staff Handbook is discussed and issued each September which sets out our Staff Child Protection Code of Conduct [See Appendix 2].

The School's Approach to the "Preventative Curriculum"

Killylea Primary School strives to offer a supportive, safe, caring, working environment in which every pupil can be encouraged to reach his or her full potential and where child protection is a shared responsibility.

Through classwork, assemblies, whole school initiatives e.g. Golden Time, visits from outside agencies, we endeavour to create a "Safeguarding Ethos" to provide a safe, secure environment for our pupils. We seek to equip pupils to safeguard themselves and others by helping them understand themselves, their strengths and limitations and how to deal with situations of potential harm.

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).

Through the curriculum and visits from external agencies we teach pupils how to take responsibility for their own and others' safety, how to recognise dangers and harmful situations and to know the preventative actions they can take to keep themselves safe.

At Killylea Primary School, we strive to promote positive mental health and wellbeing for our pupils and our recent "Resilience" training for Pupils in P3-7, develops the confidence and coping skills of pupils to "bounce back" and make more positive choices when faced with situations of difficulty or stress.

We offer protection on two levels:

Immediate protection: creating a listening environment where children's concerns are listened to and acted upon using activities such as:

- Class and School Council
- Kids' Zone noticeboard
- Golden Rules
- Circle time
- Worry box
- Buddy bench
- Circle of Friends

Long-term protection: developing and enhancing pupils' self-esteem and social skills and the Promotion of personal safety strategies using a range of activities such as:

- PDMU/ Circle time curriculum
- Resilience programme
- Healthy Me[P6/7], & Healthy Little Me [P2/3]Mental Health Association programme
- Helping Hands programme, Women’s Aid
- Outdoor curriculum
- Pupil counselling
- Drama workshops/ afterschool clubs
- E-safety awareness
- Road safety and Active Travel School Initiative
- Anti-bullying Week activities
- “Speak out, Stay Safe” workshops, NSPCC
- Bee Safe workshops
- 1 to 1 Emotional Literacy sessions
- Bikeability Training
- Attendance monitoring and certificates
- Pupil Mental Health and Wellbeing Policy

We involve parents through workshops on e-safety issues and links on our school website to Child Protection pages e.g. ThinkUknow and CEOP.

Staff will participate in Child Protection training every two years or on appointment and will be trained in:

- How to identify signs and symptoms of possible abuse
- New developments and trends in safeguarding e.g. FMG, transgender issues, exploitation
- What the Child Protection Procedures are
- What the reporting procedures are
- Who the Designated Teacher is and her substitute and their role
- How to talk to children about whom there are concerns, in an appropriate way
- How to reassure children
- The need to take immediate and confidential action if they suspect or are made aware of abuse.

Staff will also be aware of the Department of Education’s “iMatter” programme and their role in supporting the emotional health and wellbeing of the whole school community.

Partnership with Parents

Parents/carers will be made aware in the School Prospectus of its Safeguarding/Child Protection Arrangements and a leaflet summarising Safeguarding and Child Protection Procedures will be provided for each household annually. All parents/carers are given a copy of the Safeguarding and Child Protection Policy when their child begins school and every two years thereafter. A copy of the policy can be requested at any time and is available on the school’s website [www.killyleaps.com].

At P1 Induction, parents will also receive copies of Pastoral Care, Anti-bullying, Positive Behaviour, E-safety and Complaints policies.

Parents/carers will be reminded annually in the Governors' Report of the importance of notifying the school when someone other than the carer will be picking the child up from school. It is important that parents inform the school if there are changes in relation to contact numbers/addresses and who has parental responsibility. Any parents/volunteers (having already been subject to appropriate background checks) assisting with transport will ensure that passengers under 135cm in height have a booster seat/ car seat before travelling anywhere.

Parents have a responsibility to inform the school:

- If the child has a medical condition or educational need
- If there are any court orders relating to safety or wellbeing of a child or parent
- If there is a change in the child's circumstances e.g. change of address, contact details, change of parental responsibility
- If there is a change to arrangements about who brings a child to and from school
- If their child is absent by contacting the school and sending in a note of explanation on the child's return
- Of up-to-date contact details.

Child Protection

We recognise that parents have the primary responsibility for keeping their children safe from harm, whilst promoting their need to develop physically, socially, emotionally and intellectually. They know their children better than anyone, and so are best placed to recognise the early signs of harm or risk of harm. However, occasionally families need support to help keep their children safe by preventing a situation escalating to a point of harm.

Within schools, staff has unique opportunities to identify early signs of vulnerability, risk or harm and facilitate early support before the situation worsens with the potential for negative educational impact on the child. Sometimes families can be referred the Family Support Hub for support and advice.

As educational professionals we have a responsibility to raise concerns about a child's welfare to the relevant HSCT. While we will deal sensitively with parents / carers, the safety and welfare of a child and **the child's best interests are paramount**. Child protection is a central part of our safeguarding work. It refers to the activities undertaken to protect specific children who are suffering or likely to suffer, significant harm.

When there are concerns about the welfare of a child or young person, early intervention and appropriate parental support can prevent problems escalating to a point where harm occurs and can improve the long term outcomes for the child. There may, unfortunately, be occasions where early intervention and support is not sufficient and a child is identified as being at risk of significant harm. In such cases statutory intervention to protect the child or young person will be required. This may include the child being the subject of a child protection plan, the child's name being placed on the child protection register, or the child becoming 'Looked After' by a Health and Social Care Trust (HSCT).

Child Protection Definitions

Definition of Harm

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

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

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

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

Harm can be caused by:

- **Sexual abuse**
- **Emotional abuse**
- **Physical abuse**
- **Neglect**
- **Exploitation**

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 suffer from other types of abuse.

Physical – 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.

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

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

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

[The above definitions are from "Co-operating to Safeguard Children and Young People in Northern Ireland", 2016].

Domestic Abuse - “threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member”.

Different Types of Abuse

1 GROOMING:

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 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, but can be a precursor to other forms of abuse. Grooming may occur online and/or through social media, making it more difficult to detect and identify.

2 CHILD SEXUAL EXPLOITATION [CSE]:

Definition – “Child sexual exploitation 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 of 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 online through the use of technology.

[Co-operating to Safeguard Children and Young People in NI, 2017]

Potential indicators of CSE include:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation
- Truancy
- Persistently going missing or returning late
- Receiving lots of texts/phone calls before going missing
- Change in mood
- Secretive behaviour
- Low self-esteem

3 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.

4 FEMALE GENITAL MUTILATION [FGM]:

(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.

5 CHILDREN WHO DISPLAY HARMFUL SEXUALISED BEHAVIOURS:

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:

- 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.

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

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

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

Sexting between Individuals in a Relationship:

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

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

Sharing an Inappropriate Image with an Intent to Cause Distress:

If a pupil has been affected by inappropriate images or links on the internet it is important that it is not forwarded to anyone else. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 to share an inappropriate image of another person without the individual's 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.

The main forms of abuse are:**Physical abuse:**

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual Violence and Abuse:

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/Emotional Abuse:

Psychological/emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, Controlling, Intimidation and Coercion.

Financial Abuse:

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse:

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access

to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

Children with Increased Vulnerability

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.

Gender Identity Issues/ 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.

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.

Signs and Symptoms of Abuse:

We use the definitions of signs and symptoms of abuse from the SBNI Regional Core Policies and Procedures guidance – see Appendix 3.

Responding to Safeguarding and Child Protection Concerns

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and

wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm.

Killylea Primary School recognises their four main responsibilities in the area of Child Protection as:

- Prevention
- Recognition
- Response
- Referral

HOW A PARENT CAN RAISE A CONCERN

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

If a parent has a concern they can talk to the 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 email the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in Appendix 4.

WHERE SCHOOL HAS CONCERNS OR HAS BEEN GIVEN INFORMATION ABOUT POSSIBLE ABUSE BY SOMEONE OTHER THAN A MEMBER OF STAFF

In Killylea Primary School, if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see Appendix 1) 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 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, the Chair of the Board of Governors will be consulted. 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 will submit a completed UNOCINI referral form (Understanding the Needs of Children In Northern Ireland).

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

For further detail please see Appendix 4.

WHERE A COMPLAINT HAS BEEN MADE ABOUT POSSIBLE ABUSE BY A MEMBER OF THE SCHOOL'S STAFF OR A VOLUNTEER:

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in Appendix 5 will be followed.

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.

CHILD PROTECTION REGISTER:

Schools must keep a register of any pupils who have been placed on a Child Protection Register result of a multi-disciplinary, inter-agency meeting at a Child Protection Case Conference.

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 – in line with Department of Education guidance.

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 Killylea Primary School are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DE guidance on the disposal of child protection records these records will be stored from child's date of birth plus 30 years.

If information is held electronically, whether on a 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.

NOTE OF CONCERN:

Any member of staff who has a concern about the welfare or safety of a child should complete a **Note of Concern** [See Appendix 1]. Notes must be made as soon as possible after the incident to ensure an expedient response, and certainly within 24 hours, to maintain the accuracy and content of the report. For some children a one-off serious incident or concern may occur and staff will have no doubt that this must be immediately recorded and reported. More often, however, it is the accumulation of a number of small incidents, events or observations that can provide the evidence of harm being caused to a child.

The staff member will report the concern to the Designated Teacher for Child Protection (DT) at an early stage, immediately if the concern is of a serious nature, as the DT may be aware of other circumstances which would influence steps to be taken. The Note of Concern and any further details discussed or action taken should be placed on the pupil's Child Protection File and should be signed and dated by both parties to confirm the information is accurate.

UNOCINI FORM:

The UNOCINI [Understanding the Needs of the Child in Northern Ireland] referral form will be completed by the DT whenever staff wish to refer a child or young person to children's social services for support, safeguarding or a fuller assessment of a child's needs.

The consent of the parent/carers and/or the young person (if they are competent to give this) must normally be given prior to a referral. An exception can be made when you consider that a child is in need of safeguarding and to try and gain consent may increase the risk to a child or young person. Issues of consent (including when consent is not forthcoming) will always be clearly recorded.

Child Protection File

The DT should store each Note of Concern and copy UNOCINI documents in the child's Child Protection File and supplement it with all other records created and acquired as the management of the concern progresses. Child Protection Files are stored separately to the School Pupil/ Educational Record and in a locked cabinet.

The Child Protection File contains:

- Chronology of events/ action taken
- All records of concern
- Any notes initially recorded, including notebooks/diaries which should be kept securely with the child protection file
- Records of discussions and telephone calls (with colleagues, parents and children/young people and other agencies or services)

- Correspondence with other organisations - sent and received
- Referral forms – both for support services and specialist services (irrespective of outcome)
- Formal plans linked to the child e.g. child protection plan, child in need plan
- Risk assessments
- Risk Management Plans/ Individual Safety and Support Plans
- Minutes of interagency meetings e.g. child in need, strategy, child protection conference
- Any other relevant notes/ papers

Relevant and accurate records are essential to inform effective decision making and assist in the sharing of appropriate information. They should contain factual information or be clearly specified as unsubstantiated and should include all relevant information even if it appears contradictory. Any significant event or change which has an impact on the child's welfare must be included in the Child Protection File, and noted on the chronology of events/ action taken, even if it seems to be contradictory. As a guideline, although not exhaustive, the following may be relevant:

- Change of circumstances: changes of carer, address, legal status, school, family circumstances and household composition.
- Issues for the child: physical or mental health issues, incidents of abuse, losses, developmental issues, incidents of running away/going missing, incidents re bullying, offending or police involvement.
- Family issues: changes in family composition, loss and separation, domestic violence, financial or housing problems, physical or mental health, substance misuse, homelessness, imprisonment, victimisation.
- Professional involvement: referrals made, involvement of other agencies, assessments, significant decisions, interventions, social services involvement.

Any decisions made must be recorded together with reasons for the agreed action, this will be vital to any future processes, such as retrospective or historical allegations and Case Management Reviews. It is vitally important to record all relevant details, regardless of whether or not the concerns are shared with either the police or social services.

When Social Services inform the school that a child's name has been placed on the Trusts' Child Protection Register (CPR), the school must maintain a record of this fact and associated documentation from Social Services on the child's Child Protection file.

Complaints Against School Staff

Where a complaint is made about possible abuse by a member of staff of the school, the procedures set out in DE Circular 2015/13 should be followed. All allegations of a child abuse nature must be recorded in the Record of Child Abuse Complaints which must be retained securely. A record of this should be placed on the relevant pupil's Child Protection File.

It is important that ALL allegations are recorded to ensure a school can monitor allegations made and identify causes or patterns of concern at an early stage. It is also important that Boards of Governors are fully informed of all complaints to ensure they are complying with their statutory responsibilities under the Education and Libraries (NI) Order 2003. These records should be signed and dated by the Principal. If the Principal is the subject of the concern, the allegation should be reported immediately to the Chair of the Board of Governors, Deputy Chairperson, Designated Governor for Child Protection and the person appointed to be the Lead Individual, and the record retained in the school, on both the child's Child Protection File and the file of the member of staff concerned.

If, following investigation, the member of staff concerned is totally exonerated:

- the record on the staff member's file must be expunged
- the entry in the Record of Child Abuse Complaints struck through with an explanation entered
- the record on the child's file should be noted with the outcome of the investigation, and should stand until the child's D.O.B +30 years.

Given the number of recent historical allegations, unless the member of staff concerned is totally exonerated, the record should be retained indefinitely. If a closure or an amalgamation of an educational establishment(s) occurs or when a member of staff retires, leaves or changes post, advice should be sought from the relevant Employing Authority and/or the Information Commissioner's Office.

Storage of Child Protection Records:

Child Protection information is confidential and should not be kept on the child's Pupil/Educational Record. Each school should have a separate secure confidential filing system for Child Protection concerns, ideally in a fireproof filing cabinet. Other child protection records including the school's confidential Record of Child Abuse Complaints should also be stored here. The filing cabinet should be accessible to only the Designated Teacher, Deputy Designated Teacher or Principal. The cabinet is not accessible to anyone else, including administrative staff, the ETI and members of the Board of Governors. The keys to the cabinet should not be removed from the premises and should be stored securely in a key safe. The ETI will seek assurance that child protection records are held securely and in a confidential manner.

Child Protection Records must not be removed from the school premises, except when taken to a case planning meeting in respect of the child, or on foot of a court order. If information needs to be taken out of the school, it must be transported securely and a record should be kept of when it was removed, by whom, for what purpose, and when it was returned.

Access to Data and Sharing of Information:

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.

In all cases the information should be adequate, relevant and not excessive.

Child Protection records may be exempt from the disclosure provisions of the Data Protection Act 1998 in cases where disclosure may cause serious physical or emotional harm to the child or any other person. This means that neither pupils nor their parents have an automatic right to access them. However, the exemption only applies to the information that may cause harm and is not a blanket exemption for the file as a whole. In addition, the exemption can only be relied upon if it is endorsed by the opinion of an appropriate health professional. (Data Protection (Subject Access Modification) (Health Order) 2000).

Sharing Information within the School

Child Protection information is confidential and often highly sensitive and decisions to share, or not to share, must always be made in the interest of protecting the child if at risk of significant harm. There is also a duty to protect individuals and, as such, within a school information should only be shared with staff that require access to it, in order to work in a safe and informed way with the child and family. The DT should record who information is shared with, when, and the reasons for this. All staff should understand the importance of maintaining confidentiality and the consequences of any breach.

Staff must always consider the safety and welfare of the child when making decisions about whether to share confidential information. Subject to the provisions of the Data Protection Act 1998 the disclosure of confidential information is allowed when necessary to protect or safeguard a child.

Reporting to the Board of Governors

Child Protection is a standing agenda item for our Board of Governor meetings and that the Designated Teacher prepares a report for the meeting of all child protection activities and a full annual report for the Board of Governors on all Child Protection matters.

The school's Record of Child Abuse Complaints is made available to the Board of Governors at least annually. If an allegation is recorded anonymised information will be shared with Governors including what action was taken and the outcome of the complaint. The Chair should sign and date the Record of Child Abuse Complaints annually; even if there have been no entries. The Education Training Inspectorate will ask to see the Record and Chair's signature during inspections, but not the content or detail of complaints.

Transfer of Records:

Under the Education (Pupil Records and Reporting) (Transitional) Regulations (NI) 2007, Boards of Governors are required to make arrangements to transfer a formal record of a pupil's academic achievements, other skills and abilities and progress within 15 school days of a pupil transferring schools. The requirement does not include the transfer of child protection records. However, where there have been, or are current, concerns about a pupil the school should consider what information should be shared with the new school.

Key Contacts

PSNI Central Referral Unit	CRU@psni.pnn.police.uk
Gateway Service [Southern]	02837 567100 0800 783 7745 [free from landlines only. Out of hours]
	The Gateway Service for Children's Social Work is the first point of contact for people who wish to share a concern about a young person who is not already known to social services. The service ensures a quick response to the needs of children and families who are referred for a Social Work Service. A Duty Social Worker is available to take calls from Monday to Friday from 9am-5pm (excluding Public Holidays).
Child Protection Support Service	02895 985590 [schools only]
Killylea Primary School	02837 568621 [ask to speak to the Designated Teacher]
Parenting NI Helpline	0808 8010 722
Family Support Hub	028 3752 2380 familysupporthub@barnardos.org.uk
Family Support NI	0845 600 6483 www.familysupportni.gov.uk
Kidscape	020 7823 5430 www.kidscape.org.uk/ [anti-bullying]

Links with Other Policies

Killylea Primary School's Safeguarding and Child Protection Policy forms part of our school's overall suite of Safeguarding Policies.

- Anti-Bullying
- Attendance
- Drugs
- Positive Behaviour Management
- Pastoral Care
- Staff Code of Conduct
- Complaints
- Educational Visits
- Online Safety/ Use of Mobile Phones/cameras
- Remote Learning
- Equality, Inclusion and Diversity
- Pupil Mental Health and Wellbeing
- PDMU
- First Aid and Administration of Medicines
- Health and Safety
- Intimate Care
- Records Management
- Relationships and Sexuality Education
- Special Educational Needs
- Safe Handling
- Whistleblowing

These policies are available to parents and any parent wishing to have a copy should contact the school office [02837 568621] or visit the school website at www.killyleaps.com.

Policy Review

This policy is reviewed annually and is a copy of the policy and complaints procedure is given to parents and pupils every two years. Parents also receive a summary leaflet annually and a record of receipt obtained.

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff.

It will be implemented through the schools staff induction and training programme and as part of day to day practice.

Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the Schools Safeguarding Team. The Board of Governors will also monitor

child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher as a standing item on the agenda of every governor meeting and as an Annual Written Review of Child Protection presented at the end of the school year.

KILLYLEA PRIMARY SCHOOL CHILD PROTECTION POLICY	
POLICY DATE:	February 2022
PRINCIPAL'S SIGNATURE:	
CHAIRPERSON, Board of Governors, SIGNATURE:	
REVIEW DATE [Annually]:	

Appendix 1: Note of Concern



KILLYLEA PRIMARY SCHOOL

CONFIDENTIAL NOTE OF CONCERN

CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil:

Year Group:

Date, time of incident/disclosure:

Circumstances of incident/disclosure:

Nature and description of concern:

Parties involved, including any witnesses to an event and what was said or done and by whom:

Action taken at the time:

Details of any advice sought, from whom and when:

Any further action taken:

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

Date and time of report to the Designated Teacher:

Written note from staff member placed on pupil's Child Protection file. Yes No
If 'No' state reason:

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

A Code of Conduct for Staff and Volunteers

Staff and volunteers within Killylea Primary School are active role models for pupils and as such are in a position to influence and gain the trust of pupils. Accordingly, it is expected that staff will adhere to behaviour that sets a good example to all our pupils.

Each member of staff and volunteers have a responsibility to maintain their reputation and that of the school, whether inside or outside working hours.

This Code of Conduct is intended to give clear guidance on the standards of behaviour all school staff and volunteers are expected to observe and in respect of the complex issue of child protection by drawing attention to the areas of risk for staff and offering advice on prudent conduct. All Staff members and volunteers are issued with an updated Staff Handbook each September which sets out our Staff Child Protection Code of Conduct.

This Code of Conduct does not form part of any employees' contract of employment.

1. SAFEGUARDING PUPILS

- a. All staff and volunteers have a duty to safeguard pupils from abuse – physical, sexual, emotional, neglect and exploitation.
- b. Staff and volunteers have a duty to report concerns to the Designated Teacher/ Deputy Designated Teacher or failing that another member of the Safeguarding Team.
- c. The school's Designated Teacher is: Mrs Pam Lowry
The school's Designated Teacher is: Mrs Lynda Kerr
The Governor for Child Protection is: Mrs Jane Kennedy
The Chair of the Board of Governors is: Mr Bill Atkins
- d. All staff are trained in Child Protection every two years and are provided with personal copies of the Child Protection Policy. Staff should be familiar with this and other relevant safeguarding policies [see back of CP policy for list of relevant safeguarding policies].
- e. Staff and volunteers must take reasonable care of pupils under their supervision with the aim of securing their safety and welfare. A risk assessment should be completed where applicable in accordance with school policy.

2. VERBAL INTERACTIONS WITH PUPILS

- a. Staff should exercise common sense and good judgement in their verbal interactions with pupils. An adult is not a peer of the students. Staff members are in a position of trust and authority in relationship to pupils and therefore their interactions must focus on meeting the needs of the pupil. In working with pupils, staff must take great care that their actions and motivations will not be misinterpreted. The burden of responsibility and accountability rests with the adult. Verbal interactions with pupils should always be respectful in language, tone and attitude and not include sarcasm or humiliation. Staff must not show favouritism towards any pupil or group of pupils.
- b. Teachers should be aware of the dangers, which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place, but, where possible, such interviews should be conducted in a room with visual access, or with the door open, or in a room or area which is likely to be frequented by other people.
- c. Where such conditions cannot apply teachers are to ensure that another adult knows the interview is taking place.
- d. Where possible another pupil or another adult should be present or nearby during the interview.

3. PHYSICAL CONTACT WITH PUPILS

- a. Staff should not feel inhibited from responding to the needs of the child and offering physical comfort as a caring parent would provide. However this should only occur when the child is in agreement.
- b. All touch should be governed by the age and developmental stage of the child and appropriateness.
- c. Staff should not touch a child who has clearly indicated that he/she would be uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm.
- d. Physical punishment is illegal as in any form of physical response to misbehaviour unless it is by way of necessary restraint.
- e. Members of staff who have to administer first aid should ensure that wherever possible, that this is done in the presence of other children or another adult. However, no member of staff should hesitate to provide first aid in an emergency simply because another person is not present.
- f. Any physical contact, which may be misinterpreted, by the pupil, parent or other casual observers should be avoided.
- g. If any physical contact could be construed as inappropriate, the member of staff should inform the Principal in writing at the earliest possible opportunity.
- h. Staff should be particularly careful when supervising pupils in a residential setting or in an approved out of school activity where more informal relationships tend to be usual and where staff may be in proximity of pupils in circumstances very different from the normal school setting.

4. SAFE HANDLING/USE OF REASONABLE FORCE

Staff can use reasonable force:

- a. To prevent injury to the child, other children, themselves or another member of staff.
- b. To prevent damage to school property.
- c. To prevent the commission of an offence.
- d. The rights of a member of staff to use reasonable force to restrain a pupil applies within school or elsewhere at a time when he/she has lawful control or charge of the pupil concerned.
- e. Staff should inform the Principal after any incident where reasonable force has been used.
- f. There should be a written account made of the incident in order to prevent any misunderstanding or misinterpretation. The account should include the names of those involved when and where the incident took place, names of witnesses, a brief account of the steps taken to defuse the situation and the outcome of the incident.

5. CHOICE AND USE OF TEACHING MATERIALS

- a. Parental permission should be sought before using teaching materials of a sensitive nature.
- b. Teachers should avoid teaching materials, which might be misinterpreted.
- c. If in doubt about the appropriateness of a particular teaching material, the teacher should consult the Principal before using it.

6. RELATIONSHIPS AND ATTITUDES

Staff should ensure that their relationships with pupils are appropriate to the age and gender of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when staff of either sex is dealing with adolescent boys and girls.

All staff and volunteers must declare any relationships that they may have with pupils outside of school, including:

- mutual membership of social groups,
- tutoring or
- family connections.

If applicable, Staff and volunteers should complete Annex 1: Relationships with Students Outside of Work Declaration.

7. PUPIL DEVELOPMENT

All staff and volunteers must comply with school policies and procedures that support the wellbeing and development of our pupils and co-operate and collaborate with colleagues and external agencies where applicable to support the development of our pupils.

8. HONESTY AND INTEGRITY OF STAFF

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

All gifts from associates or suppliers should be declared to the principal [except “one off” token gifts from students or parents]. Personal gifts from individual members of staff or volunteers to students are inappropriate and may lead to misinterpretation and disciplinary action. The principal will keep a record of all gifts received.

9. CONDUCT OUTSIDE OF WORK

Staff/ volunteers must not engage in conduct outside of work which could seriously damage the reputation or standing of the school or the staff/volunteers own reputation or that of other members of the school community [e.g. violence, possession or use of illegal drugs or sexual misconduct]

Staff may undertake work outside school, paid or voluntary, provided that it does not conflict with the interests of the school, including contravening working time regulations or affecting an individual’s work performance.

10. CONFIDENTIALITY

Staff and volunteers may have access to confidential/sensitive information in the course of their duties. This information should be treated confidentially and never used for their own or another’s advantage, or to intimidate, humiliate or embarrass the pupil.

Confidential information should only be shared on a “need to know” basis. Where a pupil’s identity does not need to be disclosed, the information should be used anonymously.

Adults should not promise confidentiality in cases of disclosure but pass the information directly to the Designated Teacher.

11. PERSONAL APPEARANCE

All staff and volunteers must dress in a manner that is appropriate for a professional role working with children. Dress should not be offensive, revealing or sexually provocative and absent from any political or contentious slogans.

12. HANDLING CONVERSATIONS OF A SENSITIVE NATURE

Staff should:

- a. Listen and accept information.
- b. Take notes, explaining to the child why you are doing so.
- c. Reassure the child.
- d. Not make promises about the future.

- e. Refer the conversation to the Designated Teacher for Child Protection [Mrs Lowry] using the NOTE of CVOCERN proforma [copies kept in class registration folder]

13. E-SAFETY AND INTERNET USE

- a. Staff must exercise caution when using information technology and be aware of the risks to themselves and others. All staff and volunteers should give regard to the school's E-safety and Acceptable Use of the Internet policy whether in or outside of school.
- b. Staff and volunteers should exercise caution in their use of social media including comments, photos, videos and views including "likes" of other pages or posts.
- c. Contact with pupils should only be through school authorised mechanisms. AT NO TIME should personal telephone numbers, email addresses or personal social media accounts be used to communicate with students. [NB If a pupil contacts a member of staff via any of the above, the principal should be informed immediately.]
- d. Photographs/videos should only be taken on school equipment for purposes authorised by the school and with parental consent. All photographs/videos will be retained/destroyed in line with the schools Information Management Policy and Disposal of Records Policy.
- b. Teachers should supervise pupil access to Internet resources (where reasonable) through the school's fixed and mobile internet technology.
- c. Teachers will preview any recommended sites before pupil use.
- d. Raw image searches are discouraged when working with pupils.
- e. If Internet research is set for homework, specific sites will be suggested that have been checked by the teacher. It is advised that parents recheck these sites and supervise this work.
- f. Parental consent is sought in September each year for permission to publish pupils' photographs on the school website, school Facebook page and for purposes of publicity.

14. INTIMATE CARE OF PUPILS

It may be necessary for staff to do things of a personal nature for young children in their care. Children may be upset and need to be comforted with a hug. 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. Parents of Foundation Pupils will be requested to sign an Intimate Care Permission form at the beginning of the school year. In order to safeguard the child and protect, the following code of conduct will be adhered to at all times:

- a. The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- b. School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are kept in the First Aid Room).
- c. If a child is not able to complete this task unaided, school staff will assist the child until such times as the child is able to continue unaided. In this situation a second adult should be made aware of the circumstances and be at close proximity, respecting the privacy of the child.
- d. The member of Staff who has assisted a pupil with intimate care will complete the Intimate Care Record [kept in the locked cabinet in the office] See Appendix 3.

On occasional times, older children may have toileting accidents perhaps due to illness or injury or as a result of shock. At all times the dignity and privacy of the child will be protected and respected.

It would be impossible to cover all the circumstances in which teachers inter-relate with pupils and where opportunities for their conduct to be misconstrued might occur. In all circumstances teachers' professional judgement will be exercised and for the vast majority of teachers this Code of Conduct confirms what has always been their practice.

All staff should ensure that they are familiar with the content of the following documents:

- Safeguarding and Child Protection Policy
- Positive Behaviour Policy
- Anti-Bullying Policy
- Pastoral Care Policy
- E-safety Policy
- Pupil Mental Health and Wellbeing
- Looked After Children Policy
- Health and Safety Policy
- Intimate Care Policy

15. COMPLIANCE AND DISCIPLINARY ACTION

This Code of Conduct will be reviewed each year by the Board of Governors in June and distributed to all staff and volunteers the following September.

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

All staff and volunteers must complete the form in Annex 2 to confirm they have read, understood and agreed to comply with the code of conduct. This form should be signed and dated and returned to the principal.

Appendix 3: Signs and Symptoms of 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.

1.1 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.

1.2 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.

1.3 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.

1.4 Suspicions should be raised by e.g.

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem
- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)
- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
- evidence of domestic violence
- parents with mental health difficulties, particularly of a psychotic nature
- evidence of parental substance abuse

1.5 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

1.6 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

1.7 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.

1.8 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.

1.9 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.

1.10 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.

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

Recognition of Physical Abuse

a) Bruises and Soft Tissue Injuries

1.12 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

1.13 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.

1.14 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.

1.15 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.

1.16 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

1.17 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

1.18 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.

1.19 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.

1.20 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

1.21 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.

1.22 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.

1.23 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

1.24 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

1.25 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

1.26

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

h) Fabricated or Induced Illness

1.27 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.

1.28 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.

1.29 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)).

1.30 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.

1.31 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).

1.32 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.

1.33 *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

1.34 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.

1.35 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.

1.36 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.

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

1.38 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.

1.39 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

1.40 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.

1.41 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)

1.42 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.

1.43 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, and 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

1.44 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.

1.45 Possible behavioural indicators include:

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

Emotional Abuse

1.46 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.

1.47 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.

1.48 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.

1.49 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.

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

Recognition of Emotional Abuse

1.51 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

1.52 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.

1.53 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

1.54 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

1.55 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.

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.

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

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

Recognition of Neglect

1.57 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.

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

1.59 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.

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

Child

1.61 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
- chronic poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding).

1.62 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.

1.63 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

1.64 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.

1.65 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.

1.66 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.

1.67 Social Presentation

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

1.68 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

1.69 The following home and environmental conditions should be considered:

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

1.70 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

1.71 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

1.72 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.

1.73 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

1.74 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

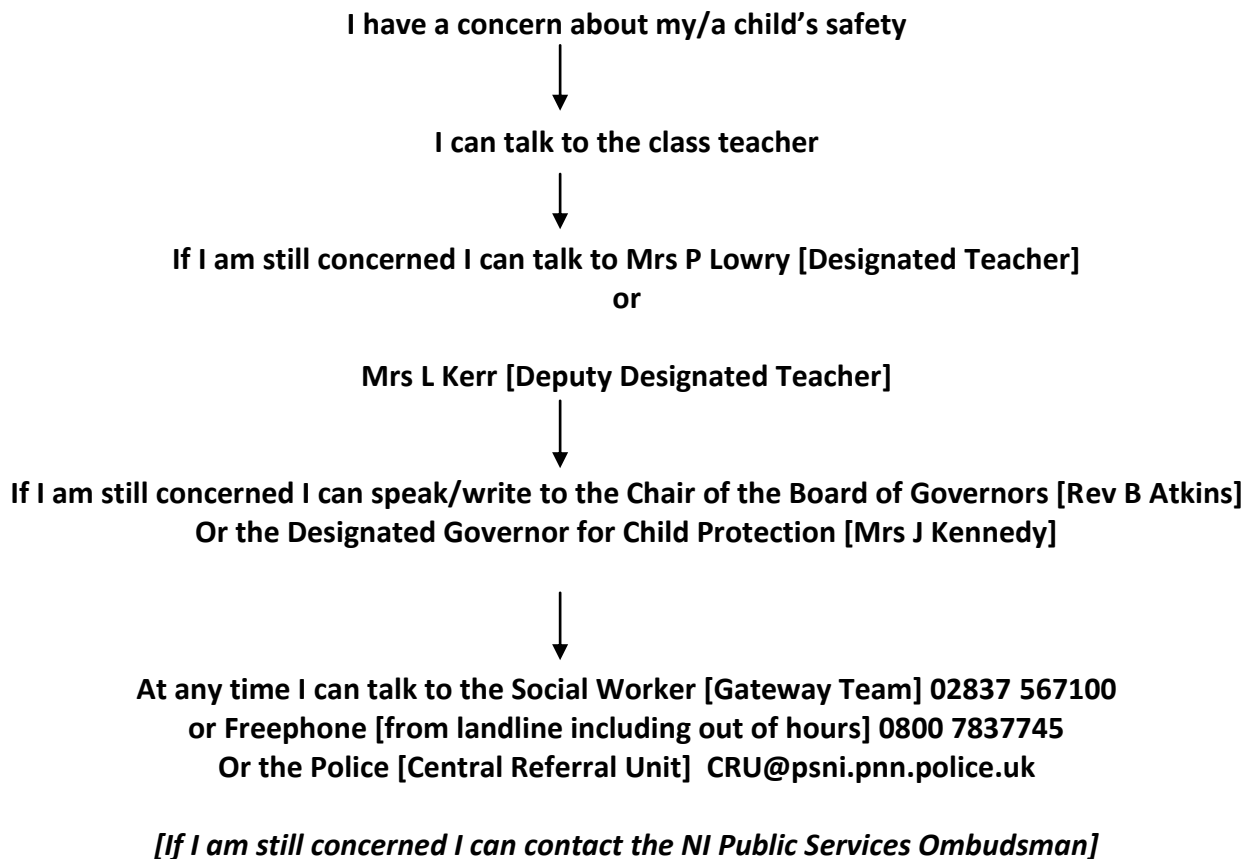
- parental history of deprivation and/or abuse
- slow jealousy and rivalry with the child
- expect the child to meet their needs
- unrealistic expectations/rigid ideas about child development
- history of mental illness in one or both parents
- history of domestic violence
- drug and alcohol misuse in 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

How a Parent Can Raise a Child Protection Concern

How can a Parent Can Raise a Child Protection Concern?



Appendix 5 – Staff Child Protection Flowchart

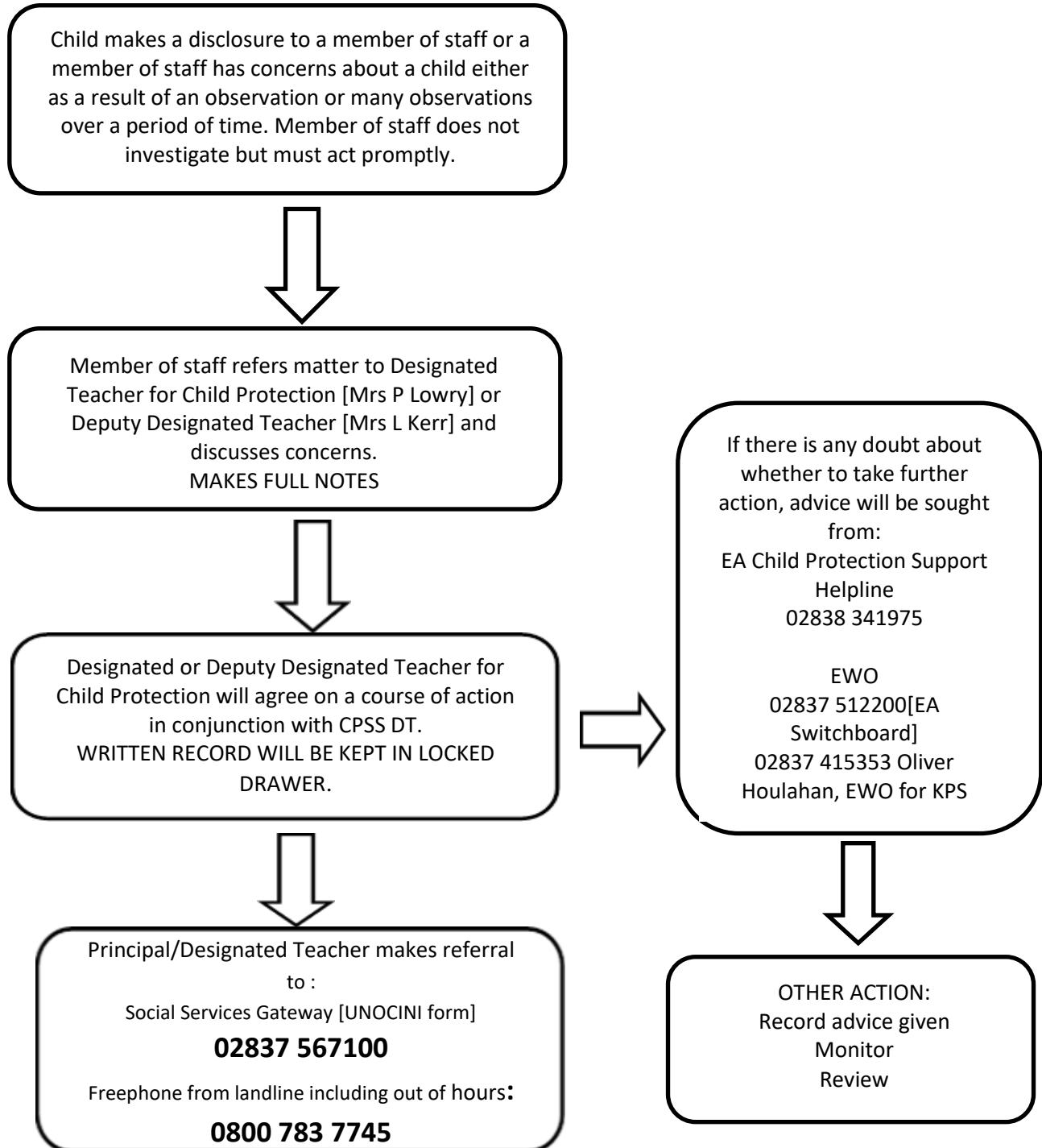


KILLYLEA PRIMARY SCHOOL



CHILD PROTECTION FLOWCHART [STAFF]

This flowchart indicates the procedures undertaken should there be an incident of suspected child abuse in Killylea Primary School.



APPENDIX 6: Allegation of Abuse Against a Member of Staff Flowchart

Dealing with Allegations of Abuse against a Member of Staff

