ST THERESE OF LISIEUX PRIMARY SCHOOL

Child Protection and Safeguarding Policy

Article 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Nov 2024

Contents

Child Protection and Safeguarding Policy

We in St Therese of Lisieux PS have a responsibility for the safeguarding and protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. 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.

Key Principles of Safeguarding and Child Protection

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, "Co-Operating to Safeguard Children and Young People in Northern Ireland" (DOH, 2017), the Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" (DENI Circular 2017/04) and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2017). The central thrust of the Children Order is that the welfare of the child must be of paramount importance and the schools have a pastoral responsibility towards the children in their charge and should take all reasonable steps to ensure that their welfare is safeguarded and their safety is preserved

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.[1]

Child Protection and Safeguarding is an essential part of St Therese of Lisieux School's Pastoral Care Policies. It develops a framework for an agreed course of action and has implications for all members of the school community: pupils, teaching staff, non-teaching staff, voluntary helpers, parents and Governors.

[1] Co-Operating to Safeguard Children and Young People in Northern Ireland (March 2016) https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

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

- the child's welfare is paramount;
- the voice of the child 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.

Other Related Policies

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

- Pastoral Care Policy
- Anti-Bullying Policy
- Attendance Policy
- Promoting Positive Behaviour Policy
- Code of Conduct
- Complaints Procedure
- Data Protection Policy
- Educational Visits
- Online Safety Policy
- Acceptable Use of the Internet Policy
- First Aid and Administration of Medicines Policies
- Health and Safety Policy
- Intimate Care Policy
- Privacy Notice
- Disposal of Records Schedule
- Relationships and Sexuality Education
- Special Educational Needs and Disability Policy
- Use of Reasonable Force/Safe Handling Policy
- Whistleblowing Disclosures Policy

- Critical Incident Management Policy

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

Mission Statement

The Board of Governors, Principal and Management Team take seriously their primary responsibility for the safety and welfare of the children and staff in St Therese of Lisieux School as set out in the guidance of DENI and CCMS Child Protection Circulars. Every child has the fundamental right to be safe at school and every parent has the right to expect this from their child's school.

St Therese of Lisieux Primary school will do all in its power to keep children safe.

Aims

1. To create a safe and secure environment for all members of the school community.
2. Develop the children's skills in self protection through an agreed whole school curriculum initiative.

Objectives

This policy ensures that everyone who works in our school, teaching and non-teaching staff, volunteers and professionals from outside agencies and indeed anyone who has contact with our children in school, is aware of the procedures to follow in the event of suspected abuse or neglect of a child. Child Protection and Safeguarding is the responsibility of all who work/volunteer in our school.

The school will contribute by:

1. ensuring pupils have sufficient knowledge about themselves to be able to understand what constitutes appropriate and non-appropriate contact.
2. enabling children to become aware of strategies which they may use to protect themselves from possible abusive situations.
3. delivering an on-going programme of Personal Development and Mutual Understanding.
4. ensuring that all new staff, volunteers and professionals from outside agencies are made aware of Child Protection and Safeguarding Procedures on appointment.
5. ensuring all staff and regular voluntary helpers will have undergone security clearance.
6. ensuring that Designated and Deputy Designated Teachers avail themselves of all opportunities to update their knowledge of child protection procedures.

7. providing regular in-service training to maintain a working awareness among staff and volunteers of child protection issues and procedures.
8. maintaining the Child Protection Register and Child Protection Records securely in accordance with DE requirements.

School Safeguarding Team

The following are members of the school's Safeguarding Team:

- Chair of the Board of Governors- Mrs S Barronwell
- Designated Governor for Child Protection-Ms M McTaggart
- Principal-Mrs S McTaggart
- Designated Teacher- Mr F Coyle
- Deputy Designated Teacher- Mrs P Acum

Roles and Responsibilities

Designated Teacher/ Deputy Designated Teacher

Every school is required to appoint a Designated Teacher with responsibility for Child Protection. They must also appoint a Deputy Designated Teacher who as a member of the Safeguarding team will actively support the Designated Teacher in carrying out the following duties:

- the induction and training of all school staff including support staff and volunteers;
- being available to discuss safeguarding or child protection concerns of any member of staff;
- To share sensitive information about children on a 'need to know basis'.
- Have an understanding of the current assessment and referral processes through UNOCINI.
- responsibility for record keeping of all child protection concerns;
- maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs;
- making referrals to Social Services or PSNI where appropriate;
- liaison with the EA Designated Officers for Child Protection;
- keeping the school Principal informed;
- lead responsibility for the development of the school's child protection policy;
- Where a pupil on the child protection register changes school, the DT ensures that the Designated Teacher in the receiving school is informed of the child's circumstances and contact details of the child's Social Worker.
- promotion of a safeguarding and child protection ethos in the school; and
- compiling written reports to the Board of Governors regarding child protection.

The Role of the Deputy Designated Teacher is to support and undertake the duties of the Designated Teacher for Child Protection as required.

Principal

- assist the Board of Governors in fulfilling its safeguarding and child protection duties;
- ensure the Board of Governors are kept fully informed of all developments relating to safeguarding including changes to legislation, policy, procedures, DE circulars, inclusion of child protection on the termly meeting agenda;
- to manage allegations / complaints against school staff;
- to establish and manage the operational systems for safeguarding and child protection;
- to appoint and manage Designated and Deputy Designated Teachers who are enabled to fulfil their safeguarding responsibilities;
- to ensure safe and effective recruitment and selection including awareness of safeguarding and child protection for new staff and volunteers;
- ensure that parents and pupils receive a copy or summary of the child protection policy at intake and at a minimum every 2 years; and
- to maintain the schools record of child abuse complaints.

Board of Governors

- a Designated Governor for Child Protection is appointed;
- a Designated and Deputy Designated Teacher are appointed in their schools;
- they have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection;
- safeguarding and child protection training is given to all staff and governors including refresher training;
- the school has a child protection policy which is reviewed annually and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
- the school has an anti-bullying policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016;
- there is a code of conduct for all adults working in the school;
- all school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19;
- they receive a full annual report on all child protection matters, as well as termly updates, including details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff; and

- the school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2016/20 Child Protection: Record Keeping in Schools.

Chair of Board of Governors

The chair of the board of governors:

- has a pivotal role in creating and maintaining a safeguarding ethos;
- receives training from CPSS and HR;
- assumes lead responsibility in the event of a CP complaint or concern about the principal; and
- ensures compliance with legislation, Child Protection record keeping and policies.

Designated Governor for Child Protection

Advises the Board of Governors on: -

- the role of the Designated Teachers;
- the content of child protection policies;
- the content of a code of conduct for adults within the school;
- the content of the termly updates and full annual Designated Teachers report; and
- recruitment, selection, vetting and induction of staff.

Other Members of School Staff

Members of staff must refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available, **as soon as possible**. Staff members can also refer concerns to the Principal.

Staff should complete a Note of Concern form (available in the staffroom) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.

Staff should not give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

It is the responsibility of all adults working/volunteering in the school to;

- Report Child Protection concerns/disclosures to the DT/DDT/Principal as soon as possible.
- Adopt safeguarding guidelines including the code of conduct for staff.
- Ensure that they are familiar with the Safeguarding and Child Protection Policy.

- Ensure they are aware of safeguarding and child protection procedures and attend training on these issues.
- Ensure that they are familiar with signs and symptoms of possible abuse.
- Act upon any concern, no matter how small it may seem, in accordance with the school's policy and procedures.
- Promote safe practice and challenge poor or unsafe behaviour.
- Ensure all health and safety procedures are adhered to.
- Ensure that they recognise behaviour as a means of communication.
- Teachers must deliver an on-going programme of Personal Development and Mutual Understanding.

Code of Conduct for all Staff and Volunteers

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Staff and Volunteers. Appendix 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 can play their part in safeguarding by informing the school:

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

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

Operation Encompass

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

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

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

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

Further information see The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022**.**

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.

Children may be abused in many settings, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them.

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

Harm can be caused by:

- Sexual abuse;
- Emotional abuse;
- Physical abuse;
- Neglect; and
- Exploitation.

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

Emotional Abuse 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 opportunity 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.

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.

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.

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.

Signs and Symptoms of Abuse

Because of their day-to-day contact with individual children, school staff are particularly well placed to observe acquired symptoms of abnormality or change in appearance, behaviour, learning pattern or development. A comprehensive list of signs and symptoms from the SBNI Regional Core Policies and Procedures is available as Appendix 13 and at **https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf.**

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in St Therese of Lisieux PS are aware of and have therefore included them in our policy.

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.

Adults may misuse online settings eg chat rooms, social and gaming environments and other forms of digital communications, to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared.

If staff become aware of signs that may indicate grooming, they will take early action and follow our child protection and safeguarding policies and procedures.

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.

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

Domestic and Sexual Violence

Domestic and Sexual violence and abuse can have a profoundly negative effect on a child's emotional, psychological and social well-being. A child does not have to witness domestic violence to be adversely affected by it. Living in a violent or abusive domestic environment is harmful to children.

Domestic violence and abuse is defined as 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.' Sexual Violence and Abuse is defined as 'any behaviour (physical, psychological, verbal, virtual /online perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).' (Stopping Domestic and Sexual Violence and Abuse in Northern Ireland- A Seven Year Strategy: March 2016).

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

Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in our school policy.

FGM is usually carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8. FGM is practised in 28 African countries and in parts of the Middle East and the Far East. It continues to be practised in some communities

in Western Europe. One of the difficulties is that FGM-practising families may not see it as an act of abuse. It is accepted practice in some communities, and this can make it very difficult for a girl or any other member of her family to come forward. Schools should be particularly alert for signs when a girl comes from a community where FGM is practised. A map indicating countries where it is known that FGM takes place is available at Appendix 12.

Indicators that FGM is imminent

Indicators that it might be about to take place include:

- being a girl between the ages of 5 to 8 within a community where FGM is practised
- when a female family elder visits, particularly if she arrives from another country
- a girl talking about a 'special procedure' or saying that she is attending a special ceremony to become a woman
- a girl being taken out of the country for a prolonged period.

Indicators that FGM may have taken place include:

- a girl having difficulty walking, sitting or standing
- she spends longer than normal going to the toilet
- she spends long periods of time away from the classroom during the day because of bladder or menstrual problems
- prolonged or repeated absences from school
- withdrawal or depression when a girl returns to school after a prolonged period of absence

As FGM is a form of child abuse, any concerns should be reported to the DT/DDT without delay. The DT/DDT will seek immediate advice from the CPSSS/ Gateway Team.

Forced Marriage

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

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities including disability, lack of fluency in English and being a Looked After Child. More information available at Appendix 8.

Children Who Display Harmful Sexual Behaviour

Child protection procedures require that issues of concern, including inappropriate sexual behaviour, should be notified to the Designated Teacher for Child Protection. The Designated Teacher in turn notifies the Principal and together they decide, taking advice as necessary, on the most appropriate course of action.

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. We support children, through PDMU and RE, 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 - 2022/02 - Children Who Display Harmful Sexual Behaviour to address concerns about harmful sexualised behaviour displayed by children and young people.

Healthy Sexual Behaviour may include some of the following characteristics:

- Exploratory and age appropriate
- Not intended to cause harm
- Fun / humorous
- Without power differentials

Healthy sexual behaviour has generally no need for intervention however there may be instances when interventions are applied, for example, it is not appropriate when displayed in school or during school activities. This may therefore be an opportune time for teachers to positively

reinforce appropriate behaviour, drawing on the guidance issued by the Department on Relationships and Sexuality Education (RSE).

Problematic Sexual Behaviour may include some of the following characteristics:

- Not age appropriate
- One off incident of low key touching over clothes
- Result of peer pressure
- Spontaneous rather than planned
- Lacking in other balancing factors e.g. no intent to cause harm, level of understanding, acceptance of responsibility
- Targeting other children, to irritate and make feel uncomfortable. Often the children are not scared and can feel free to tell someone
- Concerning to parents / carers

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. However, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the Education Authority CPSSS may be required.

What is Harmful Sexual Behaviour?

Harmful sexual 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 sexual 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 our positive behaviour policy but it is important to always apply principles that remain child centred.

Harmful sexual behaviour will always require intervention and in our school we will refer to our child protection policy, DE Circular - 2022/02 - Children Who Display Harmful Sexual Behaviour and seek the support that is available from the CPSS.

How to Respond to a Child who Makes a Disclosure

Child Protection raises issues of confidentiality which should be clearly understood by all staff. Staff have a professional responsibility to share relevant information about the protection of children with other professionals, and, where abuse is suspected, a legal duty to report this.

Where a child confides in a member of staff or a volunteer and requests that the information is kept secret it is important that the child is told sensitively that it may be necessary to share the information with those who need to know about it, and explain that this is important to ensure the child's safekeeping.

All staff and volunteers who receive sensitive information about children or parents in the course of their professional duties should be aware that such information is confidential, and is not to be made the subject of general conversation, or disclosed to others outside the school other than statutory officials, as required by this policy.

1. **Receive**
    - Stay calm
    - Listen to what the child is saying without displaying shock or disbelief
    - Accept what the child is saying
    - Be discreet
2. **Reassure**
    - Reassure the child that they have done the right thing by talking to you, do not make promises that you cannot keep (eg everything will be alright now, I'll stay with you)
    - Do not promise confidentiality, staff have a duty to refer the matter to the Designated Teacher for Child Protection. Explain that you will need to talk to the DT/DDT who will know what to do next
    - Do reassure and alleviate guilt if the child refers to it

3. Respond

- Respond to the child only as far as is necessary for you to establish whether or not you need to refer the matter to the Designated Teacher for Child Protection
- Do ask open questions (can you tell me what happened? Anything else you wish to tell me? Yes ….)
- Do not ask closed question (those that will evoke a yes/no response, eg Did _____ do this to you?). Such questions invalidate evidence where a subsequent court action is necessary
- Do not criticise the perpetrator as the child may love that person
- Do explain what you will do next (talk with the Designated Teacher who will know how to get help)

4. Record

- Make notes as soon as possible after hearing what the child has said and write them up
- Do not destroy these original notes
- Record the date, time, place, people present and any noticeable non-verbal behaviour. Record the words the child used as much as possible – if the child uses 'pet' words record those rather than translating them into 'proper' words. Any injuries or marks noticed can be depicted on a diagram showing position and extent
- Record statements and observable things, rather than your interpretations and assumptions
- Sign the record and hand it to the Designated Teacher.
- Do **NOT** photograph any marks/bruises.

(All written records of concerns about children, even where there is no need to refer the matter immediately, are securely maintained, separate from the main pupil file, and in a locked location.)

5. Refer

- **Concerns about possible abuse must be referred to the Designated Teacher as soon as possible within the working day**. The Designated Teacher may consult the Principal and DDT in the decision making process regarding possible referral to statutory service. They may also consult the Child Protection Support Service for Schools and/or CCMS.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child

protection agencies, following a referral from the Designated Teacher for Child Protection in the school.

How a Parent Can Raise a Concern

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

If a parent has a concern they can talk to the class teacher, the Designated or Deputy Designated Teacher for Child Protection or the Principal. If they are still concerned they may talk to the Chair of the Board of Governors. If after this a parent still has concerns they can contact the NI Public Services Ombudsman. 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 5.**

Staff Procedures for Reporting Suspected/Disclosed Abuse

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see Appendix 1) and act promptly. They will not investigate - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff always taking care to avoid due delay. If required, advice may be sought from an Education Authority Child Protection Officer. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

If a child protection referral is not required the school may consider other options including monitoring, signposting or referring to other support agencies e.g. Family Support Hub or School Counsellor with parental consent.

If a child protection referral is required, the Designated Teacher will seek consent from the parent/carer unless this would place the child at risk of significant harm.

The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form. Where appropriate the source of the concern will be informed of the action taken. **See flowchart in Appendix 6.**

Where a Complaint has been made about Possible Abuse by a Staff Member/Volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal, then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 7** will be followed.

Consent

Concerns about the safety or welfare of a child, should, where practicable, be discussed with the parent and consent sought for a referral to children's social services in the local HSC Trust, unless seeking agreement is likely to place the child at further risk through delay or undermine any criminal investigative process (for example in circumstances where there are concerns or suspicions that a crime has taken place); or there is concern raised about the parent's actions or reactions. The communication/language needs of the parents/carers should be established for example in relation to disability/ethnicity and the parent's/carer's capacity to understand should be ascertained. These should be addressed through the provision of appropriate communication methods, including, where necessary, translators, signers, intermediaries or advocacy services.

Effective protection for children may, on occasions, require the sharing of information without prior parental/carer consent in advance of that information being shared.

Where staff decide not to seek parental consent before making a referral to children's social services in the local Health and Social Care Trust or the police, the reason for this decision must be clearly noted in the child's records and included within the verbal and written/UNOCINI referral.

When a referral is deemed to be necessary in the interests of the child, and the parents/carers have been consulted and do not consent, the following action should be taken:

- the reason for proceeding without parental consent must be recorded;
- the withholding of permission by the parent/carer must be included in the verbal and written referral to children's social services;

- the parent/carer should be contacted to inform them that, after considering their wishes, a referral has been made.

Staff making a referral may ask for their anonymity to be protected as far as possible because of a genuine threat to self/family. In such instances this anonymity should be protected with an explanation to the staff member that absolute confidentiality cannot be guaranteed as information may become the subject of court processes.

Confidentiality and Information Sharing

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

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will consider what information should be shared with the Designated Teacher in the receiving school. Past safeguarding concerns and the response to these can be significant, should concerns arise for the child at a later time. If the information, current or historical, is deemed to be relevant then it should be shared.

The Designated Teacher is responsible for ensuring that copies of relevant child protection records are transferred to the DT of the receiving school in the most secure and appropriate manner to minimise the risk of any data breach.

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

Record Keeping

Professional judgement will be required in assessing a concern and deciding when to commence a 'Child Protection Record'. Child abuse includes:

- neglect
- physical abuse
- sexual abuse
- emotional or psychological abuse
- exploitation (including sexual)
- domestic and sexual violence

- female genital mutilation
- children who display harmful sexualised behaviour

However, a child protection record might be commenced if there is evidence of a safeguarding risk of, for example, self harm, suicidal ideation or other behaviours that cause concern.

Any member of staff who has a concern about the welfare or safety of a child or young person should complete a '**Note of Concern'** (see Appendix 1)**.** Notes must be made as soon as possible after the incident to ensure an expedient response, and certainly within 24 hours, to maintain the accuracy and content of the report. These notes 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.

For some children a one-off serious incident or concern may occur and staff will have no doubt that this must be immediately recorded and reported. Sometimes, however, it is the accumulation of a number of small incidents, events or observations that can provide the evidence of harm being caused to a child.

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

The DT stores each 'Note of Concern' in the child's **Child Protection File** and supplements it with all other records created and acquired as the management of the concern progresses. A Child Protection File is separate to other education records/files and must be stored securely.

The Child Protection File should contain:

- Chronology of events/ action taken
- All records of concern
- Any notes initially recorded
- Records of discussions and telephone calls (with colleagues, parents and children/young people and other agencies or services)
- Correspondence with other organisations - sent and received
- Referral forms – both for support services and specialist services (irrespective of outcome)

- Formal plans linked to the child e.g. Child Protection plan, Child in Need Plan
- Risk assessments
- Risk Management Plans/ Individual Safety and Support Plans
- School reports to interagency meetings and conferences
- Minutes of interagency meetings e.g. Child in Need, Child Protection Conference
- Any other relevant notes/ papers

Relevant and accurate records are essential to inform effective decision making and assist in the sharing of appropriate information. **They should contain factual information or be clearly specified as unsubstantiated** and should include all relevant information even if it appears contradictory.

All records of a safeguarding/child protection nature are held securely within the school. Access to such records is restricted to the Principal and the Designated Teacher (DT) /Deputy Designated Teachers (DDT) for Child Protection. Any information held electronically is stored in the school's Private Folder, which is only accessible by the Principal and the DT. If information is shared with Gateway via email it will be password protected.

In accordance with DE guidance on the retention and disposal of child protection records any records supplied by Social Services will be destroyed when the child leaves the school or when the child is removed from the Child Protection Register. Other child protection records will be stored securely from child's date of birth plus 30 years.

Supporting Children through the Preventative Curriculum

The staff of St Therese of Lisieux Primary School recognise that the school plays a significant part in the prevention of harm to our pupils. The statutory personal development curriculum gives specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues in an age-appropriate way which helps them to develop appropriate protective behaviours.

We also recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging or they may be withdrawn.

We recognise that we have a pastoral responsibility towards all of our pupils, in particular to ensure their safety and wellbeing. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of all children so that they can develop coping strategies and can make positive choices in a range of situations. Support in developing skills in self-protection, confidence and wellbeing will be afforded as follows:

- Establishing and maintaining an ethos where children feel secure, are encouraged to talk, and are listened to.
- Ensuring that all children know who they can talk to if they have worries/concerns.
- DT/DDT photos and names, as well as NSPCC posters displayed through the school, Jokes, Worries and Concerns Box is used in every classroom.
- Capes Counselling in school every Monday.
- The content of the curriculum, particularly through Personal Development and Mutual Understanding, Religion and Relationships and Sexuality Education.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school's Promoting Positive Behaviour Policy, which is aimed at supporting all pupils in the school to understand the difference between acceptable and unacceptable behaviours towards themselves and others.
- Liaison with other agencies that support the pupil such as Social Services, Education Welfare Service, Educational Psychology, Behaviour Support Team, PSNI, the School Nurse, Capes Counselling Service, NSPCC, and AAIS, Harberton and Clarawood outreach teachers.
- Ensuing that children develop skills in self-protection by having events/programmes such as Assemblies, Internet Safety Week, Anti-bullying Month, Speak out-Stay safe**,** Talk Pants Fortnight, Roots of Empathy Programme, Helping Hands Programme, Anti Bullying Ambassadors scheme, Building Up and Honour Roll Programmes, where available.
- Parent Programmes offered where possible, including Talking About Tough Issues, Families Connect, KS2 Parent Support Group, Time Together Programme.
- Parent Workshops offered where possible, including Online safety, Stress Management, Building Resilience, Online Safety, Face to FaceTime, Birds and Bees. RISE Parent Workshops including Child Development, Managing Behaviour, Managing Sleep, Understanding Early Childhood Worry/Anxiety.

Online Safety

Online safety remains a paramount concern. 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. We want pupils to have the opportunity to avail of all the positive benefits that come from learning, exploring and connecting with each other online but also to know how to stay safe and act responsibly themselves.

In January 2014, the SBNI published its Report '*An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland*'. The report highlights the requirement to take appropriate preventative action to protect children and minimise the associated risks around online safety. These risks have been defined under four categories:

Content risks: The child is exposed to harmful materials.
Contact risks: The child participates in adult-initiated online activity and/or is at risk of grooming.
Conduct risks: The child is a perpetrator or subject to bullying behaviour in peer-to-peer exchange and/or is at risk of bullying, entrapment and/or blackmail.
Commercial risks: The child is exposed to inappropriate commercial advertising, marketing schemes or hidden costs/fraud.

To minimise these risks to children we;

- Provide filtered internet access through c2k including emails
- Develop awareness of the need for individual passwords and password security as pupils move up through the school
- Teach a planned, progressive and age appropriate online safety curriculum which is highlighted during Internet safety week in February each year.
- Cyber bullying is also addressed during Anti -bullying week in October.
- Carefully selected stories are used to develop awareness of online dangers and safety with younger children.
- Pupils are taught to be SMART online.
- Parents are asked for written permission for their child to use the internet in school.
- Pupils from P4-P7 have to sign up to a Code of Conduct/Acceptable Use Policy.
- Pupils are taught to report any worries or concerns about online content to their teachers/parents.
- The school website and ClassDojo publishes photographs of carefully selected pupils, whose parents have given written permission, to celebrate the life and work of the community. Pupil names are not used with the photographs.
- Our website and ClassDojo is a celebration of the life and work of the school. It publishes photos of pupils, with parental permission. Pupil names are not used with the photos.
- We also use a Twitter account to communicate with parents and the community. Parents and pupils are made aware of the age restrictions for this platform and therefore pupils

are not followers. Again, where photos that include pupils are tweeted, written parental permission will have been obtained and tweets will not include the names of pupils.

- We discourage parents from taking photos during assemblies, concerts, shows, sporting events etc. However, it is very difficult to prevent people from doing so. Therefore, we remind parents before events that many parents do not want photos of their children to be displayed on the internet/social media and ask that they refrain from doing so.
- Access to pupil data on SIMS is carefully controlled. The school maintains a 'Register of Access' that outlines who has access to different levels of data. Each staff member has their own SIMS password and is aware that it should not be shared.
- Staff have individual passwords and are aware that they should not share these. Passwords are changed regularly.
- Staff are aware of the need to report any issues with inappropriate content to the ICT Coordinator /DT/DDT as soon as possible. The ICT coordinator will report any inappropriate materials to C2k and log these, as well as actions taken to ensure it doesn't happen again. If the issue is Safeguarding/Child Protection, staff report to the DT/DDT.
- Staff awareness of the need for online safety is included in Safeguarding and Child Protection training for teaching and support staff.
- Staff have to sign up to an Acceptable Use Policy on using the internet, school-based technologies and personal mobile devices.
- Specific training in promoting online safety is accessed for key staff, including the DT and the ICT coordinator.
- Workshops are provided for parents in school to raise awareness of the dangers to children of unsupervised online access and strategies to promote online safety at home and at school. Sessions for parents by other providers in the community are advertised in the newsletter, by Twitter and ClassDojo, and materials by respected organisations are shared to highlight key safety messages.

Safe Recruitment Procedures

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

Access N.I verification

Anyone who comes in to work with our children on a regular basis, and who has unsupervised access to children, including volunteer helpers, parent helpers, NVQ students and sports coaches

will be asked to complete the Access NI form, as an Enhanced Disclosure Certificate (EDC) is required. Volunteers, usually parents, who accompany classes on school trips, to the swimming pool or to the church, will usually not be asked to obtain an EDC, as they will be supervised by school staff in line with the requirements of Circular 2024/10.

Visitors to the School

Visitors to schools, such as parents, suppliers of goods and services, to carry out maintenance etc do not routinely need to be vetted before being allowed onto school premises. However, such visitors are managed by school staff and their access to areas and movement within the school is restricted as needs require. Pupils coming into the school on work experience do not require Access NI clearance if they are fully supervised by school staff.

Visitors are:

- Met/directed by school staff/representatives.
- Signed in and out of the school by school staff.
- If appropriate, allowed restricted access to specific areas of the school.
- Where possible, escorted by a member of staff/representative.
- Clearly identified with visitor/contractor passes.
- Access to pupils is restricted to the purpose of their visit.
- If delivering goods or carrying out building/maintenance or repair tasks their work should be cordoned off from pupils for health and safety reasons.
- Not left unsupervised with children or young people;
- Are accompanied to the location of the meeting.

First Aid

St. Therese of Lisieux Primary School takes seriously any medical difficulties of which they have been made aware and provide relevant training to staff e.g. diabetes, anaphylaxis, epilepsy.
This training is refreshed annually, facilitated by the school health team. A number of classroom assistants /supervisors and teachers are trained in Emergency First Aid at Work. The school has an AED and training for key staff is refreshed regularly. The Heartstart Programme is delivered to our P7 pupils. Please see our First Aid Policy and Policy on Administration of Medication in School Policy.

Use of Photographs

Permission is requested for the use of children's photographs for display purposes, including the website and the school twitter account.

After School Activities

At St Therese of Lisieux Primary School we aim to provide a wide range of after school activities. All staff/coaches are given a summary of our Child Protection and Safeguarding Policy and are asked to sign and adhere to a Code of Conduct. We require all coaches and volunteers to have an enhanced Access NI check.

Development, Monitoring, Review and Evaluation of Policy including Future developments

This policy has been drawn up after consultation with the CPSS and will be monitored, evaluated and updated annually by the Safeguarding Team to take cognisance of future developments and changes in legislation to enable us to further improve the quality of provision for the benefit of all pupils and staff.

A summary of the policy will be given to the parents of new pupils at registration and to all parents every two years. It will be implemented through staff induction, our annual 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 Teachers for Child Protection, the Principal and periodically by our 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 Principal and the Designated Teacher.

Appendices

1. Note of Concern form
2. Record of Phone Updates for Social Services
3. Report for Child Protection Conference
4. Code of Conduct for Staff, Parents and Volunteers
5. How a Parent Can Raise a Concern/Make a Complaint in relation to Child Protection
6. Procedure where the School has concerns or has been given information, about possible abuse by someone other than a member of staff
7. Dealing with Allegations of Abuse Against a member of Staff
8. Children with Increased Vulnerabilities
9. Protecting Life in Schools-Identifying Warning Signs
10. Protecting Life in Schools-Responding to a Distressed Pupil
11. Protecting Life in Schools-Safeguarding Action Checklist
12. Female Genital Mutilation Map
13. Signs and Symptoms of Abuse from SBNI Regional Core Policies and Procedures https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf.

Appendix 1

St Therese of Lisieux Primary School
Confidential
Note Of Concern
CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil: Year Group:
Date, time of incident / disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action taken at the time:
Details of any advice sought, from whom and when:
Any further action taken:

Written report passed to Designated Teacher: Yes: No: If 'No' state reason:
Date and time of report to the Designated Teacher:
Written note from staff member placed on pupil's Child Protection file If 'No' state reason:

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Name of Designated /Deputy Designated Teacher:_____

Signature of Designated/Deputy Designated Teacher: _____ Date: _____

Appendix 2

St Therese of Lisieux Primary School
Record of Phone Updates for Social Services

Pupil's name: _____ __ **Class Teacher:_____**

Social worker:_____

Attendance:

Participation in teaching/learning activities:

Homework:

Behaviour in class:

Behaviour out of class:

Relationships/friendships:

Break/Lunch:

General remarks *(eg personal appearance, readiness/preparation for learning)*:

Any Other Concerns:

Signature of Designated Teacher:_____

Date:____

Appendix 3

St Therese of Lisieux Primary School
Report to Child Protection Conference

Pupil's name: _____ Year group: _____ Teacher:_____

Attendance in current school year: *(Please explain any absences.)*

Ability/attainment levels/educational performance:

Participation in teaching/learning activities:

Homework:

Behaviour in class:

Behaviour out of class:

Relationships with other children:

Relationships with teacher/other adults in school:

Relationships with family *(if relevant/known)*:

School's contacts with home *(eg telephone calls)*:

General remarks *(eg personal appearance, readiness/preparation for learning)*:

Any Other Concerns:

Class teacher:_____

Signature of Designated Teacher:_____

Date:_____

St Therese of Lisieux Primary School

CODE OF CONDUCT FOR STAFF, PARENTS AND VOLUNTEERS

This Code of Conduct has been developed to assist with the smooth running of school clubs, events, trips and extra-curricular activities and to help ensure the health, safety and protection of children, staff, parents & volunteers. Please read the Code of Conduct **CAREFULLY**.

Staff, parents, visitors and volunteers agree to meet the following standards of conduct:

- Treat all children with respect and dignity, remembering that we have many children with SEN including a significant number of children with ASD.
- Ensure that children's welfare and safety is paramount at all times.
- Avoid being alone with any one child unless it has been agreed with the Principal/Vice Principal.
- Provide an example of good conduct you wish others to follow.
- Do not disclose any confidential information that is available as a result of your affiliation with St Therese of Lisieux P.S. to any person not authorised to receive such information.
- Respect individual rights to personal privacy and encourage everyone to feel comfortable and caring enough to point out attitudes, or behaviour they do not like.
- Be aware that physical contact with a child or young person may be misinterpreted (only use physical contact if absolutely necessary).
- Do not engage in behaviour that constitutes any form of abuse whether it is emotional, physical, sexual, neglect or bullying.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- **Listen to, and act upon, any disclosures/allegations/concerns of child abuse.**
- Act in a professional way.Challenge unacceptable behaviour (bullying/swearing/any other disruptive behaviour).
- Seek advice and guidance if in doubt from the (Deputy) Designated Teacher for Child Protection*.
- Exercise caution in use of all social media, adopting suitably high security settings.

You must not:

- Have inappropriate physical or verbal contact with children.
- Enter children's toilets.
- Use mobile phones around the children. Photographs/video footage may not be taken without permission.
- Either exaggerate or trivialise child abuse issues.
- Show favouritism to any individual.
- Take a chance when common sense, policy or practice suggests another more prudent approach.
- Allow dangerous behaviour by children.

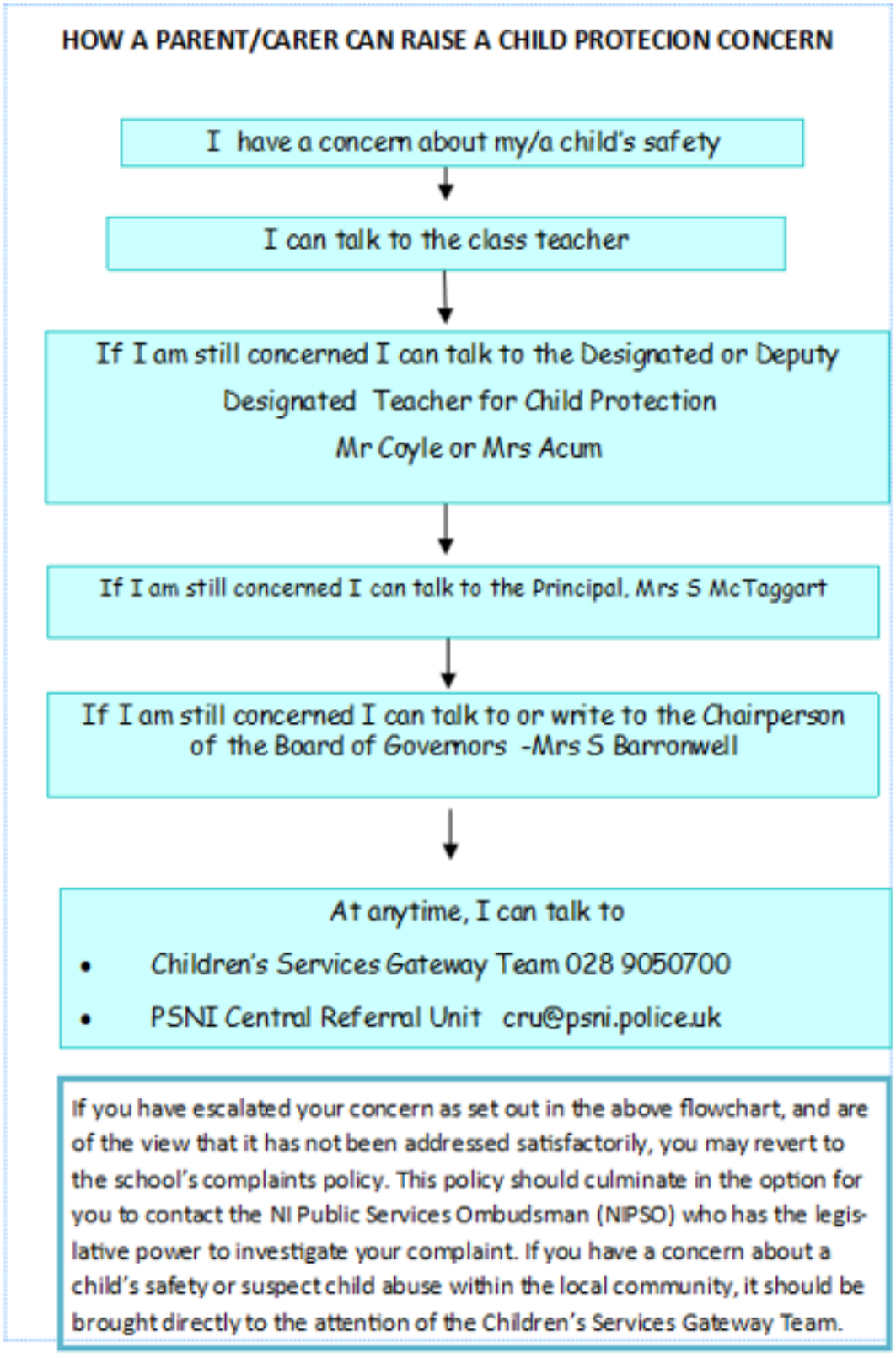
Designated Teacher for Child Protection (DT)-Mr F Coyle
Deputy Designated Teacher for Child Protection (DDT)-Mrs P Acum

I understand that I have a statutory responsibility to share information relevant to safeguarding with the DT/DDT/Principal*. I have received a summary of the Safeguarding and Child Protection Policy. I certify that I have read and understand the Code of Conduct of St Therese of Lisieux P.S. and agree to comply with it.

Print Name: _____ **Sign Name:** _____ **Date:** _____

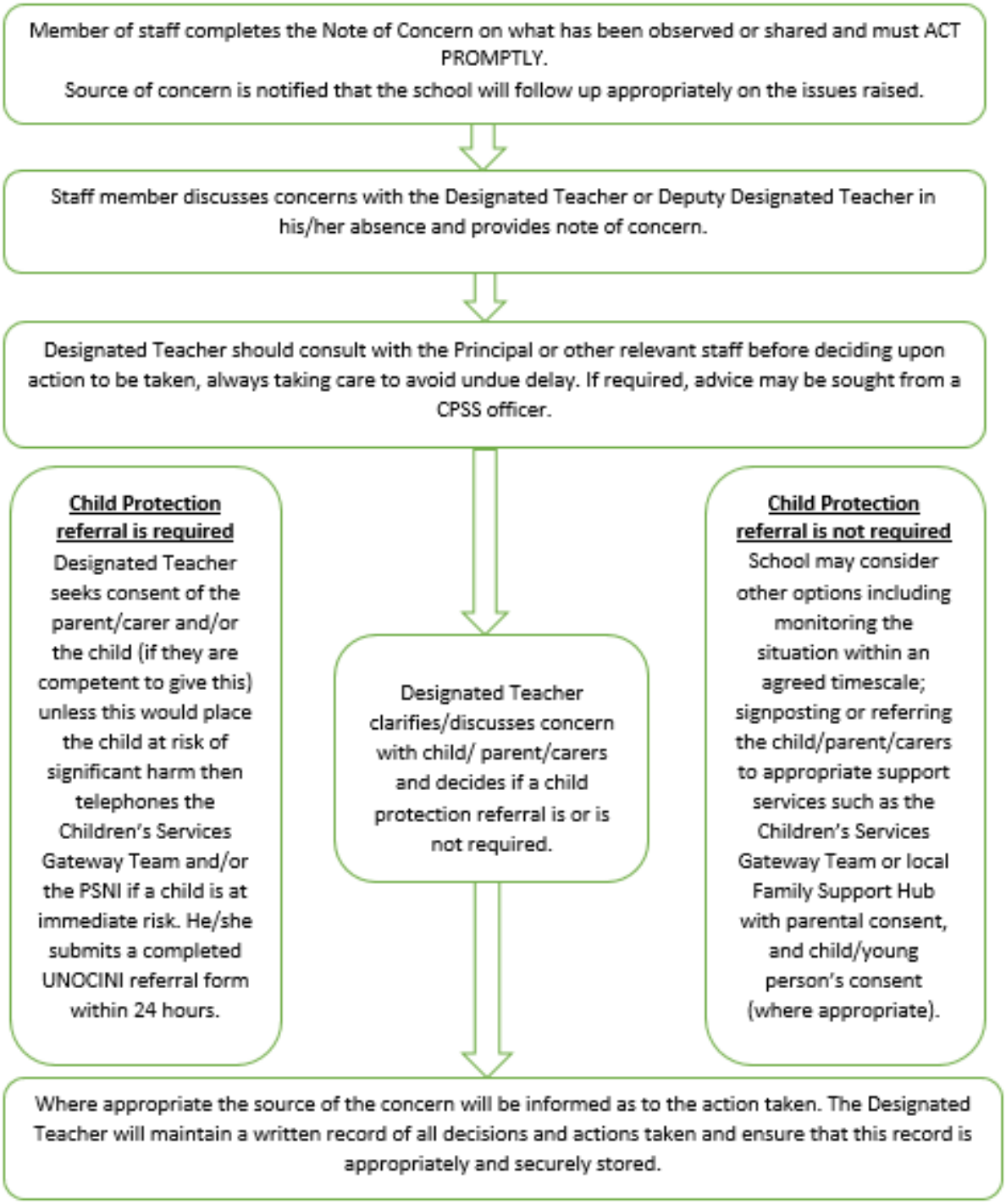
Organisation: _____ **Position:** _____

Appendix 5


HOW A PARENT/CARER CAN RAISE A CHILD PROTECION CONCERN
I have a concern about my/a child's safety
I can talk to the class teacher
If I am still concerned I can talk to the Designated or Deputy Designated Teacher for Child Protection Mr Coyle or Mrs Acum
If I am still concerned I can talk to the Principal, Mrs S McTaggart
If I am still concerned I can talk to or write to the Chairperson of the Board of Governors -Mrs S Barronwell
At anytime, I can talk to
Children's Services Gateway Team 028 9050700
PSNI Central Referral Unit cru@psni.police.uk
If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the legislative power to investigate your complaint. If you have a concern about a child's safety or suspect child abuse within the local community, it should be brought directly to the attention of the Children's Services Gateway Team.

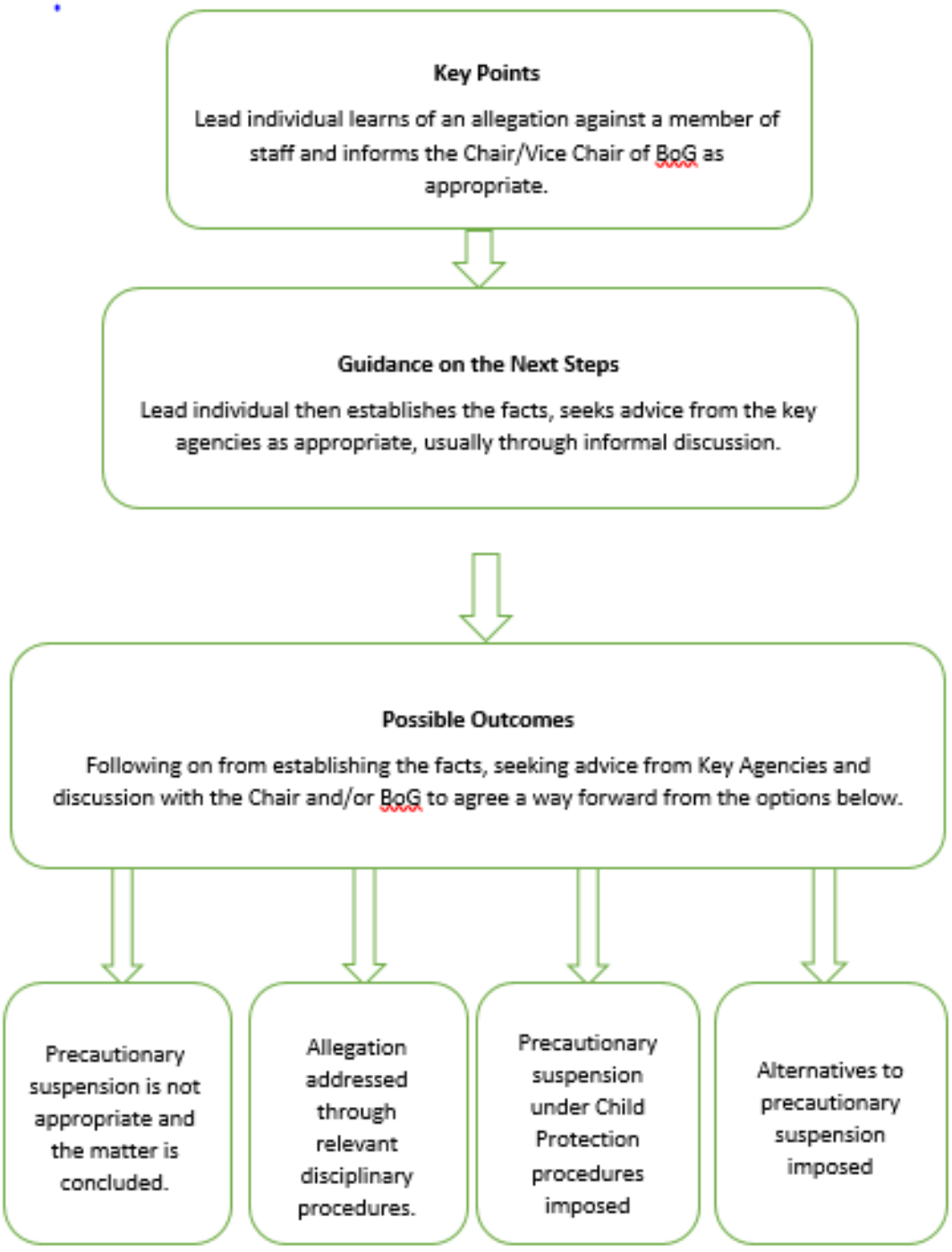
Appendix 6

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



Appendix 7

Dealing with Allegations of Abuse Against a Member of Staff



Appendix 8

Children with Increased Vulnerabilities

- **Children with a disability**

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

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

- **Children with limited fluency in English**

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

Designated Teachers work with their SEN co-ordinators along with school staff with responsibility for newcomer pupils, seeking advice from the EA's Inclusion and Diversity Service to identify and respond to any particular communication needs that a child may have. We strive to create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

- **Pre-school provision**

Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parent[s]/carer[s]

- **Looked After Children**

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

children, young people and their parents and/or others with parental responsibility for the looked child are taken into account when decisions are made.

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

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

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

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

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

- **Young people in supported accommodation**

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

- **Young people who are homeless**

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

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

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

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

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

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

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

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

- **Gender identity issues and sexual orientation**

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

As a staff working with young people from the LGBT community we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **Boarding schools and residential settings**

Children in the above settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance.

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

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE guidance

on educational visits, school trips and work experience to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

Children/young people's behaviours

- **Peer Abuse**

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

- **Self-Harm**

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

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

- **Suicidal Ideation**

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

PROTECTING LIFE IN SCHOOLS

Identifying Warning Signs of Potential Suicidal Thoughts or Behaviour

Someone who is thinking about suicide will usually give some clues or signs to those around them that show they are troubled. Suicide prevention starts with recognising these warning signs and treating them seriously.

It is important to note that the following list is not exhaustive and these symptoms do not necessarily indicate suicide risk. It is, at best, a list of warning signs that may help teachers to identify pupils who may need particular support.

These include:

- Unexpected reduction of academic performance
- Ideas and themes of depression, death and suicide
- Negative changes in mood and marked emotional instability
- Positive changes in mood and calmness
- Significant grief or stress
- Withdrawal from relationships
- Physical symptoms with emotional cause
- Writing about suicide
- Speaking about suicide
- Listening to songs praising suicide
- Art work about suicide
- Threats and statements of intent
- Preoccupation with a known suicide
- Life threatening risk taking behaviour
- Break-up of relationships

It may also be important to have an awareness of the websites, social media or computer games that young people are engaged with.

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PROTECTING LIFE IN SCHOOLS

Responding to a Distressed Pupil

When a child or young person is emotionally distressed it can sometimes feel overwhelming to think about what to say or do. The immediate reaction by a member of staff to the alert that a pupil is in distress is crucial to the protection of that pupil. In every such response the two essential elements are:

(i) To respond with empathy and in a non-judgemental way; and

(ii) To follow usual child protection and safeguarding procedures, making appropriate referrals to ensure the child's safety.

The following list of key behaviours falls under these essential elements and they combine to form an effective approach to engaging with distressed pupils:

- Listen. It can be very difficult for a young person to disclose distress so it is essential that he/she is given time and attention. Privacy is also important.
- Take it seriously. Disclosures of distress should never be minimised. The young person should be taken seriously but the adult should not express alarm. The young person needs to feel safe and have confidence in adults.
- Accept the possibility of suicidal thoughts. These feelings are real and should not be dismissed.
- Don't promise confidentiality. Ensure that the young person knows that the information will be handled sensitively but that it must be shared with others to safeguard them.
- Show a caring attitude. It is acceptable to express care for the young person and a commitment to their wellbeing.
- Be open. If suicidal intent is suspected it is important to ask the young person whether they are thinking of harming themselves and if they have made any plans. This gives the young person permission to be completely honest and, therefore, be able to seek help.
- Supervise closely. Keep the child/young person with you until you can deliver them to the care of the Designated Teacher for Child Protection (or appropriate alternative) or whilst the Designated Teacher makes arrangements to safeguard the child. This will include the DT contacting the pupil's parents/guardian/carers to advise them of the content of the disclosure, the school's concern and ask them to the GP/Out of Hours Service requesting an 'emergency mental state assessment' and potential referral to CAMHS.

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Appendix 11

PROTECTING LIFE IN SCHOOLS

Safeguarding Action Checklist

The Designated Teacher/Safeguarding Team may find the following checklist useful in helping to ensure that everything possible has been done to help the pupil. If there is a disclosure or strong suspicion of suicidal intent, ensure that:

The pupil is listened to and supported in the immediate term (e.g. is with a trusted member of staff). ☐

Designated pastoral care teacher is informed. ☐

Parents/guardians/carers are informed. ☐

How was this done? Provide details below ☐

_____

_____

_____

Parent/guardian/carer comes to the school for the pupil and he/she leaves in their care (parents/guardians/carers are advised to monitor the child closely) ☐

Teacher's Name: _____

Time: _____

Date: _____

Parents are advised to take their child to the GP and ask for a mental state assessment and appropriate action. (Concerns around negligence regarding a child's mental health needs should be followed up thorough the normal safeguarding procedures.) ☐

School sends a follow-up letter to parents detailing concerns, action taken and advice given. ☐

The designated teacher (or appropriate alternative) staff follows up with parent/guardian/carer within a short time frame. This should be as soon as possible but must be on the same day the incident has occurred. ☐

Longer-term support is sought for the young person as appropriate. ☐

Teachers' support needs are identified and action taken if appropriate. ☐

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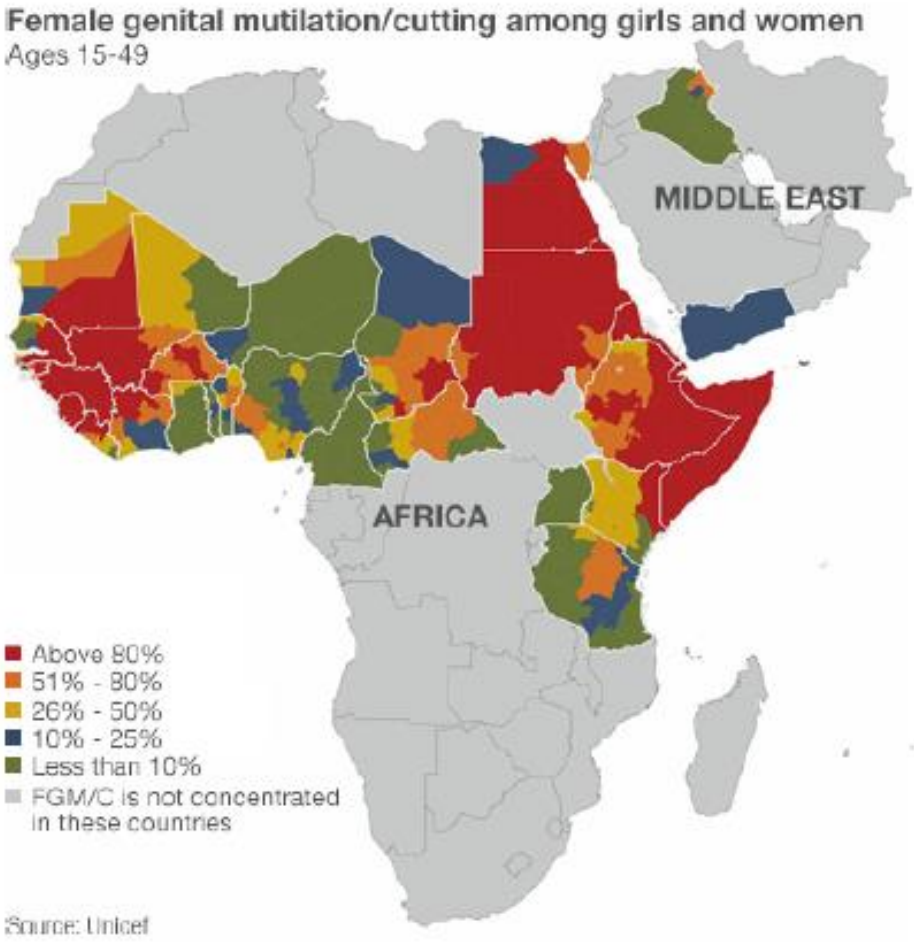
Appendix 12



Country	Prevalence	Country	Prevalence
NOTE: DATA FROM THE REPUBLIC OF THE SUDAN ONLY. DATA NOT COLLECTED FROM SOUTH SUDAN. SOURCE: UNICEF			
Somalia	98%	Ivory Coast	36%
Guinea	96%	Kenya	27%
Djibouti	93%	Nigeria	27%
Egypt	91%	Senegal	26%
Eritrea	89%	Central African Republic	24%
Mali	89%	Yemen	23%
Sierra Leone	88%	Tanzania	15%
Sudan*	88%	Benin	13%
Burkina Faso	76%	Iraq	8%
The Gambia	76%	Ghana	4%
Ethiopia	74%	Togo	4%
Mauritania	69%	Niger	2%
Liberia	66%	Cameroon	1%
Guinea-Bissau	50%	Uganda	1%
Chad	44%		

Appendix 13

Signs and Symptoms of Abuse from SBNI Regional Core Policies and Procedures https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf.

SIGNS AND SYMPTOMS OF CHILD ABUSE

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

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

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

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

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

2.4 Suspicions should be raised by e.g.

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

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

Parental Response to Allegations of Child Abuse which Raise Concern

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

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm
- parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse

- parents may fail to engage with professionals
- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries)
- the parents and/or child may go missing.

Physical Abuse

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

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

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

2.10 If on initial examination the injury is not felt to be compatible with the explanation given or suggests 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
- subconjunctival 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 metaphyseal limb fractures may produce no detectable ongoing pain however. Caution is required, therefore, before concluding that a reasonable carer should have known that something was wrong with an infant who has such fractures.

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 Crim1 (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 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 (0-4 years)

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 pre-school 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 drugs
- 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
- stimulative neglect
- environmental neglect
- failure to provide adequate supervision and a safe environment.

Recognition of Neglect

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

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

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

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

Child

2.63 Health presentation indicators include:

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

2.64 Emotional and behavioural development indicators include:

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

2.65 Family and social relationship indicators include:

- high criticism/low warmth
- excluded by family

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

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

Parents

2.66 Lack of emotional warmth indicators include:

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

2.67 Lack of stability indicators include:

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships

- frequent moves of home
- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

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

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

2.69 Social Presentation

- aggressive/threatening behaviour towards professionals and volunteers
- disguised compliance
- low 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 multi-disciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern

- poor networking amongst professionals
- inability to see what is/is not acceptable;
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002)

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

Children with Disability

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

Recognition of Abuse of Children with Disability

2.74 Recognition of abuse can be difficult in that:

- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care
- there is a reluctance to accept that children with disabilities may be abused.

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

Risk Factors Associated with Child Abuse

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

Child

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

Parents

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

Home and Environmental Conditions

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