LIMAVADY GRAMMAR SCHOOL

# CHILD PROTECTION POLICY

## 1. Child Protection Ethos

In Limavady Grammar School, we believe that it is the basic right of all children to receive their education free from humiliation, oppression and abuse in all of its forms, and that the welfare of the child is paramount. It is the responsibility of all adults to ensure that the education of children takes place in an atmosphere which is caring and protective.

Our Child Protection Policy aims to support the child's development in ways which will foster security, confidence and independence. It is central to the well-being of the pupils and is seen as an intrinsic part of all aspects of the curriculum. It also reflects our school ethos of ***learning, caring and preparing for life.***

All staff, teaching and non-teaching, should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

## 2. Key Principles

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection- A Guide for Schools" (DENI Circular 17/04 amended September 2019; updated June 2020) 'Co-operating to Safeguard Children and Young People in Northern Ireland' (DHSSPSNI, 2017), and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2017).

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

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

## 3. Links with Other Policies/Protocols:

The school has a duty to ensure that safeguarding permeates all activities and functions. The Child Protection Policy therefore complements and supports a range of other school policies and protocols including:

- Positive Behaviour
- Anti-Bullying
- Use of Reasonable Force/Safe Handling
- Special Educational Needs
- Educational Visits
- Relationships and Sexuality Education
- Mobile Phones

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- e-Safety
- Intimate Care
- Medicines
- Health and Safety
- First Aid
- Attendance
- Whistle blowing

A copy of these documents is available on application to the Principal.

## 4. Roles and Responsibilities

## 4.1 The Safeguarding Team

The Safeguarding Team is made up of the following key stakeholders:

- Chairman of the Board of Governors: Mr G Hill
- Designated Governor for Child Protection: Dr P Finlay
- Principal: Mrs NJ Madden
- Designated Teacher: Mr C Little
- Deputy Designated Teachers: Miss M Doherty, Mrs L McFarland and Mrs L Steen
- Vice Principal (Pastoral): Mr C O'Donnell

The main role of the team is to:

- monitor and periodically audit the safeguarding and child protection arrangements in the school;
- identify any actions required to address audit findings or ETI inspection of its safeguarding/child protection arrangements;
- provide support for the Designated and Deputy Designated teachers in the exercise of their child protection responsibilities, including recognition of the emotional and administrative demands of these posts.

The roles and responsibilities of individual members of the Safeguarding team are summarised in **Appendix 1**.

## 4.2 The Board of Governors

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

- that a Designated Governor for Child Protection is appointed;
- that a Designated Teacher for Child Protection and Deputies are appointed, and that the Board understands fully their roles;
- that safeguarding and child protection training is given to all staff and governors, including refresher training;
- that safeguarding/child protection is a standard item on the agenda of Board of Governor meetings and that a full annual report on all child protection matters is received. This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff;

- that the school has a Child Protection Policy which is reviewed annually and parents and pupils receive a copy of the child protection policy (or summary) and complaints procedure every two years;
- that the school has an Anti-bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. In accordance with the Addressing Bullying in Schools Act (NI) 2016;
- that the school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance;
- that there is a staff code of conduct for all adults working in the school;
- that all Board members attend relevant child protection/safeguarding training - every four years;
- that all employees and volunteers are recruited and vetted, in line with DE Circular 2012/19;
- that child protection records are kept in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2020/07 Child Protection: Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

## 4.3 The School Staff

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

Members of Staff must:

- be familiar with the Child Protection Policy and abide by the Code of Conduct (See Appendix 4) contained within it;
- refer concerns to the Designated/Deputy Teacher for Child Protection- the Note of Concern (Appendix 8) can be used for this purpose;
- listen to what is being said and support the child;
- act promptly;
- make a concise written record of a child's disclosure using, if possible, the actual words of the child;
- keep the Designated Teacher informed, as appropriate, through a written Interview Record or verbally about poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse, concerns about home conditions including disclosures of domestic abuse;
- pass on concerns about bullying to the Head of Year or Senior Team Liaison;
- avail of whole school training and relevant other training regarding safeguarding children;
- **NOT** give children a guarantee of total confidentiality regarding their disclosures;
- **NOT** investigate or ask leading questions.

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

## 4.4 Parents

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

Parents should play their part in Safeguarding and Protection by:

- ensuring that the school has up to date contact details.
- informing the school if the child has a medical condition or educational need.
- notifying the school of any change in their child's circumstances eg change of address, change of parental responsibility.
- in the event of their child's absence, sending in a note on the child's return to school, so as the school is reassured as to the child's well-being.
- making requests to the school in advance for permission to allow their child to attend a medical or other appointment.
- informing the school whenever anyone, other than themselves, intends to pick up the child in the event of illness or injury. In any event, the person collecting the sick or injured child should report to Reception.
- familiarising themselves with the School's safeguarding policies eg Anti Bullying, Positive Behaviour, e-Safety and Child Protection Policies.
- reporting to Reception when they visit the school.
- raising concerns they have in relation to their child with the school.
- providing the school with a copy of any relevant Court Order.
  More information on parental responsibility can be found on the EA website at:
  https://www.eani.org.uk/sites/default/files/2018-10/cpsss_parental_responsibility_leaflet_0.pdf

## 4.5 Pupils

Pupils are expected to respect fully the rights of other members of the school community and to contribute actively to the ethos of mutual tolerance in the school. Pupils are encouraged to share their concerns with an appropriate member of staff and will have an opportunity to address various aspects of child protection through their Personal Development Programme and through their routine classes. Year 13 and Year 14 pupils have a key role to play in promoting a safe and mutually tolerant ethos in the school.

## 4.6 Adult Helpers

Adults who help with sport or any extra-curricular activity are expected to cooperate fully with vetting procedures and to abide by the Staff Code of Conduct.(see Appendix 4)

## 5. Making the Policy Effective: Safeguarding the Ethos

### Create a Positive Climate

- Provide an environment throughout the school in which each child feels valued.
- Encourage discussions in an atmosphere of trust, acceptance and tolerance.
- Identify a range of people with whom children can share concerns and discuss their problems.
- Ensure that the school has an effective Anti Bullying Policy and that the prevention of bullying is specifically addressed.
- Review the Child Protection Policy annually.
- Ensure that access to the school is controlled and that visitors report to Reception, where they will sign in/out and be issued with a visitor pass.

### Via the Curriculum

- Develop a Personal Development programme at KS3 and KS4 that integrates key issues of

safeguarding and child protection, particularly developing awareness and skills of personal safety as part of the Learning for Life and Work curriculum. This includes appropriate advice on e-safety.

### Supporting Pupils in Need

- Recognise that children have a right to be heard, listened to and taken seriously.
- Monitor each child's welfare and physical, emotional, social, intellectual and behavioural development.

### Supporting Staff

- Encourage staff to attend courses to develop their own skills.
- Raise staff awareness of the types and signs of abuse.
- Provide clear information to staff about the Code of Conduct (Appendix 4), their statutory responsibilities and how they should respond to reports or signs of abuse.
- Inform staff of the importance of accurate up-to-date record-keeping and report writing.
- Provide opportunities for staff to discuss child protection issues and to share concerns.

### Parents

- Inform parents of the School's Child Protection Policy.
- Respect the rights of parents to be consulted and involved in matters which concern their child and their family.

### Other Agencies

- Liaise closely with Social Services, PSNI etc
- Attend joint agency meetings when possible.

### Notice Boards

- Maintain a notice board in the school containing all essential pastoral information and contact numbers.
- Ensure that essential pastoral information is displayed on the Form notice board in each classroom.

### Pre-employment Checks

- Schools are required to request pre-employment criminal history background checks on prospective employees and volunteers. Responsibility for undertaking criminal history background checks in Northern Ireland lies with AccessNI (www.accessni.gov.uk).
- All new paid teaching and non-teaching stall, all examination invigilators, and all private contracted drivers must have an Enhanced Disclosure Certificate from AccessNI.
- Anyone employed via the EA payroll will be vetted by them.
- All assistants working in Northern Ireland will need to provide a police clearance certificate from their home country.
- Before the vetting procedure is completed, staff or volunteers may not engage in a Regulated Activity ref DE Circulars 2012/19 and 2013/01.
- Any volunteer who works unsupervised must be vetted; a volunteer who works under supervision is not required to be vetted, at the principal's discretion.

## 6. Definition of Harm

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can

also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

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

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

**(Co- operating To Safeguard Children and Young People in Northern Ireland 2017)**

Harm can be caused by:

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

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

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

**Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

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

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

Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited

will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse,

Grooming is often associated with Child Sexual Exploitation, but can be a precursor to other forms of abuse.

**A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.**

The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child. More detailed information on the main types of abuse as well as their physical and behavioural indicators is included in **Appendix 2.**

**CHILDREN WITH INCREASED VULNERABILITIES**

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English and sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see these in **Appendix 9.**

**ADULT SAFEGUARDING (for pupils over 18)**

An 'Adult in need of protection' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- personal characteristics and/or
- life circumstances and
- who is unable to protect their own well-being, property, assets, rights or other interests; and
- where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

The decision as to whether the definition of an 'adult in need of protection' is met will demand the careful exercise of professional judgement applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.

https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf

**RESPONDING TO SAFEGUARDING AND CHILD PROTECTION CONCERNS**

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

## 7. Recognising that a Child Might be Experiencing Abuse

### Child abuse may come to your attention in a number of ways:

- You may have concerns about a child's appearance, behaviour or physical condition.
- Another child may volunteer information.
- An adult may bring something to your attention.

### Signs to be alert to:

- Unexplained bruising or other injuries (particularly if this happens regularly).
- Sexually explicit language or actions (especially if not age appropriate).
- Sudden changes in behaviour or the way a pupil presents in class.
- Reluctance to go home or running away from home – attendance problems.
- Something the child may say eg inconsistencies in explanations.
- A change that is noticed over time eg losing weight or becoming increasingly dirty or unkempt.
- Parents show little, or no concern about the child or show little warmth or empathy.
- Self-harming.
- Eating disorders – weight loss.
- Stealing/lying, attention seeking.
- Low self-esteem.
- The child's friends express concerns.
- Crying.

**However,** a child could display some or all of these signs and there is a non-abusive reason behind them. Similarly, a child may be giving no signs but you get a feeling that something is wrong.

**If you have concerns, it is not your responsibility to decide if it is abuse or to prove it, but it is your responsibility to act on your concerns and discuss these with the Designated Teacher.**

Further information on possible signs and symptoms of abuse can be found in **Appendix 2**

## 8. How to Respond to a Child's Disclosure

### Receive

- Listen, but do not interview for details. Stay calm and try not to show shock or disbelief.
- Show and tell the child that you are taking what he or she says seriously.
- Make brief, cursory notes, using the child's own words, if possible. More detailed notes should be written up as soon as possible after the conversation with the child has ended.
- Feel privileged that the child has trusted you and has felt able to open up to you.

### Reassure

- Reassure the child that he/she will be safe and his/her interests will come first.
- No promise of confidentiality can, or should be, made to a child or anyone else giving information about possible abuse. However, you can reassure them that information will be disclosed only to those professionals who need to know.

### Respond

- Respond to the child only as far as is necessary for you to establish whether or not you need to refer the matter.
- Do not interrogate or ask leading questions- this may invalidate your evidence and the child's in any later court proceedings. You could say things like: "Tell me what has happened."

- Do not ask the child to write an account of their disclosure for the record.
- Do not make a judgemental comment about the alleged offender, the child may love him/her and may one day be reconciled with them.
- Explain what will happen next and to whom you have to talk.
- Keep in contact with the child – he/she trusted you and will value your support.
- Try not to rush.

### Record

- Make notes at the time using the child's own words, and write up as soon as possible.
- Do not destroy original notes- you may be asked for these later.
- Note the time, date and place, and people present, as well as what is seen and said.
- Record any non-verbal behaviour and physical injuries.
- In the case of possible physical abuse, any injuries/bruises may be recorded on a diagram (do not photograph or ask them to remove any clothing).

### Report

- Share the information with the Designated Teacher as soon as possible and hand over any notes- these may be used in subsequent court proceedings. The Note of Concern (Appendix 8) can be used for this purpose.
- Respect confidentiality i.e. the matter should only be discussed on a need to know basis.

**Appendices 6 & 7** outline the procedures to be followed if an allegation of possible abuse is received.

## 9. Procedures for Raising Concerns in Relation to Child Abuse

### 9.1 How a Parent/Guardian can Raise a Concern

At Limavady Grammar School we aim to work closely with parents/guardians in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a child protection concern they can talk to the Principal or Designated Teacher for Child Protection. If they are still concerned they may talk to the Chair of the Board of Governors. At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the **flowchart in Appendix 3.**

### 9.2 Where the school has concerns or has been given information about possible abuse by someone other than a member of the school's staff

Where staff become aware of concerns or are approached by a child, they **should not investigate** – this is a matter for the Social Services or PSNI – but should report these concerns immediately to the Designated Teacher, discuss the matter with him and make a full report, including any notes that have been made. If the Designated Teacher is not available the report should be made to one of the Deputies.

This record should be of a factual, objective nature and should include what was seen, said, heard or reported, the place, time and who was present. The person who reports the incident must treat the matter in confidence. Where possible, the Note of Concern form (see **Appendix 8**) should be used for this purpose.

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

The Designated Teacher may need to seek discreet preliminary clarification from the person making the complaint or giving the information or from others who may have relevant information. The Designated Teacher will consult with the Principal (or Vice Principal if the Principal is unavailable) and may also contact the EA Designated Officer for Child Protection or Social Services (Gateway Team) before a referral is made to Social Services or the PSNI. No decision to refer a case to Social Services will be made without the fullest consideration. The safety of the child is our prime priority.

Referrals to Social Services may be made by telephone in the first instance and within 24 hours will be followed by the completion of a UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form. A copy of the UNOCINI form will be placed in the school's child protection file.

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

If the concern relates to a student over the age of 18 the Designated Teacher will discuss the concerns with the Trust Adult Safeguarding Team or the Team with responsibility for Vulnerable Adults. This team will assess the level of risk.

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

This procedure with names and contact numbers is shown in **Appendix 3.**

### 9.3 Where an allegation has been made about possible abuse by a member of the school's staff or a Volunteer.

If an allegation about possible child abuse is made against a member of staff or volunteer, the Principal/Designated teacher (or the Deputy Designated Teacher if they are not available) must be informed immediately. A Lead Individual will be identified from within the SLT to manage the handling of the allegation from the outset: this will normally be the Principal. The above procedures will apply (unless the allegation is about the Principal/Designated Teacher). In the case of an allegation against a volunteer, if there is any concern that a child may be at risk, the services of the volunteer should be terminated immediately by the Principal.

If an allegation is made against the Designated Teacher, the Principal should be informed.

If an allegation is made against the Principal, the Designated teacher should be informed: he will inform the Chairperson of the Board of Governors who will ensure that the necessary action is taken, in consultation with the employing authority.

This procedure is shown in **Appendix 6** and is in keeping with the current DE guidance (DE Circular 2015/13).

If you are not satisfied with the way in which a Child Protection complaint has been dealt with by the Designated Teacher you can appeal to the Principal. If you are still not satisfied you can raise your concerns with the Chairman of the Board of Governors. Thereafter, if you are still dissatisfied, you should address your concerns to the Northern Ireland Public Services Ombudsman.

## 10. Attendance at Child Protection Case Conferences & Other Social Services Meetings.

The Designated Teacher/Deputy Designated Teacher or Principal may be invited to attend an Initial and/or Review Child Protection Case Conference, core group or family support meeting convened by the relevant Health & Social Care Trust and, where possible, a school representative will be in attendance. A written report will be provided for these meetings and will be compiled after discussion

with relevant staff. Feedback will be given to staff under the 'need to know' principle on a case-by-case basis. Children whose names are on the Child Protection Register will be monitored in line with what has been agreed in each child's protection plan.

## 11. Consent

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

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

In the case of a student over the age of 18, consent will always be sought from the person for a referral to statutory agencies. If consent is withheld then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case, contact will be made with the local Adult Protection Gateway to seek further advice. In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

The principle of consent (over 18) may be overridden if there is an overriding public interest, for example in the following circumstances:

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

## 12. Confidentiality and Record Sharing

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

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

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

## 13. Record Keeping

All child protection records, information and confidential notes are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DE policy on the disposal of child protection records these records will be stored from the child's date of birth plus 30 years.

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

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

## 14. Safeguarding in the Curriculum

The school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its preventative curriculum. The safeguarding of children is an important focus in the school's Personal Development programme and is also addressed where it arises within the context of subjects.

## 15. Safe Recruitment Procedures

All staff paid or unpaid who are appointed to positions in the School are vetted / supervised in accordance with relevant legislation and Departmental guidance. See Section 5.

## 16. Code of Conduct for all Staff Paid Or Unpaid

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

All school employees, volunteer helpers, sports coaches and placement students are expected to comply with the Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors. (See Appendix 4).

## 17. Staff Training

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

## 18. Use of Photographs & Electronic Images

- Permission must be obtained – in line with current GDPR Procedures.
- Images must only be used for school purposes.
- Images should be stored on a school device, unless alternative authorisation has been granted.

- Unless permission has been obtained, published images of children should only be accompanied by the first name.
- Images can only be used in accordance with the permissions which have been granted on the GDPR forms, or the School App, as appropriate.
- If in doubt, consult the Principal.

## 19. Visitors to the School

- All visitors must report to Reception and sign in. They may then be issued with a visitor's pass if they are likely to be unaccompanied in the building or grounds.
- There is a protocol for inviting guest speakers into School - see **Appendix 5**

## 20. Contact with Outside Agencies

In all matters relating to Child Protection, contact with outside agencies will normally be done by the Designated Teacher or Principal. If contact is made by an Outside Agency (such as Social Services) and the Designated Teacher and Deputies are not available, the query will be referred to the Principal or to the appropriate Head of Year or member of the Senior Leadership Team. This arrangement will also apply during periods of school closure.

## 21. 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.

This policy reflects the UN Convention of the Rights of the Child adopted as legally binding in 1999.

Signed _____G Hill_____ (Chairman of the Board of Governors)

Date _____150622_____

Signed _____N Madden_____ (Principal)

Date _____150622_____

Date for Review June 2023

This version supersedes version 160621

LIMAVADY GRAMMAR SCHOOL

# Appendix 1: The School Safeguarding Team: Individual Roles & Responsibilities

### The Chairman of The Board Of Governors

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

In the event of a safeguarding or child protection complaint being made against the Principal, it is the Chairperson who must assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department, employing authorities, and the school's own policies and procedures.

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

### The Designated Governor for Child Protection

Advises the Board of Governors on:

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

### The Principal

The Principal, as the Secretary to the BoG, will assist the BoG to fulfil its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and termly inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff.
The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT Designated Teacher posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme.

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

The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

### Designated Teacher (And Deputies)

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

- providing child protection induction and refresher training for all teaching and non-teaching staff; to be delivered a minimum of once every two years.

- discussing child protection concerns with teaching/support staff.
- participating in child protection training.
- maintaining a current awareness of early intervention supports and other local services.
- attending child protection case conferences and other relevant case planning meetings where appropriate and practicable.
- liaising with the Principal and EA Officers for Child Protection in cases of suspected child abuse.
- making referrals to other agencies, with the Principal's knowledge.
- maintaining and securely storing appropriate child protection records.
- notifying the Chair of the Board of Governors (in the event of a complaint against the Principal).
- leading the development and annual review of the School's Child Protection Policy.
- promoting a safeguarding and child protection ethos within the school.
- providing a written annual report to Governors on child protection activity.
- acting as a point of contact for staff (and parents) in relation to child abuse concerns.

## Appendix 2 Types of Abuse and Physical/Behavioural Indicators

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

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

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing conversation by the child, or his parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents
- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding
- by a child not thriving or developing at a rate which one would expect for his age and stage of development
- by the observation of a child's behaviour and changes in his behaviour
- by indications that the family is under stress and needs support in caring for their children
- by repeat visits to a general practitioner or hospital.

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

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

2.4 Suspicions should be raised by e.g.

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

2.5 Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

**Parental Response to Allegations of Child Abuse Which Raise Concern**

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

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

**Physical Abuse**

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

2.8 It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.

2.9 Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.

2.10 If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.

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

**Recognition of Physical Abuse**

**a) Bruises + Soft Tissue Injuries**

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

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

2.13 Less common sites for accidental bruising include:

- Eyes
- Ears
- Cheeks
- Mouth
- Neck
- Shoulders
- Chest
- upper and inner arms
- stomach
- genitals
- upper and inner thighs
- lower back and buttocks
- upper lip and frenulum
- back of the hands.

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

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

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

**The following should give rise to concern e.g.**

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

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

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

**b) Eye Injuries**

2.17 **Injuries which should give cause for concern:**

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

**c) Burns and Scalds**

2.18 **Accidental scalds often:**

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

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

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

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

- a responsible adult checks the temperature of the bath before a child gets in to it
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.
- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks

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

**d) Fractures**

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

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

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

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

**e) Scars**

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

**f) Bites**

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

**g) Other Types of Physical Injuries**

2.26

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

**h) Fabricated or Induced Illness**

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

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

2.29 There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.
(R v Cannings (2004) EWCA Criml (19 January 2004)).

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

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

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

- failure to thrive/growth faltering (sometimes through deliberate withholding of food)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions
- pyrexia (high temperature)
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen)
- apnoea (stops breathing)
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent ‘accidental’ overdoses (especially in very young children).

**2.32 Concerns may arise when:**

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

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

**Sexual Abuse**

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

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

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

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

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

2.39 It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused. Some indicators take on a greater, or lesser, importance depending upon the child's age.

**Recognition of Sexual Abuse**

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

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

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

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

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

2.43 **Possible behavioural indicators include:**

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

**Primary School Age Children**

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

- poor peer group relationships and inability to make friends

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

**The Adolescent**

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

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

2.46 **Possible behavioural indicators include:**

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

**Emotional Abuse**

2.47 Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.

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

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

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

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

**Recognition of Emotional Abuse**

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

**Child Behaviours associated with Emotional Abuse**

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

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

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc.
- marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction
- physical problems such as repeated illnesses, severe eating problems, severe toileting problems
- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride
- lack of any sense of pleasure in achievement, over-serious or apathetic
- over anxiety, e.g. constantly checking or over anxious to please
- developmental delay in young children, and failure to reach potential in learning.

**Parental Behaviour Associated with Emotional Abuse**

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

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child

- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

**Neglect**

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

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

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

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

**Recognition of Neglect**

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

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

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

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

**Child**

2.63 **Health presentation indicators include:**

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

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

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

2.65 **Family and social relationship indicators include**

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

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

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

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

2.67 **Lack of stability indicators include:**

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home
- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

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

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

2.69 **Social Presentation**

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

2.70 **Health**

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

**Home and Environmental Conditions**

2.71 The following home and environmental conditions should be considered:

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

**2.72 Impediments to ongoing assessment and appropriate multidisciplinary support**

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable;
- familiarity breeding contempt; and
- failure to make connections with information available from other services. (Hammersmith & Fulham Inter-Agency Procedures 2002)

**Children with Disability**

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

**Recognition of Abuse of Children with Disability**

2.74 Recognition of abuse can be difficult in that:

- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care

- there is a reluctance to accept that children with disabilities may be abused.

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

**Risk Factors Associated with Child Abuse**

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

**Child**

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

**Parents**

- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- show 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/debt
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently
- large family

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**Child Abuse in Other Specific Circumstances**

## Bullying

The procedure for referral and investigation of abuse may be implemented in certain circumstances: when anti-bullying procedures have failed to be effective; bullying is persistent and severe, resulting in the victim suffering/likely to suffer significant harm; there are concerns that the bullying behaviour is indicative of the bully suffering/likely to suffer significant harm, or where concerns exist in relation to the parents/carer's capacity to meet the needs of the child (either victim or bully).

## Children Who Display Harmful Sexualised Behaviour

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

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

### What is Harmful Sexualised Behaviour?

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

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

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

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

### Grooming

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order to facilitate abuse before the

abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.
If a member of staff becomes 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**

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

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

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

**The potential indicators of CSE can include, but are not limited to:**

• Acquisition of money, clothes, mobile phone etc without plausible explanation.
• Leaving home/care without permission.
• Persistently going missing or returning late.
• Receiving lots of texts/phone calls prior to leaving.
• Agitated/stressed prior to leaving home/care.
• Returning distraught/ dishevelled or under the influence of substances.
• Requesting the morning after pill upon return.
• Truanting from school.
• Inappropriate sexualised behaviour for age.
• Physical symptoms or infections e.g. bruising, bite marks, sexually transmitted infections.
• Concerning use of the internet.
• Entering or leaving cars driven by unknown adults or by taxis.
• New peer groups.
• Significantly older 'boyfriend' or 'girlfriend'.
• Increasing secretiveness around behaviours.
• Low self-esteem.
• Change in personal hygiene (greater attention or less).
• Self harm and other expressions of despair.
• Evidence or suspicion of substance misuse.

Whilst these indicators can be usefully used to identify potential risk, it is important to note that their presence does not necessarily mean that CSE is occurring. More importantly, nor does their absence, mean that it is not.

When we become aware of young people below the age of consent engaging in sexual activity or where we have concerns about a 16/17 year old in a sexual relationship, the Designated Teacher has a duty to follow appropriate procedures and, where necessary, make a referral to Social Services**.**

**Domestic Violence and Abuse**

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

**Sexual Violence and Abuse**

Is defined as 'any behaviour (physical, psychological, verbal, virtual /online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).' Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent. **(Stopping Domestic and Sexual Violence and Abuse in Northern Ireland A Seven Year Strategy: March 2016)**

A child may live in a family where there is domestic abuse or a young person may be in a relationship where they become the subject of domestic abuse. In high risk cases involving domestic abuse Social Services and/or the Education Authority's Designated Officer for Child Protection will contact the school in order to help assess the child/young person's needs and to ensure that he/she is receives appropriate support. 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**

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.

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**Forced Marriage**

A Forced Marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced Marriage is a criminal offence in Northern Ireland, and where there is the knowledge or suspicion of a forced marriage in relation to a child or young person, the PSNI will be informed immediately. There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

**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.

In school we 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.

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 the PSNI and/or Social Services for advice and guidance. We may also seek advice from the EA Child Protection Support Service.

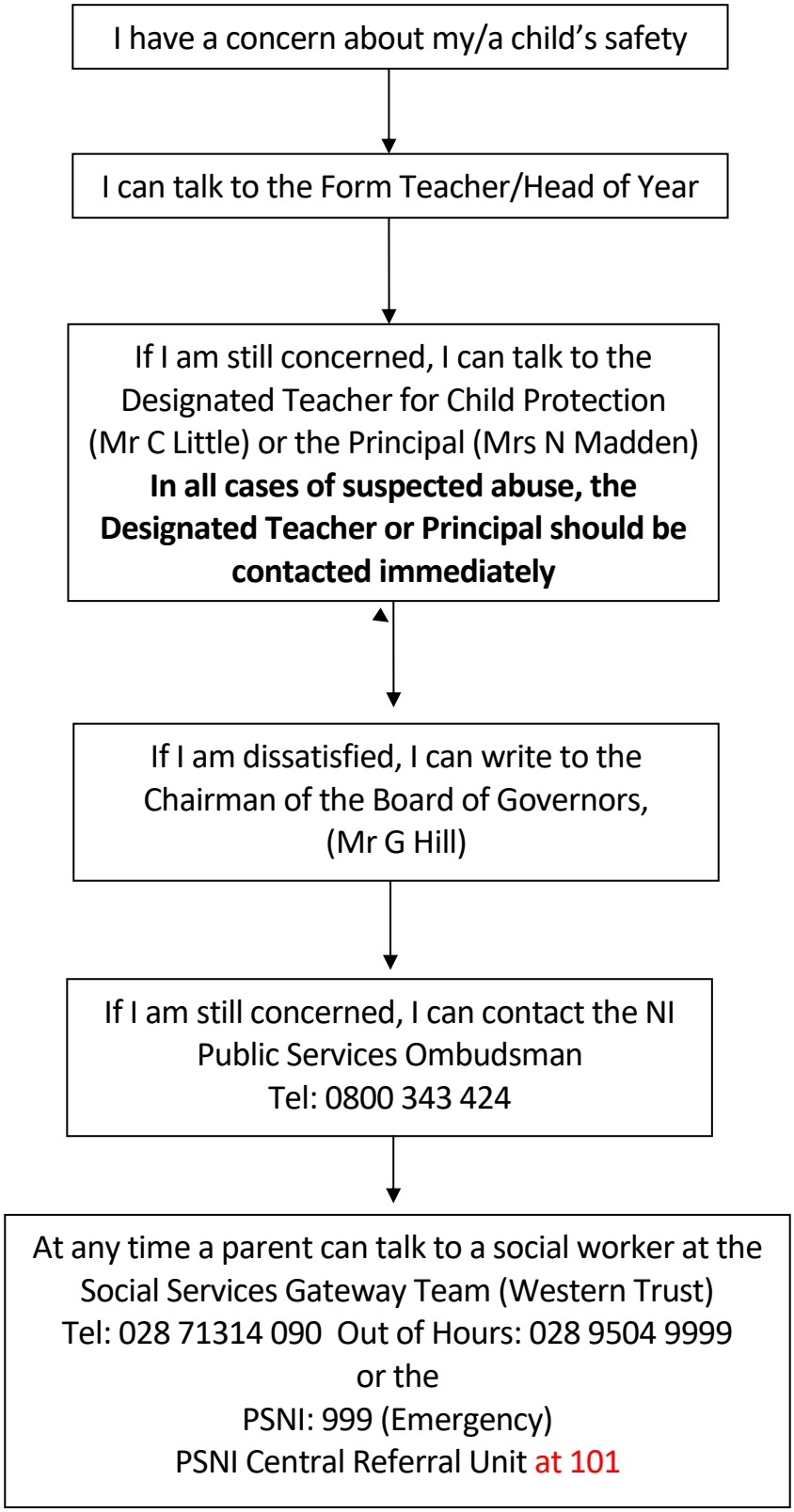
While offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all of the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing 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 also an offence under

the Criminal Justice and Courts Act 2015 (www.legislation.gov.uk/ukpga/2015/2/section/33/enacted) to share an inappropriate image of another person without the individual's consent. If a young person has shared an inappropriate image of themselves that is now being shared further, whether or not it is intended to cause distress, the child protection procedures of the school will be followed.

## Appendix 3 How a Parent/Guardian can raise a concern



LIMAVADY GRAMMAR SCHOOL

# Appendix 4 Code of Conduct for Staff and Volunteers

**Date Ratified by BOG: _____**
**Review Date: _____**

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

**The Code includes sections on:**
- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

**1. Setting an Example**

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

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

**2. Relationships and Attitudes**

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

**2.2** Staff and volunteers may have less formal contact with pupils outside of school; perhaps through mutual membership of social groups, sporting organisations, or family connections. Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.

**2.3** Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:
- acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders;
- co-operating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service; respect for school property;

- taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises;
- being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers;
- respect for the rights and opinions of others.

### 3. Private Meetings with Pupils

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

### 4. Physical Contact with Pupils

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

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

### 5. Honesty and Integrity

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

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

### 6. Conduct outside of Work

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

**6.2** Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school. Advice should be sought from the Principal when considering work outside the school.

### 7. E-Safety and Internet Use

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

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

**8. Confidentiality**

**8.1** Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should not be shared with any person other than on a need to know basis. In circumstances where the pupil's identity does not need to be disclosed, the information should be used anonymously.

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

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

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

**8.5** The school's child protection arrangements will include any external candidates studying or sitting examinations in the school.

## Appendix 5: Use of Outside Agencies

The activities which the agency or individual is to undertake should complement the ongoing programme within the school. Pupils should be prepared for the visit, a suitable room should be booked, the session should be uninterrupted and follow-up activities should be undertaken by the class teacher.

**A teacher should normally be present when an individual or a representative from an agency is taking a group of pupils.**

The following is a check list for ensuring the appropriateness of a speaker:

- **Have you got approval from the Senior Leadership Team and checked cost?**
- **Does the agency/individual have a specified Child Protection Policy?** If in doubt, ask to see it.
- **How will issues of confidentiality (if applicable) be dealt with?** The Designated Teacher must be informed of any disclosures which might suggest that a child is in any way at risk.
- **What resources e.g. videos, recordings, role plays will be used?** A member of staff should check that they are appropriate for the age range and maturity of the pupils.
- **Have they worked in other schools?** If necessary, contact the other schools to ask if they have any concerns. EA and Child Protection Team may also be contacted (usually via the Designated Teacher).
- **Is there a clear set of aims and objectives as well as lesson plans?** Check to see that these reflect those of our school.
- **Have parents been informed?** This is statutory if relating to sexual matters or drugs.
- **How will the session be monitored?** Staff/Pupil evaluation.

It should be made clear that the school may end any input from a visiting speaker if the school thinks it is appropriate to do so. This is a reciprocal agreement.

**Be aware that pupils may be affected when dealing with some sensitive issues.**

## Appendix 6:
## Procedure where an allegation has been made about possible abuse by a member of the school's staff.

**Key Points**

Lead individual learns of an allegation against a member of staff and informs the Chair/Vice Chair of BoG, as appropriate.
Chairman/Vice Chairman will consult with EA, as appropriate.

↓

**Guidance on the Next Steps**

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

↓

**Possible Outcomes**

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

↓ ↓ ↓ ↓

| | | | |
|---|---|---|---|
| Precautionary suspension is not appropriate and the matter is concluded. | Allegation addressed through relevant disciplinary procedures. | Precautionary suspension under Child Protection procedures imposed | Alternatives to precautionary suspension imposed |

## Appendix 7

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

Member of staff completes the Note of Concern (or equivalent) on what has been observed or shared and must ACT PROMPTLY.
Source of concern is notified that the school will follow up appropriately on the issues raised.

↓

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

↓

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

↓

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

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

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

## Appendix 8

### CONFIDENTIAL

### NOTE OF CONCERN

### CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

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

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| |
|---|
| Action taken at the time: |
| Details of any advice sought, from whom and when: |
| Any further action taken: |
| Written report passed to Designated Teacher: Yes: No:<br>If 'No' state reason: |
| Date and time of report to the Designated Teacher: |
| Written note from staff member placed on pupil's Child Protection file<br><br>Yes No<br><br>If 'No' state reason: |

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

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# Appendix 9

**Children with Increased Vulnerabilities**

- **Children with a disability**

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

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

- **Children with limited fluency in English**

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

- **Looked After Children**

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

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

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

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

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

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

- **Young people in supported accommodation**

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

- **Young people who are homeless**

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

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

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

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

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

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

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

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

- **Gender identity issues and sexual orientation**

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

Young people from the LGBTQ+ community will be supported to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation, in accordance with current DE policies and guidance

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

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

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

**Children/young people's behaviours**

- **Peer Abuse**

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

- **Self-Harm**

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

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

- **Suicidal Ideation**

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