

SAFEGUARDING/CHILD PROTECTION POLICY

2024-2025



Ashgrove Primary School

Learning, Caring, Growing Stronger Together



Article 1

Everyone under the age of 18 has all the rights of the Convention

Article 3

The best interests of the child must be a top priority

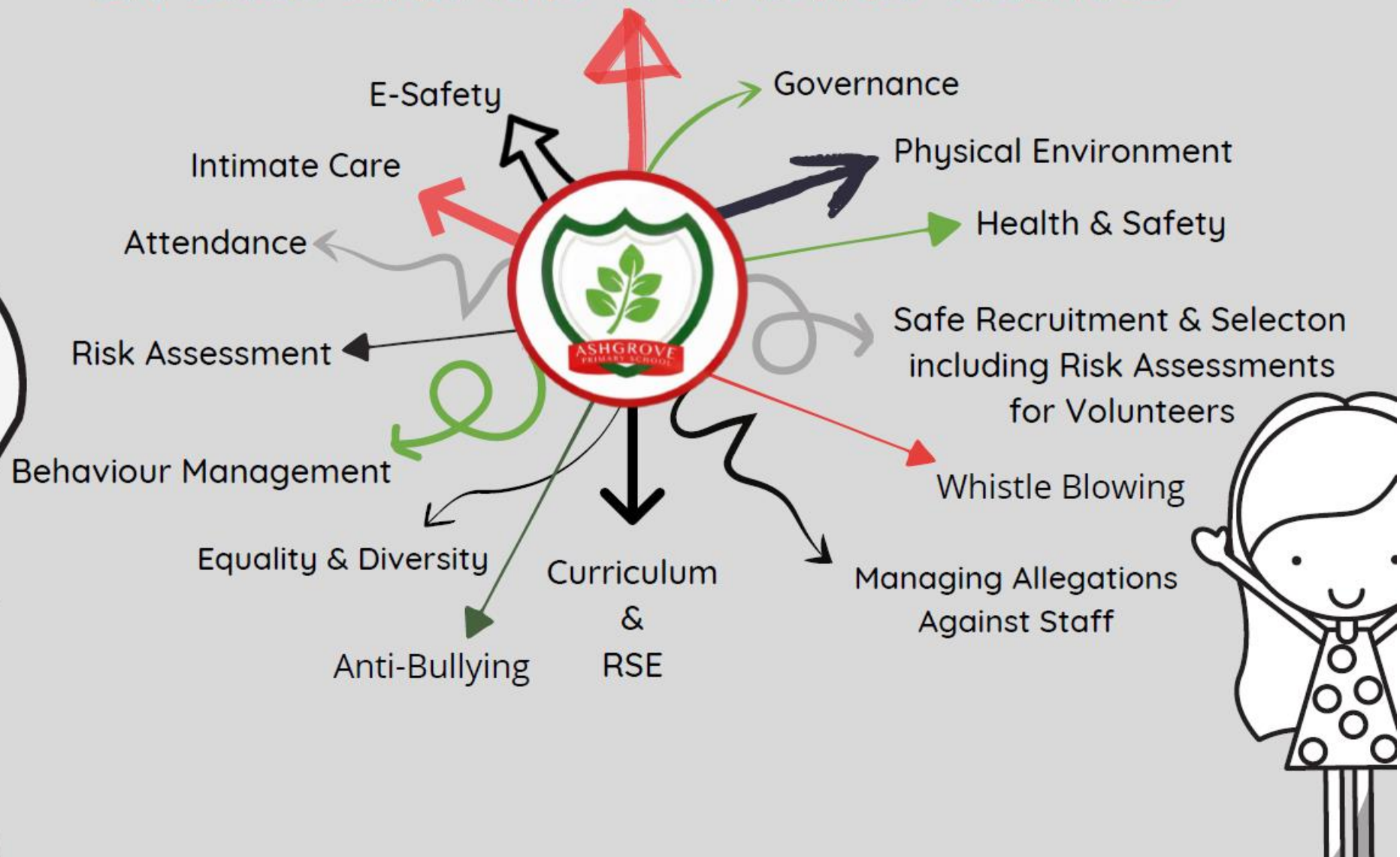
AGREE DATE	REVIEW DATE	PERSON RESPONSIBLE
2024	2025	Mrs V Luney & R Smith

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Ashgrove Primary School, Child Protection

SAFEGUARDING AND PROMOTING WELFARE



Ashgrove PS Whole school approach to Safeguarding



**SCHOOL LEADERSHIP
INCLUDING
GOVERNANCE**

SAFEGUARDING TEAM

STAFF



LEADERSHIP INCLUDING GOVERNANCE

- Governance: accountability, standards, ethos, resources & guidance on all aspects of school life
- Oversight to ensure policies and procedures are implemented
- Relationships with staff, families, pupils external agencies & community

SAFEGUARDING TEAM

- Support for individual children as required
- CPSS support, training & advice
- Support for all staff
- Engage parents, children & external agencies
- Develop & implement school policies

STAFF

- Teach sensitive messages
- Formal & informal curriculum
- Engage parents & children
- Create a culture of listening and telling

UNCRC (RIGHTS RESPECTING SCHOOLS)

All children have Rights. We are a Rights Respecting School and place the UNCRC at the core of our ethos. The language of rights and ensuring all pupils access their rights is woven into this policy. This policy has particular links to the following rights in the UNCRC:

- Article 3: The best interests of the child must be a top priority
- Article 6: Every child has the right to life. Governments must do all they can to make sure children survive and develop to their full potential.
- Article 7: Every child has the right to a legal name and nationality, as well as the right to know and, as far as possible, to be cared for by their parents.
- Article 19: Children should be protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.
- Every child has the right to a standard of living that is good enough to meet their physical, social and emotional needs

POLICY STATEMENT AND PRINCIPLES

The governors and staff of Ashgrove Primary School fully recognise the contribution they make to the safeguarding of individual children. We recognise that all staff, including volunteers, have a full and active part in protecting our pupils from harm. Parents are asked to work with us by updating school information regularly, disclosing relevant advice on court orders, etc. and by informing the school about anything which could cause distress and change to a child, such as bereavement, family disruption or social problem.

This policy is one of a series in the school's integrated safeguarding portfolio.

This policy is available on the school website, app and is included in the staff handbook and volunteers' handbook.

Our core safeguarding principles are:

- the school's responsibility to safeguard and promote the welfare of children is of paramount importance
- safer children make more successful learners
- representatives of the whole-school community of pupils, parents, staff and governors will be involved in policy development and review
- policies will be reviewed at least annually unless an incident or new legislation or guidance suggests the need for an interim review
- 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

CHILD PROTECTION STATEMENT

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. The procedures contained in this policy apply to all staff, volunteers and governors (and are consistent with those of the Safeguarding Board for NI (SBNi)).

POLICY PRINCIPLES

- The welfare of the child is paramount
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm
- Pupils and staff involved in child protection issues will receive appropriate support

POLICY AIMS

- To provide all staff with the necessary information to enable them to meet their child protection responsibilities
- To ensure consistent good practice
- To demonstrate the school's commitment with regard to child protection to pupils, parents and other partners

TERMINOLOGY

SAFEGUARDING and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and **TAKING ACTION TO ENABLE ALL CHILDREN TO HAVE THE BEST OUTCOMES.**

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

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

DT refers to the designated teacher for child protection

CHILD includes everyone under the age of 18.

PARENT refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

SAFEGUARDING LEGISLATION AND GUIDANCE

The following safeguarding legislation and guidance has been considered when drafting this policy:

- ❖ DENI Circulars and guidance as contained in Safeguarding Proforma with Prompts 2022-23.
- ❖ DE Letters of information as contained in Safeguarding Proforma with Prompts 2022-23.
- ❖ Safeguarding & Child Protection in Schools, A Guide for Schools (Updated September 2022).

ROLES AND RESPONSIBILITIES OF THE SAFEGUARDING TEAM

Designated Governor	Mrs Gillian McDade-Hastings
Chairperson	Mrs Karen Thompson
Principal	Mr Robert Smith
Designated Teacher for Child Protection	Mrs Valerie Luney (P5)
Deputy Designated Teacher for Child Protection	Mrs Jill Carberry (P5)

THE DESIGNATED TEACHER (DT), MRS LUNEY:

- has the status and authority within the school to carry out the duties of the post, including committing resources and supporting and directing other staff
- is appropriately trained, with regular updates
- acts as a source of support and expertise to the school community
- has a working knowledge of SBNI procedures
- makes staff aware of SBNI latest policies on safeguarding
- keeps detailed written records of all concerns, ensuring that such records are stored securely
- refers cases of suspected abuse to children's social care or police as appropriate
- ensures that when a pupil leaves the school, their child protection file is passed to the new school (separately from the main pupil file and ensuring secure transit) and confirmation of receipt is obtained
- attends and/or contributes to child protection conferences
- coordinates the school's contribution to child protection plans
- develops effective links with relevant statutory and voluntary agencies
- ensures that the child protection policy and procedures are reviewed and updated annually liaises with the nominated governor and principal (where the role is not carried out by the principal) as appropriate
- makes the child protection policy available publicly, on the school's website or by other means.



DEPUTY DESIGNATED TEACHER, MRS CARBERRY P5



The Deputy Designated Teacher is trained to the same level as the DT and, in the absence of the DT, carries out those functions necessary to ensure the ongoing safety and protection of pupils.

In the event of the long-term absence of the DT, the deputy will assume all of the functions above.

Best practice sees the DT, DDT & Principal acting as a team.

PRINCIPAL, MR SMITH



Mr Smith is kept fully informed of all safeguarding issues in school. He works with the Safeguarding Team to review policies and implement guidance from the Department of Education.

The Principal ensures that Safeguarding is given a constant high priority at Board of Governor Meetings. The Principal also liaises with external agencies where required.

Mr Smith works with the Safeguarding Team to review all Safeguarding Policies and assists with the Annual Safeguarding Report to Governors.

CHAIR OF THE BOARD OF GOVERNORS

The Chairperson of the Board of Governors 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 must assume the lead responsibility for managing the complaint/allegation in keeping with the guidance issued by DENI, employing authority and the school's own policies and procedures.

The Chairperson is responsible for ensure child protection records are kept for signing and dating annually the Record of Abuse Complaints against members of staff, even if there have been no entries.

DESIGNATED GOVERNOR FOR CHILD PROTECTION

The Board of Governors delegates a specific member(s) of the Governing body (Mrs McDade Hastings) to take the lead in safeguarding/child protection issues in order to advise the governors on;

- The role of the designated teachers
- The content of the Child Protection policies
- The content of the Code of Conduct for adults in the school
- The content of the regular updates and full Annual Report
- Recruitment, selection, vetting and induction of staff

Safeguarding Governors were last trained on 26.10.22

GOOD PRACTICE GUIDELINES AND STAFF CODE OF CONDUCT

Good practice includes:

- treating all pupils with respect
- setting a good example by conducting ourselves appropriately
- involving pupils in decisions that affect them
- encouraging positive, respectful and safe behaviour among pupils
- being a good listener
- being alert to changes in pupils' behaviour and to signs of abuse, neglect and exploitation
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the school's child protection policy, staff behaviour policy and guidance documents on wider safeguarding issues
- being aware that the personal and family circumstances and lifestyles of some pupils lead to an increased risk of abuse
- referring all concerns about a pupil's safety and welfare to the DT, or, if necessary directly to police or children's social care

(For full details, please refer to our Staff Code of Conduct – refer to appendix 3).

ABUSE OF POSITION OF TRUST

All school staff are aware that inappropriate behaviour towards pupils is unacceptable and that their conduct towards pupils must be beyond reproach.

Staff understand that under the Sexual Offences (NI) Order 2003 it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the school staff and a pupil under 18 may be a criminal offence.

Our Staff Code of Conduct (including Do's and Don'ts of Social Media) sets out our expectations and is signed by all members of staff.

CHILDREN WITH INCREASED VULNERABILITIES

Some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- affected by parental substance misuse, domestic violence or parental mental health needs
- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- live transient lifestyles
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- gender identity issues and sexual orientation
- at risk of sexual exploitation
- do not have English as a first language
- at risk of female genital mutilation (FGM)
- at risk of forced marriage
- at risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive. Special consideration includes the provision of safeguarding information and resources in community languages and accessible formats for children with communication needs.

Ashgrove Primary adheres to EA guidance for supporting transgender young people:

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

CHILDREN MISSING EDUCATION

Attendance, absence and exclusions are closely monitored. A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. The Pastoral Care Leader (Mrs Jill Carberry) will monitor unauthorised absence and take appropriate action including notifying the Education Welfare Service, particularly where children go missing on repeated occasions and/or are missing for periods during the school day. Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage. **Refer to Attendance Policy.**

PARENTS AND CHILD PROTECTION

This Child Protection Policy will remain available to all parents via the school's website. A summary will be distributed annually in print. Advice will be given on procedures for reporting child abuse and a synopsis of the policy will be included in the school prospectus. See appendix 2.

Parents are asked to supply the school with the names of all persons who have permission to collect their child from school (or to confirm that their child may leave the grounds unaccompanied). They are asked to inform the school of any change in this routine.

Parents are asked to brief school about arrangements following any separation or divorce. Members of staff need to be aware of legal responsibilities, agreed access or exclusion and any involvement of Social Services. Such information will be requested formally each September, but parents are encouraged to keep the school informed as necessary.

Parents will be made aware that on occasions staff may have to change pupil's clothes when administering first aid, after toilet accidents, for PE and on other such occasions. The school's **Intimate Care Policy** applies.

In the event of a parent making a complaint about a member of staff, volunteer or student, the school's complaints procedure will be followed and the complaint addressed directly to the principal. If the complaint is against the principal, it will be addressed to the chairperson of the governors. If a complaint includes a disclosure relating to another child, the accused child's parents will be informed. Discipline must remain solely in the hands of the staff.

THE PRIMARY RESPONSIBILITY FOR SAFEGUARDING AND PROTECTION OF CHILDREN RESTS WITH PARENTS WHO SHOULD FEEL CONFIDENT ABOUT RAISING ANY CONCERNS THEY HAVE IN RELATION TO THEIR CHILD.

PARENTS CAN PLAY THEIR PART IN SAFEGUARDING BY INFORMING THE SCHOOL:

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

IT IS ESSENTIAL THAT THE SCHOOL HAS UP TO DATE CONTACT DETAILS FOR THE PARENT/CARER.

WHISTLE BLOWING IF YOU HAVE CONCERNS ABOUT A COLLEAGUE

Staff who are concerned about the conduct of a colleague towards a pupil are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. Our **Whistleblowing Policy** enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place.

All concerns of poor practice or possible child abuse by colleagues should be reported to the Principal. Complaints about the headteacher/principal should be reported to the chair of governors, chair of the management committee or proprietor.

Staff may also report their concerns directly to children's social care or the police if they believe direct reporting is necessary to secure action.

ALLEGATIONS AGAINST STAFF

Refer to Flow Chart in APPENDIX 8

When an allegation is made against a member of staff, our set procedures must be followed. The full procedures for dealing with allegations against staff can be found in *DE Circular 2015/13 Dealing with Allegations of Abuse against a member of Staff*.

Allegations concerning staff who no longer work at the school, or historical allegations will be reported to the police.

If a complaint about possible child abuse is made against a member of staff, the Principal must be informed immediately. The above procedures will apply (unless the complaint is about the Principal). Where the matter is referred to social services the member of staff may be removed from duties involving direct contact with pupils, and may be suspended from duty as a precautionary measure pending investigations by social services. The Chairperson of the Board of Governors will be informed immediately.

If a complaint about possible child abuse is made against the Principal, the DT must be informed immediately. They will inform the Chairperson of the Board of Governors and together they will take appropriate advice and ensure the necessary action is taken.

If any member of staff feels unsure about what to do if he /she has concerns about a child, or unsure about being able to recognise signs or symptoms of possible child abuse, they should talk with the DT.

Following biannual training, staff will be able to identify the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern.

New staff and governors will receive a briefing during their induction, which includes the school's child protection policy and staff behaviour policy, reporting and recording arrangements, and details for the DT. All staff, including the DT, Principal (unless the principal is the DT) and governors will receive training that is regularly updated. All staff will also receive safeguarding and child protection updates via email, e-bulletins, website access and staff meetings throughout the year.

THE PREVENTATIVE CURRICULUM

Ashgrove seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through our curriculum. The safeguarding of children is an important focus in the school's personal development programme (PDMU) and is also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.

Alongside the use of curricular resources we also use Women's Aid Helping Hands materials, the NSPCC PANTS campaign and Childline in Schools. Internet safety is addressed by using CEOP resources and materials and contact with PSNI.

The Designated Teacher has provided sample lessons and resources to all teachers to address Safeguarding with our pupils at an age appropriate level.

In October 2018 we gained the UNICEF Rights Respecting Schools Gold standard Award. This will further raise awareness for our children of the legal protections and rights they have to be safe and free from harm.

The school has appointed children as Anti-Bullying Ambassadors and trained them through the Diana Trust.

The school community will therefore:

- Establish and maintain an ethos where children feel secure, are encouraged to talk, and are listened to;
- Ensure that all children know there are adults in the school whom they can approach if they are worried or in difficulty; and
- Include in the curriculum opportunities for Personal and Social Development which equip children with the skills they need to stay safe from harm and to whom they should turn for help if the need arises.

RSE (Relationships & Sexuality Education)

Refer to our RSE policy and scheme of work – available on the school's website

SAFER RECRUITMENT

Our school complies with the requirements of *Safeguarding and Child Protection in Schools. A Guide for Schools (DE 2017)* and the SBNI by carrying out the required checks and verifying the applicant's identity, qualifications and work history.

At least one member of each recruitment panel will have attended safer recruitment training.

All relevant staff (involved in early years settings and/or before or after school care for children under eight) are made aware of the disqualification legislation and their obligations to disclose relevant information to the school.

The school obtains written confirmation from third party organisations that agency staff or other individuals who may work in the school have been appropriately checked.

Trainee teachers will be checked either by the school or by the training provider, from whom written confirmation may be obtained.

VOLUNTEERS

Volunteers, including governors will undergo checks commensurate with their work in the school, their contact with pupils and the supervision provided to them. Under no circumstances will a volunteer who has not been appropriately checked be left unsupervised.

GUIDANCE FOR VOLUNTEERS

There are two types of volunteers working in schools: those who work unsupervised and those who work under supervision. Volunteers who work unsupervised are required to have an Enhanced Disclosure Certificate (EDC).

A volunteer who works under supervision is not required to obtain an EDC, however, the school must determine whether the level of supervision meets the statutory standard. The school must ensure that volunteers e.g. coaches, music tutors, school photographers etc, who are employed by others, have the necessary clearances in place.

VISITORS TO SCHOOL

Visitors to school, such as parents, suppliers of goods and services, to carry out maintenance etc do not need to be vetted before being allowed into school premises. However, the school staff should manage their access to areas and movement within the school should be restricted as needs require.

Visitors should be:

- Met/directed by school staff
- Signed in and out by school staff
- When appropriate, be given restricted access to only specific areas of the school
- Where possible be escorted by a member of staff
- Clearly identified with a visitor pass
- Access to pupils restricted to the purpose of their visit
- If delivering goods or carrying out maintenance tasks their work should be cordoned off from pupils for health and safety reasons.

PUPILS ON WORK EXPERIENCE

Health and Social Care Programmes will require an EDC for pupils on long-term placement and may be required for pupils on work experience/ shadowing placements. Schools should apply through their AccessNI Registered Body in advance. **Pupils coming to the school on work experience do not require AccessNI clearance if they are fully supervised by school staff.** The normal child protection induction process should apply.

CONTRACTORS

The school checks the identity of all contractors working on site and requests AccessNI with barred list checks where required by statutory guidance. Contractors who have not undergone checks will not be allowed to work unsupervised during the school's day.

SITE SECURITY

Visitors to the school, including contractors, are asked to sign in and are given a badge, which confirms they have permission to be on site. Parents who are simply delivering or collecting their children do not need to sign in. All visitors are expected to observe the school's safeguarding and health and safety regulations. The principal will exercise professional judgement in determining whether any visitor should be escorted or supervised while on site.

EXTENDED SCHOOL AND OFF-SITE ARRANGEMENTS

All extended and off site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. Where extended school activities are provided by and managed by the school, our own child protection policy and procedures apply. If other organisations provide services or activities on our site on behalf of our school we will check that they have appropriate procedures in place, including safer recruitment procedures.

When our pupils attend off-site activities, including day and residential visits and work related activities, we will check that effective child protection arrangements are in place.

EDUCATIONAL TRIPS / VISITS

Ashgrove Primary School has a separate policy on Fieldwork and Educational Trips, as in accordance with EA guidance <http://www.eani.org.uk/schools/educational-visits/>

STAFF/PUPIL ONLINE RELATIONSHIPS

(REFER TO DO'S & DON'TS OF SOCIAL MEDIA IN STAFF CODE OF CONDUCT, appendix 3). The school provides advice to staff regarding their personal online activity and has strict rules regarding online contact and electronic communication with pupils. Staff found to be in breach of these rules may be subject to disciplinary action or child protection investigation.

E-SAFETY/ SAFER INTERNET

Our policy on the internet and digital technologies is set out in a separate document and is informed by DE guidance. It acknowledges the opportunities for learning as well as the risks attached to the internet and digital technologies. Specifically, it addresses safeguarding issues that may arise in the use of the internet and digital technologies. Refer to **Safer Internet Policy 2019**.

PHOTOGRAPHY AND IMAGES OF CHILDREN

All parents are asked at the start of the academic year to consent to their child's photographs being taken and displayed within the school, occasionally in newspapers or on the school website.

A list of any children who MAY NOT have photographs taken or displayed will be clearly sited for all staff to check.

CHILD PROTECTION PROCEDURES

RECOGNISING ABUSE

To ensure that our pupils are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone.

Abuse may be committed by adult men or women and by other children and young people.

Safeguarding and Child protection in Schools (DE 2017) refers to five types of abuse. These are set out at Appendix One along with indicators of abuse.

BULLYING

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause anxiety and distress. All incidences of bullying, including cyber-bullying and prejudice-based bullying should be reported and will be managed through our tackling-bullying procedures which can be accessed online via our Anti Bullying Policy.

TAKING ACTION

Any child, in any family in any school could become a victim of abuse. Staff should always maintain an attitude of "it could happen here".

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to help the child
- report your concern as soon as possible to the DT, definitely by the end of the day
- do not start your own investigation
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- complete a **RECORD OF CONCERN** (appendix 5)
- seek support for yourself if you are distressed.

IF YOU ARE CONCERNED ABOUT A PUPIL'S WELFARE

There will be occasions when staff may suspect that a pupil may be at risk. The pupil's behaviour may have changed, their artwork could be concerning, they may write stories or poetry that reveal confusion or distress, or physical signs may have been noticed. In these circumstances, staff will try to give the pupil the opportunity to talk and ask if they are OK or if they can help in any way.

Staff should use the **RECORD OF CONCERN FORM** to record these early concerns. If the pupil does reveal that they are being harmed, staff should follow the advice below. Following an initial conversation with the pupil, if the member of staff has concerns, they should discuss their concerns with the DT.

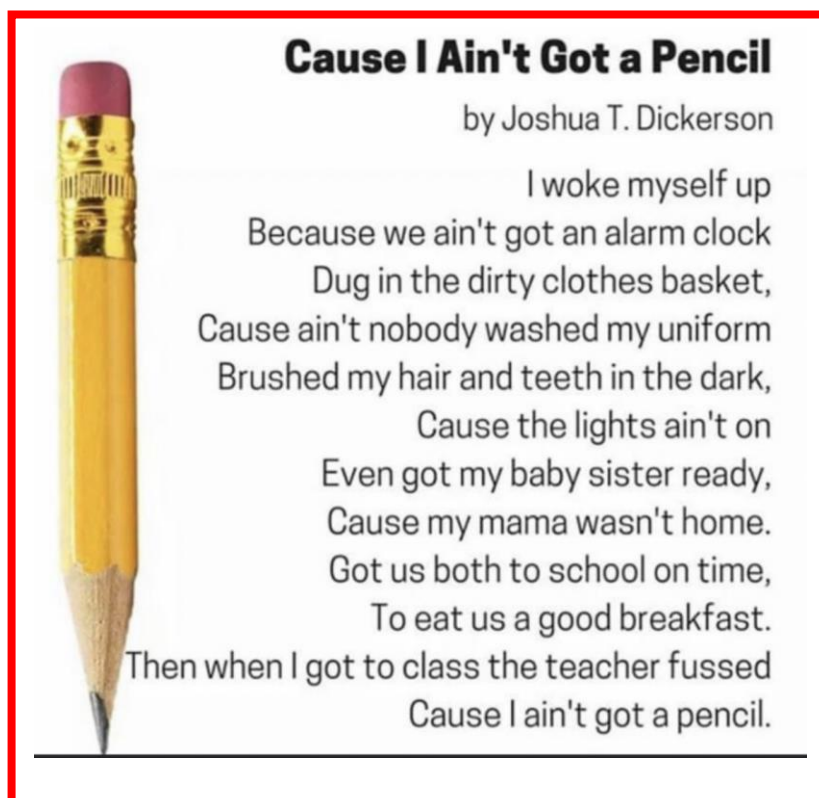
IF A PUPIL DISCLOSES TO YOU

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a pupil talks to a member of staff about any risks to their safety or wellbeing, **the staff member will, at the appropriate time, let the pupil know that in order to help them they must pass the information on to the safeguarding lead in the school - DT.** The point at which they tell the pupil this is a matter for professional judgement. During their conversations with the pupil's staff will:

<i>DO</i>	<i>DO NOT</i>
Listen to what the child says	Ask leading questions
Assure the child they are not at fault	Put words into the child's mouth
Explain to the child that you cannot keep it a secret	Ignore the child's behaviour
Document exactly what the child says using his/her exact words	Remove any clothing
Remember not to promise the child confidentiality	Panic
Stay calm	Promise to keep secrets
Listen	Make the child repeat the story unnecessarily
Accept	Delay
Reassure	Start to investigate
	Do nothing

<i>DO</i>	<i>DO NOT</i>
<p>Explain what you are going to do</p> <p>Record accurately</p> <p>Seek support for yourself</p>	



NOTIFYING PARENTS

The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DT will make contact with the parent in the event of a concern, suspicion or disclosure.

Our focus is the safety and wellbeing of the pupil. Therefore, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from CPSS, children's social care and/or the police before parents are contacted.

CHILD PROTECTION RECORDS

Refer to Circular Child Protection: Record keeping in Schools 2020/07

RECORD OF CONCERN

Any member of staff who has a concern about the welfare or safety of a child or young person must complete a RECORD OF CONCERN (appendix 5). Notes must be made as soon as possible after an incident and passed immediately to the Designated Teacher for Child Protection. The Record of Concern should be signed and dated by both parties to confirm the information is accurate.

UNOCINI

The UNOCINI referral form (Understanding the Needs of Children in Northern Ireland) will be completed when the Safeguarding Team wish to refer a child or young person to children's social services for support, safeguarding or a fuller assessment of needs. We will usually seek to gain the consent of parents/carers prior to a referral. An exception will be made if we consider that the child is in need of safeguarding and gaining consent may increase the risk to the child.

CHILD PROTECTION FILE

The Designated Teacher will store each RECORD OF CONCERN (appendix 5) 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.

CONFIDENTIALITY AND SHARING INFORMATION

INFORMATION KEEPING

Child protection information is **CONFIDENTIAL**. All records are stored in a confidential filing system for child protection concerns. This filing cabinet is accessible only to the Designated Teacher, Deputy Designated Teachers and Principal. The cabinet is NOT accessible to anyone else including administrative staff, ETi and the Board of Governors.

PARENTAL ACCESS TO INFORMATION

All requests for pupil information in relation to Safeguarding/Child Protection matters will be treated as a request under the Data Protection Act 1998. We will consult with CPSS (NE Region) if we receive a request for information.

"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)."

DENI Circular 2016/20

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the DT, principal or chair of governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

However, **any** member of staff can contact children's social care if they are concerned about a child.

Child protection information will be stored and handled in line with the Data Protection Act 1998. Information sharing is guided by the following principles. The information is:

- necessary and proportionate
- relevant
- adequate
- accurate
- timely
- secure.

Information sharing decisions will be recorded, whether or not the decision is taken to share.

RECORD OF CONCERN (appendix 5) forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

The DT will normally obtain consent from the pupil and/or parents to share sensitive information within the school or with outside agencies. Where there is good reason to do so, the DT may share information *without* consent, and will record the reason for not obtaining consent.

The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child.

REFERRAL TO SOCIAL SERVICES

The DT will make a referral to children's social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child. Any member of staff may make a direct referral to children's social care if they genuinely believe independent action is necessary to protect a child.

REPORTING DIRECTLY TO CHILD PROTECTION AGENCIES

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with Social Services, police if:

- the situation is an emergency and the designated teacher, their deputy, the principal and the chair of governors are all unavailable
- they are convinced that a direct report is the only way to ensure the pupil's safety
- for any other reason they make a judgement that direct referral is in the best interests of the child.

PRIVATE FOSTERING ARRANGEMENTS

A private fostering arrangement occurs when someone OTHER THAN A PARENT OR A CLOSE RELATIVE cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16, or aged under 18 if the child is disabled. By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify Social Services as soon as possible

Where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will raise this with the DT and the school should notify the local Trust of the circumstances.

CHILDREN LOOKED AFTER

The most common reason for children becoming looked after is as a result of abuse or neglect. The school ensures that staff have the necessary skills and understanding to keep Children Looked After (CLA) safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including

the level of authority delegated to the carer by the Trust looking after the child. The DT has details of the child's social worker.

OPERATION ENCOMPASS

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

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

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

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

Further information see [The Domestic Abuse Information Sharing with Schools etc. Regulations \(Northern Ireland\) 2022](#).

USEFUL LINKS AND CONTACT TELEPHONE NUMBERS

All members of staff have personal contact details for all members of the Safeguarding Team i.e. mobile phone numbers, email addresses etc

- <https://learning.nspcc.org.uk/safeguarding-child-protection/coronavirus>
- <https://www.camhs-resources.co.uk/>
- <https://www.childline.org.uk/info-advice/your-feelings/anxiety-stress-panic/worries-about-the-world/coronavirus/>
- <https://www.saferinternet.org.uk/helpline/report-harmful-content>
- <https://www.ceop.police.uk/Safety-Centre/>

MONITORING AND REVIEW

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.

RELATED SCHOOL POLICIES

Other school policies that outline the school's approach to related areas of safeguarding children include:

- Child Friendly Safeguarding Policy
- Child Friendly Anti-Bullying Policy
- Anti-Bullying
- Administration of Medication
- Educational Visits Policy
- Health & Safety Policy
- Safe-handling Policy
- Pastoral Care
- SEN Policy
- Intimate Care
- Reasonable Force and Safe Handling
- Attendance
- Staff Code of Conduct (appendix 3)
- Whistleblowing Policy
- Visitors Code of Conduct
- ICT and Related Technologies Policy
- Safer Internet Policy 2019
- E-Safety Policy
- Records Management Policy (Disposal and Retention of Records)
- Supervision of Volunteers and Visitors
- Relationships and Sexuality Education
- Managing Critical Incidents Guidance
- Drug Policy
- GDPR Privacy notice
- Positive Behaviour Policy
- Equality & Inclusion Policy

APPENDIX ONE SPECIFIC TYPES OF ABUSE

GROOMING of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food,

accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

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

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

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

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

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

STATUTORY RESPONSIBILITIES

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

DOMESTIC AND SEXUAL VIOLENCE AND ABUSE

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

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

SEXUAL VIOLENCE AND ABUSE 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).' Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

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

FEMALE GENITAL MUTILATION (FGM) is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in our school policy. Where there is a concern that a child or young person may be at immediate risk of FGM this should be reported to the PSNI without delay. Contact can be made directly to the Sexual Referral Unit (based within the Public Protection Unit) at 028 9025 9299. Where there is a concern that a child or young person may be at risk of FGM, referral should be made to the relevant HSCT Gateway Team.

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

CHILDREN WHO DISPLAY HARMFUL SEXUAL BEHAVIOUR

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

It must also be borne in mind that sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the school's positive behaviour policy but it is important to always apply principles that remain child centred.

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, abusive or violent. Normal sexual behaviour will generally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if contact with PSNI or Social Services is required. We will also take

guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

ABUSIVE SEXUAL BEHAVIOURS are of significant concern and guidance on the management of the pupils and referrals to other agencies such as Social Services or the Police should be sought from CPSS.

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

VIOLENT SEXUAL BEHAVIOURS are also of significant concern. They may have features of threat, force, coercion or harm to others. Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism.

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

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 Ashgrove 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.

APPENDIX TWO

SIGNS AND SYMPTOMS OF CHILD ABUSE

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

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.

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.

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.

Suspicious should be raised by e.g.

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

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

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

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.

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.

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.

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.

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

RECOGNITION OF PHYSICAL ABUSE

BRUISES + SOFT TISSUE INJURIES

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

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.

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 mark caused by tying up or strangulation.

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.

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.

EYE INJURIES

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.

BURNS AND SCALDS

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.

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.

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 burns may be cigarette burns, but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

FRACTURES

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.

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.

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.

SCARS

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.

BITES

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.

OTHER TYPES OF PHYSICAL INJURIES

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

FABRICATED OR INDUCED ILLNESS

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.

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.

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)

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.

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).

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.

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

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.

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.

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.

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

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.

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

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.

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)

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.

Possible behavioural indicators include:

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.

- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

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

- poor peer group relationships and inability to make friends.
- inability to concentrate, learning difficulties or a sudden drop in school performance
- reluctance to participate in physical activity or to change clothes for physical education, games or swimming.
- unusual or bizarre sexual themes in child's art work or stories.
- frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child's school performance
- unusual reluctance or fear of going home after school.

The Adolescent

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

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

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

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.

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.

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.

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

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

RECOGNITION OF EMOTIONAL ABUSE

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

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 pathognomonic of this since they often can be seen in other conditions.

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

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

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.

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

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

RECOGNITION OF NEGLECT

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.

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

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.

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

Child Health presentation indicators include:

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

Emotional and behavioural development indicators include:

- developmental delay/special need
- 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.

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

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.

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.

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.

Social Presentation

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

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

The following home and environmental conditions should be considered:

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

Impediments to ongoing assessment and appropriate multidisciplinary support

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

(Hammersmith & Fulham Inter-Agency Procedures 2002)

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

CHILDREN WITH DISABILITY

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

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.

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

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

Child

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

Parents

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

Home and Environmental Conditions

- unemployment
- no income/poverty
- poor housing or overcrowded housing
- social isolation and no supportive family

- the family moves frequently
- debt
- large family

APPENDIX THREE

STAFF CODE OF CONDUCT

PURPOSE, SCOPE AND PRINCIPLES

A Code of Conduct is designed to give clear guidance on the standards of behaviour all school staff are expected to observe, and the school should notify staff of this code and the expectations therein. School staff are in a unique position of influence and must adhere to behaviour that sets a good example to all the pupils/students within the school.

This Code of Conduct applies to all staff who are employed or volunteers in Ashgrove Primary School including the Principal.

In Ashgrove Primary School we want all of our pupils and staff to feel happy, safe and secure, so that they can benefit fully from their time in school and be enabled to contribute wholeheartedly to the educational experience which our school offers. We aim, at all times, to behave appropriately and warmly towards each other, and to support one another both personally and professionally.

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the children and young people in their charge must be above reproach. This Code of Conduct is not intended to detract from the enriching experiences children and young people gain from positive interaction with staff within the education sector. It is intended to assist staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct.

CODE OF CONDUCT

1. PRIVATE MEETINGS WITH PUPILS

a. Staff should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place. As far as possible, staff should conduct such interviews in a room with visual access, or with the door open.

b. Where such conditions cannot apply, staff are advised to ensure that another adult knows that the interview is taking place. It may be necessary to use a sign indicating that the room is in use, but it is not advisable to use signs prohibiting entry to the room.

c. Where possible another pupil or (preferably) another adult should be present or nearby during the interview, and the school should take active measures to facilitate this.

2. PHYSICAL CONTACT WITH PUPILS

a. As a general principle, staff are advised not to make unnecessary physical contact with their pupils.

b. It is unrealistic and unnecessary, however, to suggest that staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting,

as a caring parent would provide. Staff should not feel inhibited from providing this.

c. Staff should never touch a child who has clearly indicated that he/she is, or would be, uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm. (DENI Circular 1999/9, on the use of reasonable force, gives guidance on Article 4 of the Education (Northern Ireland) Order 1998 **(Power of member of staff to restrain pupils)**).

d. Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.

e. Schools should, in particular circumstances, such as use of certain areas like the photographic darkroom, draw up their own guidelines for these circumstances.

f. Staff who have to administer first-aid to a pupil should ensure wherever possible that this is done in the presence of other children or another adult. **However, no member of staff should hesitate to provide first-aid in an emergency simply because another person is not present.**

g. Any physical contact which would be likely to be misinterpreted by the pupil, parent or other casual observer should be avoided.

h. Following any incident where a member of staff feels that his/her actions have been, or may be, misconstrued, a written report of the incident should be submitted immediately to his/her line manager.

i. Staff should be particularly careful when supervising pupils in a residential setting, or in approved out of school activities, where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school/work environment.

3. CHOICE AND USE OF TEACHING MATERIALS

a. Teachers should avoid teaching materials, the choice of which might be misinterpreted and reflect upon the motives for the choice.

b. When using teaching materials of a sensitive nature a teacher should be aware of the danger that their application, either by pupils or by the teacher, might after the event be criticised. Schools have already received advice on the value of consulting parents and Governors when proposing to use materials such as the AIDS education for schools and in connection with sex education programmes.

c. If in doubt about the appropriateness of a particular teaching material, the teacher should consult with the principal before using it.

4. RELATIONSHIPS AND ATTITUDES

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

SETTING AN EXAMPLE

All staff who work in schools set examples of behaviour and conduct which can be copied by pupils/students.

All staff must, therefore, demonstrate high standards of conduct in order to encourage our pupils/students to do the same. All staff must also avoid putting themselves at risk of allegations of abusive or unprofessional conduct.

This Code helps all staff to understand what behaviour is and is not acceptable.

SAFEGUARDING PUPILS

Staff have a duty to safeguard pupils/students from;

- physical abuse
- sexual abuse
- emotional abuse
- neglect

The duty to safeguard pupils/students includes the duty to report concerns about a pupil/student to the school's Designated Teacher for Child Protection (Mrs Luney) or the Deputy Designated Teacher for Child Protection (Mrs Carberry).

Staff are provided with personal copies of the school's Safeguarding Policy and Whistleblowing Procedure and staff must be familiar with these documents. Staff must not seriously demean or undermine pupils, their parents or carers, or colleagues.

Staff must take reasonable care of pupils/students under their supervision with the aim of ensuring their safety and welfare.

PUPIL DEVELOPMENT

- ✓ Staff must comply with school policies and procedures that support the wellbeing and development of pupils/students.
- ✓ Follow the Child Protection Policies as agreed by the school including the Intimate Care Policy.
- ✓ Staff must co-operate and collaborate with colleagues and with external agencies where necessary to support the development of pupils/students.
- ✓ Staff must follow reasonable instructions that support the development of pupils/students.

HONESTY AND INTEGRITY

Staff must maintain high standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.

CONDUCT OUTSIDE WORK

Staff must not engage in conduct outside work which could seriously damage the reputation and standing of the school or the employee's own reputation or the reputation of other members of the school community.

In particular, criminal offences that involve violence or possession or use of illegal drugs or sexual misconduct are likely to be regarded as unacceptable. Staff must exercise caution when using information technology and social networking and be aware of the risks to themselves and others.

Staff may undertake work outside school, either paid or voluntary, provided that it does not conflict with the interests of the school nor be to a level which may contravene the working time regulations or affect an individual's work performance.

CONFIDENTIALITY

Where staff have access to confidential information about pupils/students or their parents or carers, staff must not reveal such information except to those colleagues who have a professional role in relation to the pupil/student. All staff are likely at some point to witness actions which need to be confidential.

For example, where a pupil is bullied by another pupil (or by a member of staff), this needs to be reported and dealt with in accordance with the appropriate school procedure. It must not be discussed outside the school, including with the pupil's/student's parent or carer, nor with colleagues in the school except with a senior member of staff with the appropriate role and authority to deal with the matter.

However, staff have an obligation to share with school's Designated Teacher for Child Protection any information which gives rise to concern about the safety or welfare of a pupil. Staff must **never** promise a pupil/student that they will not act on information that they are told by the pupil.

DISCIPLINARY ACTION

All staff need to recognise that failure to meet these standards of behaviour and conduct may result in disciplinary action, including dismissal.

PROFESSIONAL RELATIONSHIPS

With children:

- We act respectfully towards children at all times, for example:
- We will never ignore instances of negative behaviours and will take positive steps to address the situation;
- Speaking in a calm and objective way, even in the face of challenging circumstances;
- Using a range of vocal volume that is appropriate to the learning activity (we may raise our voices in a controlled way to achieve a desired impact, but we never shout in anger)
- Showing good manners to children and thereby modelling what good manners are
- Taking seriously what *all* children tell us. **Our first response** is always to believe what we are told giving children time to express themselves considering how we would expect to be spoken to ourselves;
- Pursuing settlements to conflicts between children in a way that is demonstrably fair and listens to all points of view before making a considered judgement
- We judge children based on the current situation and not on past behaviour making clear to children why a course of action has been necessary;
- We uphold the school's policies and procedures on Behaviour and Child Protection in our dealings with children. We acknowledge that we are in 'loco parentis' and, as such, have a duty of care for all children in the school;
- We are consistent in the way that we apply rewards and sanctions to the children, so that each individual child knows that they will receive the same treatment from any member of staff;
- We understand that children have a right to be heard;

- We are friendly and supportive to all children, but maintain our professionalism at all times.
- We acknowledge that some interactions that seek to 'be friends' with children can create ambiguity in the relationship and are unhelpful.
- We protect ourselves and our pupils by making sure that we avoid being alone with individual children, but if it is unavoidable to do so, we ensure that we are in a place where others can see us
- We use physical contact with children in a careful, sensitive and respectful way. A hand on the shoulder or head is often a good way of engaging with an individual child. However, any physical contact should be avoided when staff members are alone with individual children, except in emergency. We adopt the principle that parents want their children to be given a certain level of physical reassurance if distressed, hurt or otherwise in need. This is the case for all children, but may be appropriate more frequently for younger children
- We all take responsibility for our actions and are prepared to apologise when we have made mistakes and undertake to learn from those errors;
- When speaking to children, we always consider how we would expect to be spoken to ourselves;
- We teach and respond to children as unique individuals
- We have a professional responsibility to inform an appropriate person if we believe that a colleague is behaving in a way that compromises the safety or well-being of any child or group of children;

With parents:

- Parents have an entitlement to be informed about their child's learning and well-being. We always seek to involve and engage parents in this process;
- We recognise parents' entitlement to express any concerns they may have about their child's learning, safety or well-being;
- We always seek to work in partnership with parents, using their understanding of their own child to help us to provide the best learning opportunities that we can;
- We recognise that parents' worries and concerns can be extremely emotive and we acknowledge that, at times, we will need to speak to parents when they are upset;
- If we are concerned that a parent may be aggressive or otherwise inappropriate towards us, we can ask for a colleague (usually a senior leader) to be present;
- In extreme circumstances, the Principal may decide that it is safer for a teacher to communicate with a parent through different means;
- We are honest with parents, without undermining colleagues and respond fairly to their concerns irrespective of their race, religion, culture or social background;
- When speaking to parents, we always consider how we would expect to be spoken to ourselves;
- We take responsibility for our actions and are willing to apologise when we have made mistakes and undertake to learn from those errors;

- We protect ourselves by ensuring that we meet with parents in areas of the school that are visible and easily accessible to other staff members, while remembering to be sensitive to the confidential nature of some discussions. We always make sure that colleagues know when and where we are meeting with parents;
- We recognise the right to confidentiality of all members of the school community.

With other members of staff:

- We act in a professional manner towards colleagues, irrespective of our relative position or status within the school hierarchy, for example:
 - Speaking politely to one another;
 - Being flexible and understanding of necessary changes within the school day;
 - Assuming that the actions of others are carried out in good faith;
 - Communicating clearly and honestly with colleagues;
 - Addressing concerns openly and honestly with the person to whom the concern is addressed, whenever possible, without publicly criticising anyone;
 - Being publicly supportive of colleagues, and dealing with concerns or disagreements, privately, with support if necessary;
 - We share a responsibility to encourage and support our colleagues in their professional development;
 - We consider all members of the staff team to have equal value, irrespective of their job, and treat them accordingly;
 - When speaking to colleagues, we always consider how we would expect to be spoken to ourselves;
 - Concerns raised with managers are dealt with confidentially. If further action is required, the manager has responsibility to inform only the appropriate senior person within the school;
 - We recognise that we are all accountable for our actions and performance and that from time-to time leaders and managers will need to deliver feedback that is challenging;
 - All individual feedback is given sensitively, and constructively and should only be shared with those staff members that need to know (e.g. line manager or mentor);
 - By approaching issues with colleagues in a way that always seeks to solve potential problems in a positive way;
 - We never act in a way that publicly undermines a colleague or the school;
 - We all take responsibility for our actions and are prepared to apologise when we have made mistakes and undertake to learn from those errors.

STAFF DRESS

- We dress in a manner that exhibits the importance of the job that we do;
- We wear smart, practical clothes
- We avoid wearing clothes that could cause offence or embarrassment to others casual jeans & leggings are not considered acceptable, unless participating in a trip or visit that requires harder wearing clothes (e.g. residential trips)
- When leading physical activities and/or PE lessons (including Sports Day), we may change into suitable clothing for that lesson (e.g. training shoes and track-suit)
- We do not wear excessive amounts of jewellery and understand our own Health and Safety responsibilities

THE DO'S AND DON'TS OF SOCIAL MEDIA!

DO THE FOLLOWING:

- ✓ If you're in a public forum, keep it light and positive. If you can't, keep quiet.
- ✓ Connect with colleagues with whom you feel safe. Don't connect with colleagues you're unsure about.
- ✓ Control your privacy settings. Keep up with the changes that Facebook etc makes to your privacy settings.
- ✓ Take care when posting pictures of yourself and others. If you tag a colleague, just think how you'd feel if they did the same to you.
- ✓ Disconnect from negativity. Unfriend or block those who continually blast you with negativity and trolling.
- ✓ Show what you're proud of. Done something great? Let people know.
- ✓ Use social media in your own time- outside working hours.
- ✓ Post with care.

DON'T DO THE FOLLOWING:

- ✗ Do not follow pupils or parents on Facebook or other forms of social media. There's little to gain and much to lose.
- ✗ Don't comment on status updates of pupils or parents. Even if it's positive, because you'll either be criticising or showing favouritism.
- ✗ Don't drink and tweet or post. Comments made after a bottle has been opened never look so wise or amusing in the morning.
- ✗ Do not post party pictures on social media. If you lost dignity and it was photographed this can be shared with others.
- ✗ Please don't share the beach photos or anything with a state of undress.
- ✗ Do not post during work hours. It just doesn't look good. Not even if it was scheduled.

STAFF CODE OF CONDUCT: QUICK REFERENCE GUIDE

All adults must model the behaviours we expect from our pupils;

□ The needs of our pupils come FIRST;

- ✓ We will never ignore instances of negative behaviours and take positive steps to restore the situation quickly;

- As a collective school we will work towards and encourage the highest possible level of achievement for all pupils;
- At all times we will value and respect pupils equally, treating them in a polite, positive, responsive and considerate manner;
- Apply the School's Positive Behaviour Policy as situations demand in order to encourage and develop appropriate behaviours;
- A calm, rational approach should be adopted by staff in all aspects of schooling. It is never acceptable to "shout" at a child in anger.
- All Adults must familiarise themselves with the School's Safeguarding/ Child Protection Policy- this is updated annually;
- The Designated Teacher for Child Protection is Mrs Luney (Primary 5) the Deputy Designated Teacher for Child Protection is Mrs Carberry (Primary 5);
- Ensure that you do not breach professional boundaries and do not act in a way that could be misinterpreted or otherwise leave you vulnerable to allegations of inappropriate behaviour;
- Staff Mobile Phones must not be used during teaching time or when in contact with pupils;
- Teachers must ensure all teaching materials are appropriate in terms of content and level of pupil attainment;
- ✓ Be positive in your thinking and approach (constructive not destructive, seeking solutions and having a go);
- ✓ Adhering to deadlines and keeping to time;
- ✓ De-personalising issues (professional cloak, focus on solving the issue);
- ✓ Communicating effectively, clearly, honestly and transparently with all stakeholders;
- ✓ Demonstrating fairness and consistency showing appreciation (taking time to thank and acknowledge the contributions of others);
- ✓ Respecting the environment and each other (taking shared ownership of our school).

APPENDIX FOUR USEFUL CONTACTS

Child Protection School Support (CPSS) 028 9598 5590

Duty Social Worker Gateway Team (Health & Social Care Trust)

Gateway Team	Contact Number: <u>0300 1234 333</u>
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Should any adult in the school find themselves in the rare position of being the only adult remaining in the school and in need of immediate safeguarding advice, they should use the contacts below (in the given order) to seek help:

1. CPSS (Child Protection School Support)
2. Social Services Gateway Team
3. Out of Hours Duty Social Worker

OTHER CONTACTS

Childline:	0800 1111
Child Sexual Exploitation Helpline NSPCC:	0800 389 1701
PSNI:	0845 600 8000
24 Hour Domestic & Sexual Violence Helpline:	0808 802 1414
NSPCC Adult Helpline (For adults concerned about a child):	0808 800 5000 Text: 88858

Useful websites:

www.familysupportni.gov.uk

www.nspcc.org

www.addictionni.com



If a parent has a potential Child Protection concern within the school

I have a concern about my/a child's safety



I can talk to the class teacher



If I am still concerned I can talk to the Chair of the Board of Governors



If I am still concerned I can talk to the Designated/ Deputy Designated Teacher for Child Protection or the Principal



At any time I can talk to the local Children's Services Gateway Team or PSNI Central Referral Unit at 101

If you have escalated your concern as set out in the above flow chart and are of the view that it has not been addressed satisfactorily, you may revert to our Complaints Policy. If a parent has a concern about a child's safety or suspect abuse within the local community, it should be brought directly to the attention of the Children's Gateway Team.



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

Member of Staff completed the NOTE OF CONCERN (appendix 1) on what has been observed or shared and must ACT PROMPTLY.
The source of concern is notified that the school will follow up appropriately on the issues raised.

Staff member discusses concerns with the Designated Teacher (Mrs Valerie Luney, P5) or Deputy Designated Teacher (Mrs Jill Carberry P5) in her absence and provides note of concern.

Designated Teacher (Mrs Valerie Luney) should consult with the Principal (Mr Robert Smith) or other relevant staff before deciding upon action to be taken, always taking care to avoid undue delay.
If required advice may be sought from a **CPSS Officer, 028 9448 2223**

CHILD PROTECTION REFERRAL IS REQUIRED

Designated Teacher (Mrs V Luney) seeks consent of the parent/carer and/or the child (if they are competent to give this) unless this would place the child at significant harm, then telephones the Child Service Gateway Team and/or PSNI if a child is at immediate risk. The Designated Teacher will submit a completed UNOCINI form within 24 hrs.

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

CHILD PROTECTION REFERRAL IS NOT REQUIRED

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

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



Dealing with allegations of abuse against a member of staff

KEY POINTS

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

GUIDANCE ON THE NEXT STEPS...

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

POSSIBLE OUTCOMES

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

Precautionary suspension is not appropriate and the matter is concluded.

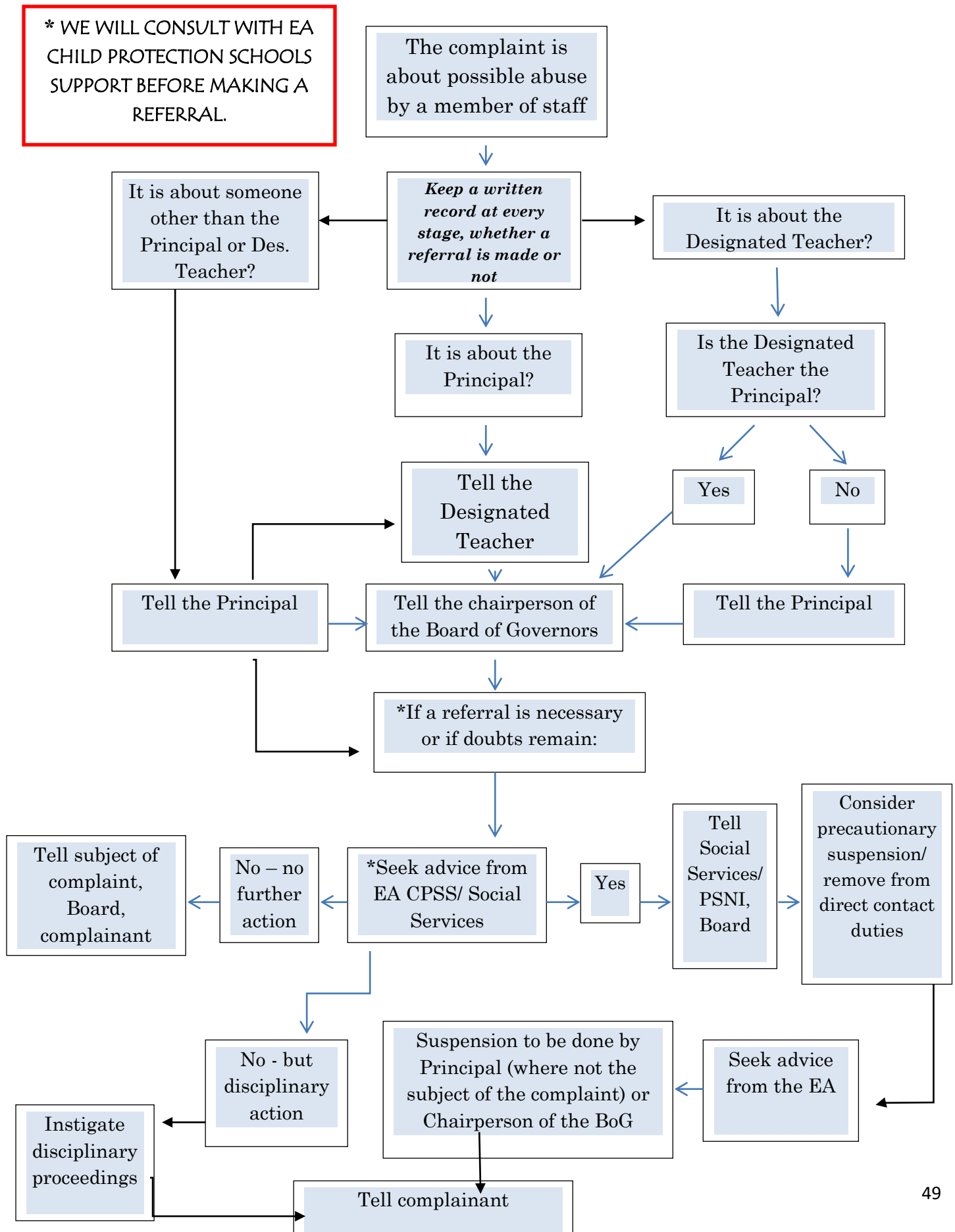
Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed.

Alternatives to precautionary suspension imposed.

* The Lead Individual should be identified at the outset, normally the Principal or designated senior member of staff.

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





CONFIDENTIAL

NOTE OF CONCERN

CHILD PROTECTION RECORD – REPORT TO DESIGNATED TEACHER

Name of pupil:

Year Group:

Date, time of incident/disclosure:

Circumstances of incident/disclosure:

Nature & 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: <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input style="width: 40px; height: 25px;" type="checkbox"/> NO <input style="width: 40px; height: 25px;" type="checkbox"/> </div> If NO state the reason:
Date and time of the Report to the Designated Teacher:
Written note from staff member placed on pupil's Child Protection file <input style="width: 40px; height: 25px;" type="checkbox"/> If NO state the reason:

Name of staff making the Report: _____

Signature of Staff: _____ Date: _____

Signature of DT: _____ Date: _____