St Patrick's Academy, Dungannon

CHILD PROTECTION POLICY

'Achieving Excellence Together'

August 2025

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Child Protection Policy

Safeguarding Ethos

We in St Patrick's Academy have a primary responsibility for the care, welfare and safety of the pupils in our charge. We will carry out this duty through our Pastoral Care Policy, which aims to provide a caring, supportive and safe environment, in which all our young people can learn and develop to their full potential, and, at the same time, be valued for their unique talents and abilities.

All of our staff have been subject to appropriate background checks. We have adopted a Code of Conduct for our behaviour towards our pupils.

This policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within St Patrick's Academy.

Principles

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, "Co-Operating to Safeguard Children and Young People in Northern Ireland" (DHSSPSNI 2017 and 2024), the Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" (Sept 2023), DENI Circular 2026/17 (and subsequent amendments) and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2024). In particular, the principle we support is that every young person has the fundamental right to be safe from harm and to be shown proper care of their physical, emotional and spiritual well-being, by those looking after them.

The following principles form the basis for effective child protection activity and underpin the guidance we follow:

- The young person's welfare must always be paramount; this overrides all other considerations. Where a young person has a disability or has special needs, these must be taken into consideration;

- A proper balance must be struck between protecting young people and respecting the rights and needs of parents and families; but where there is conflict, the young person's interests must always come first;

- Young people have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions which may affect their lives. Where a young person has a disability, specialist assistance should be sought to achieve this;

- Parents/carers have a right to respect and should be consulted and involved in matters which affect their family;

- Action taken to protect the young person (including investigation) should not in itself be abusive by causing the young person unnecessary distress or further harm;

- Intervention should not deal with the young person in isolation; the young person's needs should be considered in the context of the family. Agencies' actions must be considered and well-informed so that they are sensitive to, and take account of, the young person's gender, age, stage of development, religion, culture, race and any special needs;

- Where it is necessary to protect a young person from further abuse, alternatives which do not involve moving the young person and which minimise disruption of the family should be explored.

Adult Safeguarding

For further information see: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf
Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

We are committed to:
- Ensuring that the welfare of vulnerable adults is paramount;
- Maximising the student's choice, control and inclusion, and protecting their human rights;
- Working in partnership with others in order to safeguard vulnerable adults.

We will follow the procedures outlined in this policy (page 15) when responding to concerns or disclosures of abuse relating to our students who are 18 years or over. Types of abuse against an adult in a school setting can be found in appendix 10.

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.

The school has a duty to ensure that safeguarding permeates all activities and functions and so this policy complements and supports a range of school policies including;

- Addressing Bullying Policy
- Attendance Policy
- Bereavement Policy
- CCTV Policy
- Critical Incident Policy
- Data Protection Policy
- Disposal of Records Policy
- Drugs Education Policy
- E-Safety Policy
- Equality and Inclusion Policy
- Gen AI Policy
- Health and Safety Policy
- I.C.T. Policy
- Intimate Care Policy
- Mobile Phone Policy
- Pastoral Care Policy
- Positive Behaviour Policy
- Professional Boundaries in Teacher-Pupil Relationships Policy
- Punctuality Policy
- Relationships and Sexuality Education Policy
- Safeguarding Policy
- School Trips Policy
- Special Educational Needs Policy

- Storage and Management of Medication Policy
- Use of Reasonable Force and Safe Handling Policy
- Visitors' Policy
- Whistleblowing Policy

These policies are available on the school website at www.stpatricksacademy.org.uk.

The School Safeguarding Team
As best practice, in the best interests of the children, and as a support for the Designated Teachers, we have established a School Safeguarding Team (listed below). The team may co-opt other members as required to help address specific issues, for example the SENCO, ICT Co-ordinator, etc.
This Safeguarding Team is a vehicle for ensuring effective co-ordination and co-operation between the key individuals responsible for safeguarding throughout the school. The EA CPSS provides child protection training in relation to the specific responsibilities of each member of the team.
The responsibilities of the team should include:

- The monitoring and periodic review of Safeguarding and Child Protection arrangements in the school.
- Support for the DT in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.
- Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements.

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

Principal - Mr Colin Holmes
Designated Teacher – Mr Ronan Campbell
Deputy Designated Teacher - Mrs Kiera Boyle
Deputy Designated Teacher – Mrs Katharine Mullin
Designated Governor for Child Protection – Mrs Geraldine Sally
Designated Governor for Child Protection – Mrs Lisa Toner
Chair of the Board of Governors - Mrs Fiona O'Hagan

Roles and Responsibilities

The Designated Teacher and Deputy Designated Teachers

The Designated Teacher and Deputy Designated Teachers must:

- Avail of training so that they are aware of duties, responsibilities and role;
- Organise training for all staff (whole school training);
- Lead in the development of the school's Safeguarding Policy;
- Act as a point of contact for staff and parents;
- Assist in the drafting and issuing of the summary of our safeguarding arrangements for parents;

- Make referrals to Social Services Gateway team or PSNI Public Protection Unit where appropriate;
- Liaise with the Education Authority's Designated Officers for Child Protection;
- Maintain records of all safeguarding concerns;
- Ensure that staff are aware that Notes of Concern should be completed (Appendix 8);
- Keep the School Principal informed;
- Promote a safeguarding and child protection ethos in the school;
- Provide written annual report to the Board of Governors regarding Safeguarding.

The Principal

The Principal must ensure that:

- DENI 2026/17 and any subsequent amendments are implemented within the school;
- The Designated Teacher/Deputy Designated Teachers are appointed and managed and are enabled to fulfil their safeguarding responsibilities;
- All staff receive safeguarding training;
- He manages allegations/complaints against school staff;
- All necessary referrals are taken forward in the appropriate manner;
- The Chair of the Board of Governors (and, when appropriate, the Board of Governors) is kept informed;
- Safeguarding activities feature on the agenda of the Board of Governors meetings and termly updates and annual report are provided;
- Parents and pupils receive a copy or summary of the child protection policy at intake and at a minimum every 2 years;
- Confidentiality is paramount. Information should only be passed to the entire Board of Governors on a need-to-know basis;
- The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.
- The school's record of child abuse complaints is maintained.

Board of Governors

The Board of Governors must**:**

- Ensure that a designated governor for child protection is appointed;
- Ensure that a Designated and Deputy Designated Teachers are appointed within the school;
- Ensure that they have a full understanding of the roles of the Designated and Deputy Designated Teachers for child protection;
- Ensure that safeguarding and child protection training is given to all staff and governors including refresher training;
- Ensure that the school has a child protection policy which is reviewed every two years and parents and pupils receive a copy of the child protection policy and complaints procedure every two years;

- Ensure that the school has an addressing bullying policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying behaviour or alleged bullying behaviour (BCAF). See the Addressing Bullying in Schools Act (NI) 2016;
- Ensure that there is a code of conduct for all adults working in the school;
- Ensure that all school staff and volunteers are recruited and vetted, in line with DE Circulars;
- Ensure that they receive a full annual report on all child protection matters (as is best practice, governors will receive a termly update of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff; and
- Ensure that the school maintains child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff, Data Protection Act 2018 and 2020/07 Child Protection: Record Keeping in Schools.

The Designated Governor(s) for Safeguarding

The Designated Governor(s) will liaise with the child protection lead in order to advise the Governors on:

- The role of the designated teachers;
- The content of safeguarding policies;
- The content of a code of conduct for adults within the school;
- The content of the termly updates and Annual Designated Teacher's Report;
- Recruitment, selection and vetting of staff.

The Chair of the Board of Governors

The Chair of the Board of Governors must:

- Ensure that a safeguarding ethos is maintained within the school environment;
- Ensure that the school has a Safeguarding Policy in place and that staff implement the policy;
- Ensure that Governors undertake appropriate Recruitment and Selection and Safeguarding training provided by the Education Authority's Safeguarding Support Service for Schools, the Education Authority Governor Support and Human Resource departments;
- Ensure that a Designated Governor for Safeguarding is appointed;
- Assume lead responsibility for managing any complaint/allegation against the School Principal;
- Ensure that the Board of Governors receive termly updates and a full written annual report in relation to safeguarding activity;
- Ensures compliance with legislation, Child Protection record keeping and policies;

- Ensure that the school has an addressing bullying policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying behaviour or alleged bullying behaviour using a BCAF.

Other Members of School Staff
Staff in school see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse.
Remember the 5 Rs: Receive, Reassure, Respond, Record and Refer

The member of staff must:

- Refer concerns to the Designated/Deputy-Designated Teachers for Safeguarding using a note of concern (See Appendix 8);
- Listen to what is being said without displaying shock or disbelief and support the child;
- Act promptly;
- Make a concise written record of a child's disclosure using the actual words of the child using Appendix 8**;**
- Avail of whole school training and any other training relevant to safeguarding of children;
- **Not give children a guarantee of confidentiality** regarding their disclosures;
- Not investigate;
- Not ask leading questions;
- Keep the Designated Teacher informed about poor attendance and punctuality, poor presentation, changed or unusual behavior, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying-type behaviour, concerns about home conditions including disclosures of domestic violence.

Parents

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

- Telephoning the school on the morning of their child's absence, or sending in a note on the child's return to school, so as the school is reassured to the child's situation;
- Letting the school know in advance if their child is going home to an address other than their own home or being signed out by someone who is not listed as a contact;
- Informing the school if the child has a medical condition or educational need;
- Informing the school if there are any Court Orders relating to the safety or wellbeing of a parent or child;

- Familiarising themselves with the School's Pastoral Care, E-Safety, Addressing Bullying, Positive Behaviour for learning, Attendance, Punctuality and Safeguarding Policies;
- Raising concerns that they have in relation to their child with the school.

  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. A copy of our data capture form can be requested from reception by contacting Mrs Shona Holmes. Parents will be made aware of St Patrick's Academy's responsibilities and procedures and we hope that they will support us in our practice.

Aims

- To introduce procedures in the school to deal with Child Protection concerns as directed by the Education Authority's Child Protection Procedures, DENI Circular 1999/10 Children (Northern Ireland) Order 1995 Guidance, DENI 2013/16 Relationships and Sexuality Education Policy in Schools, Dealing with Allegations of Abuse Against a Member of Staff DENI 2015/13, DENI guidance Safeguarding and Child Protection in Schools-A Guide for Schools (Sept 2023), Circular 2026/17 and Circular Area Child Protection Committees' Regional Policy and Procedures.
- To make staff and parents aware of the referral procedure within the school;
- To help our pupils learn about the risks of possible abuse, to recognise unwelcome behaviour in others and to acquire the confidence and skills they need to keep themselves safe.

St Patrick's Academy recognises the five main responsibilities in the areas of Child Protection. These are in the areas of:

1. Prevention
2. Recognition
3. Response
4. Referral
5. Confidentiality and Record Keeping.

1. Prevention

All young people are vulnerable. In St Patrick's Academy we offer a supportive environment to our pupils who **are** being abused, **have been** abused and **may** be abused in the future.

St Patrick's Academy has developed and provides a 'safeguarding ethos' and a preventative curriculum. We offer our pupils an alternative model to violent or abusive behaviour and alternative methods of responding. We aim to involve the whole school in creating a 'listening school'.

St Patrick's Academy offers protection on two levels:

- Immediate protection - creating a listening environment that makes it easier for young people to share their concerns;
- Long term protection - enhancing self-esteem and encouraging social skills, breaking the cycle of abusive behaviour.

The Board of Governors ensures that the curriculum includes a programme for young people on personal protection. When it is appropriate to deliver Sex Education, management will ensure that the programme is consistent with guidance from the Department of Education.

The Board of Governors ensures that St Patrick's Academy has, and follows, a Professional Conduct for Staff Policy drawn up for all members of staff, towards the young people in our school. This policy covers all activities organised in and by the school, whether on the premises or elsewhere.

We ensure that persons other than our school staff who are invited as leaders/helpers on educational visits, residential visits or other out of school educational activities are subject to vetting procedures in keeping with the current arrangements for the care and protection of our young people.

We will ensure that we will provide effective management for our staff through adequate training and supervision.

Definition of Harm

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

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals. **Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm**.

Types of Harm

- **Neglect:** the persistent or severe neglect of a young person, or the failure to protect a young person from exposure to any kind of danger, including cold or starvation, or persistent failure to carry out important aspects of care, resulting in the significant impairment of the young person's health or development, including non-organic failure to thrive. Ill treatment of another person or abusive behaviour directed at another person, regardless of whether the child has seen, heard or been present during the ill-treatment or behaviour is also considered to be an impairment to a young person's health. Children who are neglected often also suffer from other types of abuse.
- **Physical abuse:** physical injury to a young person, whether deliberately inflicted or knowingly not prevented. It might take a variety of different forms, including hitting,

biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

- **Sexual abuse:** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.
- **Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, and engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature. 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.
- **Emotional abuse**: persistent or significant emotional ill-treatment or rejection, resulting in severe adverse effects on the emotional, physical and/or behavioural development of a young person. 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 he/she is worthless, or unloved and inadequate. It may include not giving a child an opportunity to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying behaviour – including online bullying through social networks, online games or mobile phones – by a child's peers.
- **Domestic**: threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they or have been intimate partners or family members, irrespective of gender or sexual orientation. Ill treatment of another person or abusive behaviour directed at another person, regardless of whether the child has seen, heard or been present during the ill-treatment or behaviour is considered to be an impairment to a young person's health

When we become aware of young people below the age of consent engaging in sexual activity or where we have concerns about a 16/17-year-old in a sexual relationship, the Designated Teacher has a duty of care to share this information with Social Services.

Bullying behaviour is a highly distressing and damaging form of abuse and is not tolerated in St Patrick's Academy. All staff are vigilant at all times to the possibility of bullying concerns occurring and will take immediate steps to stop it happening, to protect and reassure the

pupil experiencing bullying behaviour and to support and discipline the pupil displaying bullying behaviour. See Addressing Bullying Policy.

Specific types of Abuse
A child may suffer or be at risk of suffering from one or more types of abuse. Abuse may take place on a single occasion or may occur repeatedly over time. 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. In addition to the types of abuse described above there are also some specific types of abuse that we in St Patrick's Academy are aware of and have therefore included in our policy. See **Appendix 1.**

Signs and Symptoms of Abuse
The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (October 2024)**.** See **Appendix 2**

Co-operating to Safeguard Children and Young People in Northern Ireland | Department of Health

Children with Increased Vulnerabilities

Some children have an increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English and sexual orientation. We have included information about children with increased vulnerabilities in our policy. See **Appendix 3**

3. Responding to Safeguarding and Child Protection Concerns
Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering or are likely to suffer significant harm[1]. If a parent/carer has a concern about their child's safety they can speak to members of St Patrick's Academy Safeguarding team. See **Appendix 4**

In the event of an allegation of child abuse the member of staff will:

- Listen to the young person and accept what is said;
- Record accounts;
- Explain what has to be done next and to whom the member of staff will have to talk;
- Reassure the young person he/she has done the right thing to talk about it
- Refer information to the designated teacher using a Note of Concern (Appendix 8).

Adult Safeguarding
An '**Adult at risk of harm'** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:
a) Personal characteristics and/or

[1] Co-Operating to Safeguard Children and Young People in Northern Ireland (August 2017) https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

b) Life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

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

a) Personal characteristics and/or
b) Life circumstances and
c) Who is unable to protect their own well-being, property, assets, rights or other interests; and
d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

4. Referral about Abuse

Mr Ronan Campbell is the designated member of staff for safeguarding. In his absence Mrs Kiera Boyle and Mrs Katharine Mullin will assume responsibility for safeguarding matters.

If a young person makes a disclosure to a member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a young person, **the member of staff must act promptly.** See **Appendix 8. Where possible, the member of staff should complete a 'note of concern' (Appendix 8).**

The **member of staff should not investigate** – this is a matter for external agencies – but should report immediately to the designated member of staff to discuss the matter with him and make full notes.

The designated member of staff will discuss the matter with the Principal as a matter of urgency to plan a course of action and ensure that a written record is made.

The Principal, in consultation with the designated member of staff, will decide whether, in the best interests of the young person, the matter needs to be referred to Social Services. **If there are concerns that the young person may be at risk, the Principal (or Designated Teacher in his absence) is obliged to make a referral**. Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately.

The Principal/Designated Teacher may seek advice from the Education Authority's Designated Officers for Child Protection or the Social Services Gateway Team before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. **The safety of the young person is our first priority**. A UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form will also be completed and forwarded to the Gateway Team. See flowchart in **Appendix 5.**

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

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

*It should be noted that information given to members of staff about possible child abuse **cannot** be held 'in confidence'. In the interests of the child, staff members need to share this information with other professionals. However, only those who need to know will be told. A parent/guardian can talk to a social worker at any time:*

- ***The Gateway Team: Telephone number 08007837745 or 02837567100***
- ***PSNI Central Referral Unit: Email: cru@psni.police.uk***

Telephone number 028 90259299 [weekdays 08.00-21.00 & weekends 09.00-17.00] OR 101 extension 30299

- ***Duty Social Work Gateway Team: Telephone number 028 37565345***
- ***Regional Emergency Social Work Service (outside normal working hours): Telephone 028 9504 9999***
- ***Family Support Hub - Support for parents and children: 02837522380.***
- ***Vulnerable Adults [for overs 18s]: Telephone 028 37564423 or email: adultsafeguard.team@southerntrust.hscni.net***
- ***Child Sexual Exploitation Helpline: 0800 389 1701 (NSPCC)***

Allegations against a member of staff

If a complaint about possible child abuse is made against a member of staff the Principal (or designated member of staff, if he is not available) must be informed immediately. St Patrick's Academy will observe the procedures outlined in Dealing with Allegations of Abuse Against a Member of Staff DENI 2015/13 apply. The Chairperson of the Board of Governors, Mr John Mitchell, will also be informed immediately.

Allegations against the Principal

If a complaint is made against the Principal, the designated member of staff must be informed immediately. He will inform the Chairperson of the Board of Governors and he/she will ensure that the necessary action is taken.

Allegations against the designated member of staff

Any complaints must be referred to the Principal who will record such in the 'Safeguarding Book'

Suspension from duties

Where the matter is referred to Social Services, the member of staff will be removed from duties involving direct contact with pupils and may be suspended from duty as a precautionary measure, pending investigation by Social Services. See **Appendix 6**

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

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

Consent for an adult
While it is acknowledged that the majority of our pupils are under the age of 18, at times, the school may need to seek support for our pupils who are over the age of 18, and therefore, considered to be adults. There is a difficult balance between gaining consent for a referral into Adult Protection Gateway services and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

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

If consent is withheld, then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case, contact will be made with the local Adult Protection Gateway team to seek further advice 02837564423.

In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

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

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

5. Confidentiality and Information Sharing

Confidentiality
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.

For reasons of confidentiality, the only people who need to know are:
Mr C Holmes (Principal);
Mr R Campbell (Designated member of staff);
Mrs K Boyle (Deputy Designated member of staff);
Mrs K Mullin (Deputy Designated member of staff);
Relevant Head of Year;
Relevant Form Teacher.

Information may also be shared with the Designated Governor for Child Protection and/or the Chairperson of the Board of Governors, if required.

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

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

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

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

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

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

If a pupil from our school attends an EOTAS provision, a member of the safeguarding team will share any child protection concerns they have with the DT in the centre. If child protection concerns arise when the pupil is attending an EOTAS provision the designated teacher in EOTAS will follow child protection procedures and will advise a member of the school's safeguarding team of the concerns and any actions taken. It is the responsibility of EOTAS

staff to maintain their records in accordance with DE Circular 2026/17 Child Protection: Record Keeping in Schools and any subsequent updates.

Recruitment and Vetting of Staff and Volunteers

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

Staff In-Service

St Patrick's Academy is committed to in service training for all staff. Each member of staff will receive Safeguarding and Child Protection training on Policy and Procedures.

Professional Conduct of Staff

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 Professional Conduct of Staff Policy which has been approved by the Board of Governors (See Appendix 9).

The Preventative Curriculum

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (2020/07)

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

2. Throughout the school year child protection issues are addressed through assemblies. There is a child protection notice in every classroom and office which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, PSNI, Parent Information Evenings, PIPS, Mood Matters, Love for Life, etc.

Monitoring and Evaluation

This policy will be reviewed annually by the Safeguarding Team and approved every 2 years by the Board of Governors for dissemination to parents, pupils and staff. It will be

implemented through the school's staff induction and training programme and as part of day-to-day practice. Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for child protection and periodically by the School's Safeguarding Team. The Board of governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the designated teacher.

Date Policy Reviewed: August 2026
Signed:

Mr R Campbell (Designated Teacher)

_____ (Principal)

_____ (Chair of Board of Governors)

To be reviewed June 2028

The school welcomes any comments from parents regarding this and all school policies. Parents are reminded that they can view school policies on the school website (www.stpatricksacademy.org.uk). Several policies are currently being updated and we welcome parental comment on them. The school website also has a section dedicated to parental concerns. Suggestions and comments are also welcomed in relation to this part of the site.

APPENDICES

APPENDIX 1 – Specific types of abuse

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case. Grooming is often associated with Child Sexual Exploitation (CSE) but can be a precursor to other forms of abuse. Grooming may occur face to face, online and/or through social media, the latter making it more difficult to detect and identify.

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

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

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

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

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

Statutory Responsibilities

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

Domestic and Sexual Abuse

The NI Domestic and Sexual Abuse strategy 2024 - 2031 defines domestic and sexual violence and abuse as follows: -

Domestic Abuse is:

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

Sexual Abuse is:

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).

If it comes to the attention of school staff that domestic and /or sexual violence and 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.

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 contact 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 about Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022 can be found by following the link to: https://www.legislation.gov.uk

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

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

Children Who Display Harmful Sexual Behaviour

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

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

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive or violent. Healthy sexual behaviour will generally 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. If the behaviour is considered to be more serious advice from the EA CPSS should be sought.

Harmful sexual behaviour is an umbrella term for sexual behaviours which are of concern and have or are likely to cause harm to the individual themselves or to others. It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive or violent.

Normal sexual behaviour will generally have no need for intervention; however, consideration may be required as to appropriateness within a school setting.
Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. However, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA Child Protection Support Service (CPSS) may be required. The CPSS will advise if contact with PSNI or Social Services is required.

Problematic, abusive and violent sexual behaviours are of significant concern and guidance on the management of the pupils within the school and referral to other agencies such as the PSNI or Social Services will be sought from CPSS.

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

Online safety

Online safety means acting and staying safe when engaging in the online world. It is wider than simply internet technology and includes electronic communication via text messages, making comments on social media posts, social environments and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

The overall strategic direction for child safety online is the **Keeping Children and Young People Safe: An Online Safety Strategy**, published in February 2021. It sets out the Northern Ireland Executive's ambition that all children and young people enjoy the educational, social and economic benefits of the online world, and that they are empowered to do this safely, knowledgably and without fear.

The Strategy recognises that the ever-changing and fast-growing online environment presents both extensive educational benefits as well challenges in terms of keeping children and young people safe from the dangers of inappropriate communication and content.

For further information see: Online Safety Hub - Safeguarding Board for Northern Ireland (safeguardingni.org)

We in St Patrick's Academy have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils

how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

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

Sharing Nudes and Semi-Nudes

Sharing nudes and semi-nudes is a term used to describe the sending or posting of naked or partially naked images, videos or livestreams online by young people under the age of 18. This could be via text, email, social media and gaming platforms, chat apps or forums. Sharing nudes is sometimes called 'sexting', however this term is often used by young people to talk about sharing sexual messages and not imagery.

NB schools should look at this individually and may want to include something specific about what their preventative curriculum approach will be.

Sharing nudes and semi-nudes between individuals in a relationship

As adults we can question the wisdom of this, but the reality is that children consider this to be normal and often the result of a child's natural curiosity about sex and their exploration of relationships. As a consequence, engaging in the taking or sharing of nudes and semi-nudes may not always be in a 'harmful' context. Nonetheless, staff must be aware that an image can be shared non-consensually, or a child can be groomed, tricked or coerced into sending nude and semi-nude images. Clearly pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual Specific Types of Abuse Specific Types of Abuse 50 51 relationship) and in these cases you should contact local PSNI on 101 for advice and guidance. Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a child from seeking help if they feel entrapped by the misuse of sexual images. Advice should be sought from CPSS

Sharing an Inappropriate Image with an Intent to Cause Distress

If a child has been affected by inappropriate images or links on the internet it is important that you do not forward it to anyone else. Please remember that schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 (Criminal Justice and Courts Act 2015) to share an inappropriate image of another person without the individual's consent - see Articles 33-35 of the Act for more detail. By contacting the PSNI you could help prevent further distribution of the image and further such incidents contain the damage it can cause. If a child has shared an inappropriate image of themselves that is now being shared further whether or not it is intended to cause distress, the child protection procedures should be followed. For further information see: www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

If a young person has shared an inappropriate image of themselves that is now being shared further whether or not it is intended to cause distress, the child protection procedures of the school will be followed.

Adult Safeguarding

For further information see: https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-document

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

The main forms of abuse are:

Physical abuse

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

Sexual Violence and Abuse

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

Psychological/Emotional Abuse

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

Financial Abuse

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

Institutional Abuse

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

provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

Appendix 2 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 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/her parents or friends
- by overhearing conversation by the child, or his/her parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his/her parents
- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his/her age and/or level of understanding
- by a child not thriving or developing at a rate which one would expect for his/her age and stage of development
- by the observation of a child's behaviour and changes in his/her 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. These may 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.

Recognition of Physical Abuse

a) Bruises and Soft Tissue Injuries

2.10 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.

2.11 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.

2.12 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 with certainty 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.

2.13 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.

2.14 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

2.15 Injuries which should give cause for concern:

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

c) Burns and Scalds

2.16 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.

2.17 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.

2.18 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

2.19 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.

2.20 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

2.21 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

2.22 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

2.23
- 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

2.24 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.

2.25 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.

2.26 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)).

2.27 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.

2.28 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).

2.29 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.

2.30 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

2.31 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.

2.32 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.

2.33 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.

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

2.35 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.

2.36 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

2.37 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.

2.38 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.

The Adolescent

2.39 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.

2.40 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

2.41 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.

2.42 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.

2.43 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.

2.44 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.

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

Recognition of Emotional Abuse

2.46 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

2.47 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.

2.48 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, 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

2.49 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

2.50 Neglect and failure to thrive 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.

2.51 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.

2.52 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

2.53 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.

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

2.55 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.

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

Child

2.57 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).

2.58 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.

2.59 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

2.60 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.

2.61 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.

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

- poor boundary setting
- inconsistent attitudes and reactions, especially to child's behaviour
- continuously failing to attend 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.

2.63 Social Presentation

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

2.64 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

2.65 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.

2.66 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

2.67 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

2.68 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.

2.69 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

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

Child

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

Parents

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

Home and Environmental Conditions

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

Appendix 3 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 should 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 and the EA's Translation Services in order to identify and respond to any particular communication needs that a child may have. All schools should try 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.

- **Looked After Children/Children in Care**

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 H&SCT 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 H&SCT 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 St Patrick's Academy 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 LGBTQ+ community we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **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.

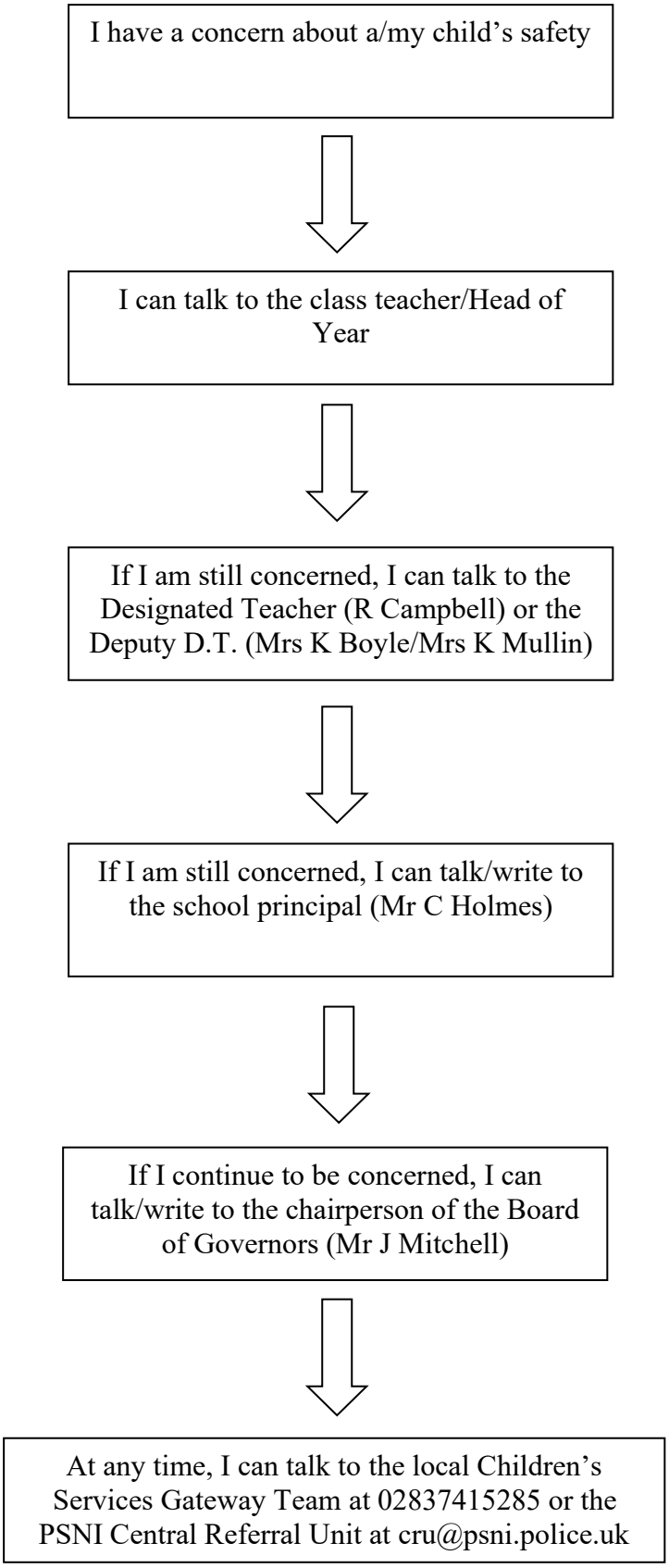
Self-harming behaviours may indicate that a child or young person has suffered abuse although this is not always the case. School staff should share concerns about a child or young person who is self-harming with a member of the safeguarding team who will seek advice from appropriately qualified and 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.

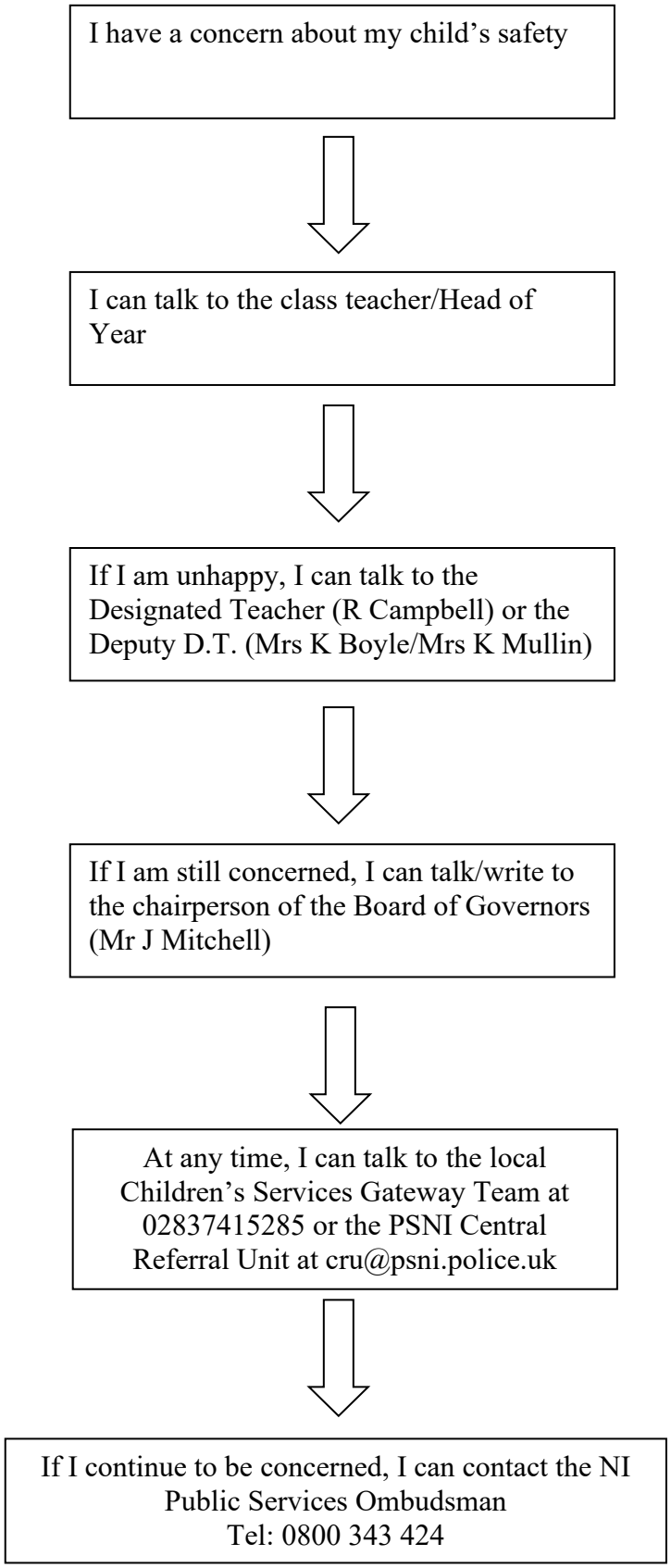
Appendix 4a

How a Parent Can Report a Concern

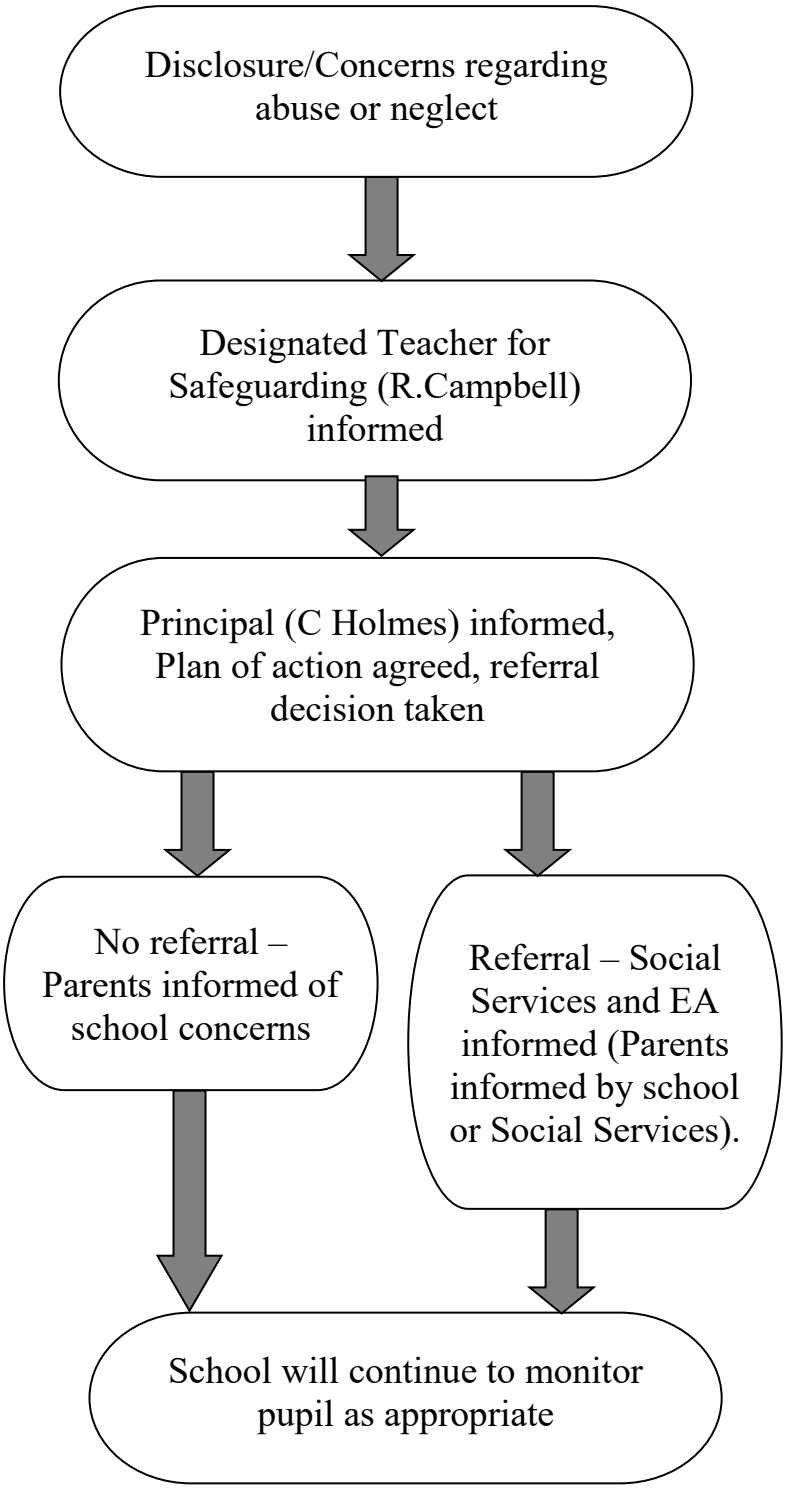


Appendix 4b

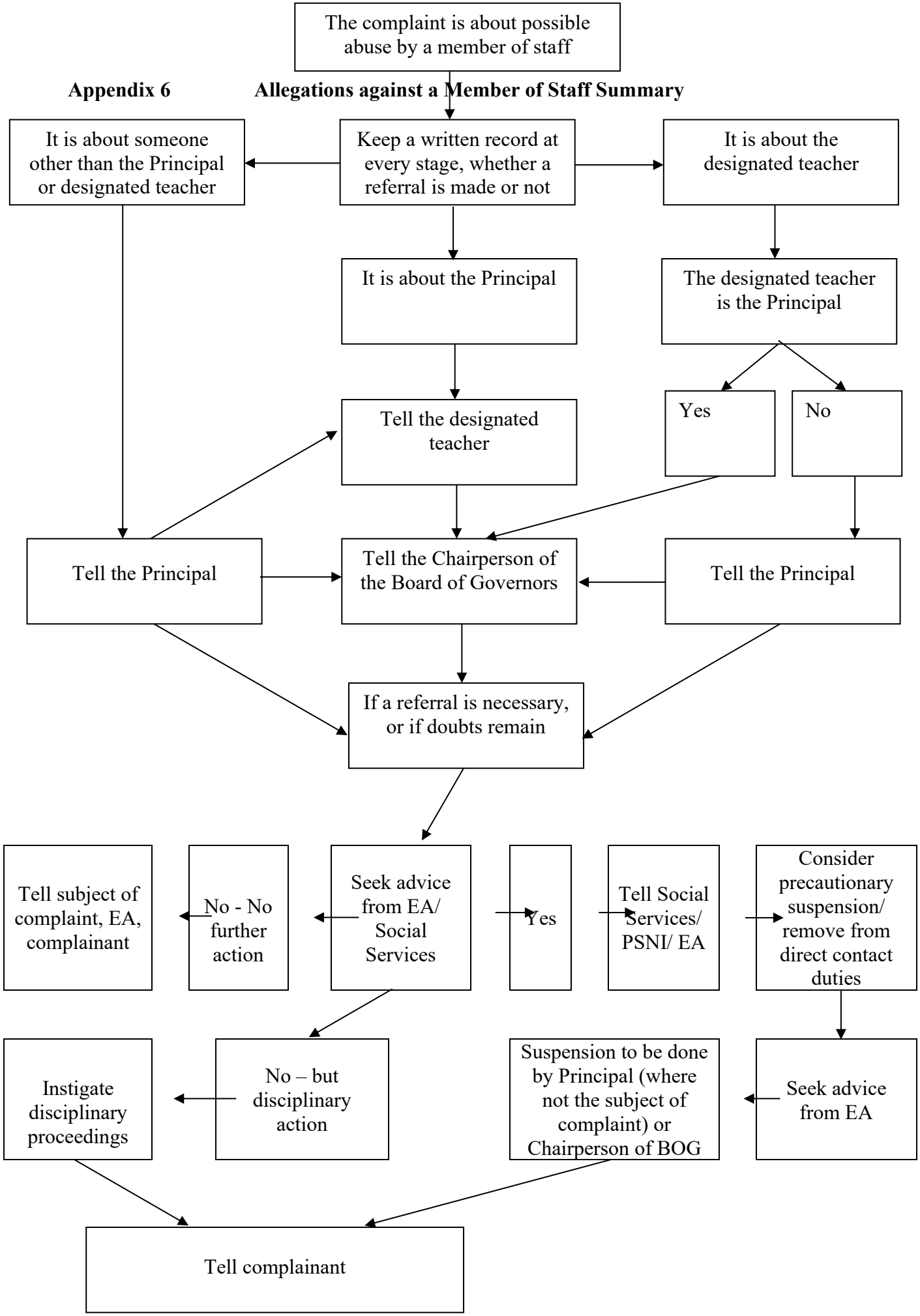
How a Parent Can Make a Complaint



Appendix 5 Safeguarding and Child Protection Summary for Parents/Carers

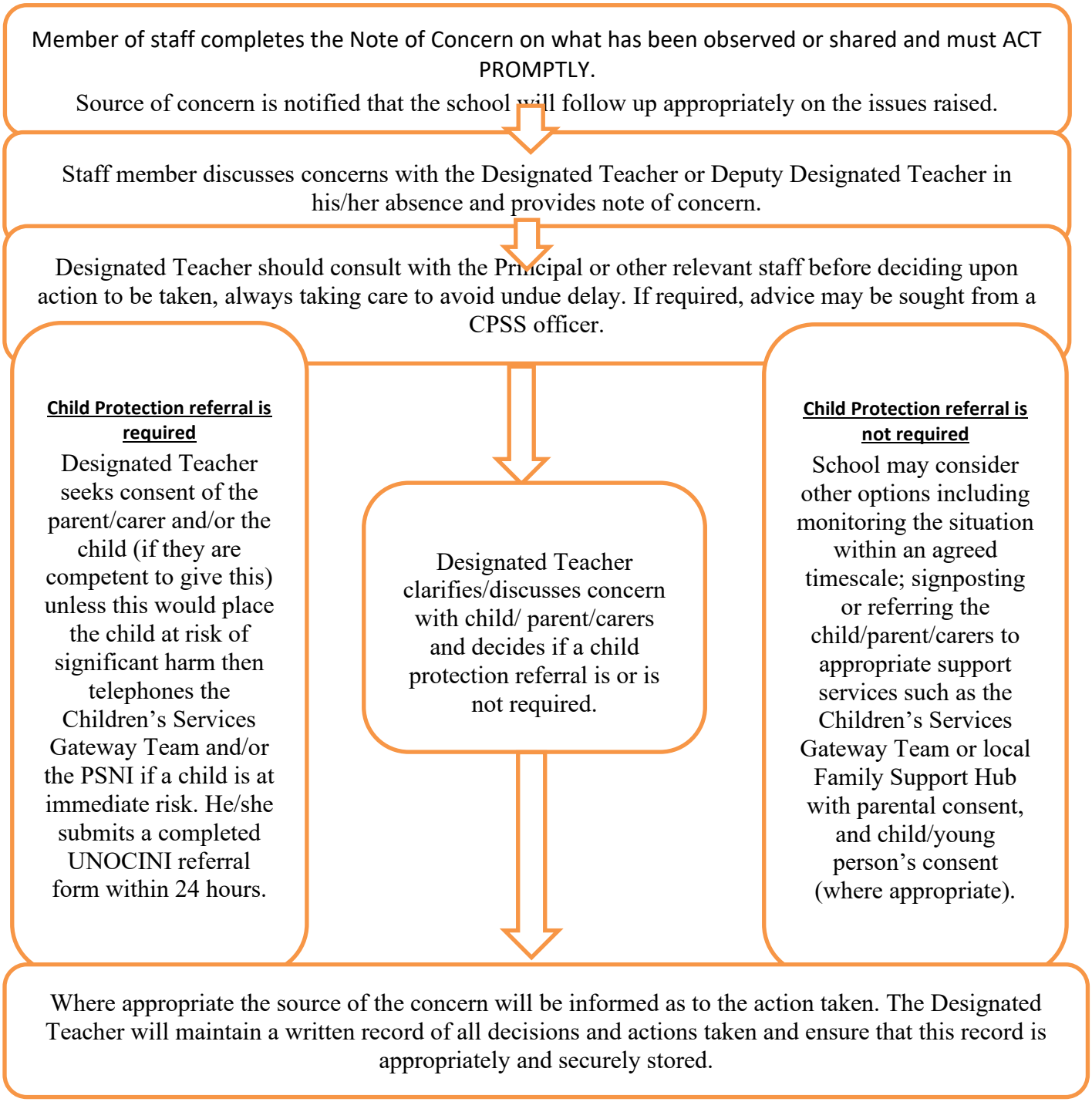


Appendix 6 **Allegations against a Member of Staff Summary**



Appendix 7

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



APPENDIX 8

NOTE OF CONCERN

(should be passed immediately to a member of the Safeguarding Team)

Name of Pupil:	**Class:**	**Date and time of disclosure or incident:**
What led to the disclosure being made today/why was it made to you?		
Nature and description of the concern (using child's own words where applicable):		
List of parties already aware e.g. friends, family or witnesses to the event and what they said/did:		
Any advice given to the child e.g. reassurances given and made child aware that concern would be passed on to the Safeguarding Team:		
Date and time of Note of Concern passed to Safeguarding Team:		**Details of additional materials attached with the Note of Concern:**
TO BE COMPLETED BY SAFEGUARDING TEAM		
Member of Safeguarding Team who received the note:		**Note of concern passed to Designated Teacher on date/time:**
Designated Teacher stored the Note of Concern in a Child Protection folder on:		**Note of Concern not stored in Child Protection folder because:**

Name of staff member: _____ Role: _____

Signature of staff member: _____ Date: _____

Signature of Safeguarding Teacher: _____ Date: _____

Appendix 9

Professional Conduct of Staff

Rationale

As staff in St Patrick's Academy, it is our responsibility:

- To promote the safest learning and working environments for the children in our care;
- To remember that anyone who has contact with children and young people is in a position of trust;
- To act appropriately and professionally;
- To ensure that all members of the school community are treated equally and respectfully;
- To safeguard and promote the welfare of children and young people.

Dress code

At St Patrick's Academy, we believe that all staff represent the school in a professional capacity and, as such, are ambassadors for the school. We believe that our students are influenced by role models around them. It is, therefore, important that staff follow an appropriate dress code in the workplace. Our school's official dress code is professional/business dress. Some members of staff will be required to wear a uniform appropriate to their role, such as office staff, cleaning staff, canteen staff and caretakers.

The dress code extends to all meetings including information evenings, transfer days and Parent-Teacher Meetings. There may also be occasions, such as sports day or staff days, when staff can 'dress down' and wear more casual clothing such as trainers and tracksuits. This arrangement might also apply to staff with particular needs.

Private meetings with pupils

Staff should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place, but, where possible ensure:

- Where appropriate, another member of staff should be present or nearby during the meeting;
- Such meetings/interviews should be conducted in a room with visual access, or with the door open, or in a room or area which is likely to be frequented by other people. A barrier, such as a desk, should be between the member of staff and the pupil. Where such conditions cannot apply, staff are advised to ensure that another adult knows that the meeting/interview is taking place and is available, if necessary;
- A written record is kept of the meeting using the Official Record Book and any issues are passed to the relevant member of staff.

Avoid:

- A pupil receiving special attention or preferential treatment;
- Excessive time spent alone with a pupil outside of the classroom;
- Frequently spending time with a pupil in private or isolated areas;
- Transporting a pupil to or from school without declaring a conflict of interest or having someone else present;
- Making friends with a pupil's parents and visiting their home;
- Acting as a particular pupil's "listening ear";
- Giving small gifts, money, toys, cards, letters to a pupil;
- Using texts, telephone calls, e-mails or social networking sites to communicate with a pupil;
- Affectionate behaviour with a pupil;

- Comments or lesson content of an inappropriate nature such as sexual, political or discriminatory;

Physical Contact with Pupils

- As a general principle, staff are advised not to make unnecessary physical contact with their pupils. The best interests of the pupil will guide all decisions taken by our staff. Restraint will only be used as a last resort in order to prevent a pupil from injuring themselves, other pupils, members of staff, property, or if the pupil is seriously compromising good order and discipline. It must only be used when other behaviour management strategies have failed.
- Physical contact which may be misconstrued by the pupil, parent or other casual observer should be avoided. Such contact can include well-intentioned, informal gestures such as putting a hand on the shoulder or arm.
- There may be occasions when a distressed child needs comfort and re-assurance which may include physical comforting such as a caring parent would give. Staff should use their discretion in such cases to ensure that any physical contact should be momentary, appropriate to the given situation and done in the presence of others.
- Some staff are likely to come into physical contact with pupils from time to time in the course of their teaching, for example, a whole-class demonstration showing pupils how to use a piece of apparatus or equipment or while demonstrating a move or exercise during games or P.E. Staff should be aware of the limits within which such contact should properly take place and of the possibility of such contact being misinterpreted by pupils.
- Heads of Departments are advised to draw up their own guidelines for the use of areas particular to their subject e.g stores, changing rooms and other adjoining rooms.
- Staff who have to administer first aid should ensure, wherever possible, that others are present.
- Following any incident where a member of staff feels that his/her actions have been, or may be misconstrued, a written report of the incident should be submitted immediately to the Principal as a means of self-reporting. This would apply especially in a case where a member of staff had been obliged to restrain a child physically to prevent him/her from inflicting injury to others or self-injury.

School Trips

- A risk assessment should be completed in advance of the trip and all staff should be clear about their individual role in ensuring the safety of pupils.
- Permission should be sought from parents/carers in advance of any trip. Staff should have an emergency contact number for the young person's parent/carer.
- Staff should be particularly careful when supervising pupils in a residential setting such as a ski-trip, outdoor education camp or extended visit away from home, where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school environment. Members of staff should remember that they are acting 'in loco parentis' and are responsible for ensuring the safety of the young people in their care.
- A Parent Information evening should be held prior to any residential outing so that clear guidelines and expectations are communicated to parents.

Communication

As an employee of St Patrick's Academy, staff should always act as an advocate for the school and never criticise any member of the school community, its policies and procedures either online or during face-to face conversations with members of the public. As an educational institution, the school is bound to follow guidance from government bodies such as DENI and the EA and, as such, staff are expected to implement the instructions of the Principal.

Confidentiality
Please note that all pupil and staff information and records are strictly confidential and should not be discussed outside of the school. The school has a duty of care to protect pupils and staff, therefore, any information pertaining to them should not be disclosed to anyone unless authorised to do so by the Principal or appropriate Vice-Principal.

Use of Online Communication and Social Media

- Maintaining the public's trust in the individual teacher and in teaching as a profession is at the heart of being fit to teach. This can be undermined not only by behaviour occurring in a teacher's professional life, but also within their private life, including activity online.

- Teachers are individuals with private lives. However, off duty conduct matters and may have a bearing on their professional life. Therefore, sound judgement and due care should be exercised at all times.

- A teacher may be vulnerable to unintended misuse of electronic communication. E-mail, texting and social media encourage casual dialogue and sometimes innocent actions can be misconstrued or manipulated. Staff should, therefore, keep their social media and contact details private.

- Electronic messages are not anonymous. Once information is placed online, the author relinquishes control of it.

A teacher should never share information with pupils in ANY environment that they would not willingly or appropriately share in a school or school-related setting or in the community.

How staff should protect themselves when using electronic communication and social networking
You should:

- Always maintain a formal and courteous, professional tone in communicating with pupils;
- Ensure that professional boundaries are maintained;
- Only use official channels of communication to contact parents e.g. school app, SIMS Parent app, info e-mail account, school landline or formal letter;
- Contact pupils using Google Classroom but only during working hours, typically 9am – 5.30pm Monday to Friday. Please use the 'Schedule Tool' to set work/communicate with pupils if working outside of these hours;
- Only be expected to reply to messages on Google Classroom during normal working hours unless agreed otherwise with the class;
- Comply with St Patrick's Academy policies and guidance such as the Safeguarding and E-Safety Policies;
- Not exchange private texts, phone numbers, personal e-mail addresses or photos of a personal nature with pupils;
- Firmly decline pupil initiated 'friend' requests from pupils and do not instigate any yourself. Use your own discretion when dealing with friend requests from parents. It is acceptable to decline these invitations and remind parents of the formal channels of communication through which they can discuss their child's education;
- Operate online in a professional manner;
- Accept that pupil will be curious about your personal life and may try to find out more about you;

- Manage your privacy settings and keep them under review. These are particularly important in regard to photographs. Accept that no privacy mechanism is 100% guaranteed;
- Ensure your settings prohibit others from tagging you in any photos or updates without your permission. You can ask others to remove any undesirable content related to you;
- Audit and re-evaluate the information about you, and who has access to it if you are beginning a teacher education programme or your EPD;
- Be aware that potential employers may try to view your online social media profiles;
- Consider what conversations held online may not be private;
- Be aware of who may have access to what you post;
- Assume that information you post can be accessed and altered;
- Not discuss pupils, colleagues, parents or carers online;
- Not criticise your employer or others within the school community;
- Respect pupil privacy and confidentiality at all times;
- Use strong passwords and change them regularly;
- Protect your phone/tablet/computer with a PIN, especially when in school to protect access to content and potential misuse;
- Bring the matter to the Principal using the proper procedures, if you are the victim of cyber-bullying or uncomfortable with comments, photos or posts made by pupils of or about you;
- Before posting materials online, you should consider if the material, if accessed by others, would be considered reasonable and appropriate.

Relationships and Attitudes

- Staff should remember that age of consent is overridden by the position of trust which they hold.
- Staff should ensure that their relationships with pupils are professional and focussed on teaching and learning. Any concerns about pupil well-being should be referred to the form tutor and HoY. Safeguarding issues should be passed on to a member of the Safeguarding Team immediately.
- In order to protect themselves, staff should keep a note of any one-to-one meetings with pupils using their Official Record Book.
- Staff should ensure that their social media profiles are kept private and should never be used to contact pupils or parents/carers.

Guidance and procedures for staff dealing with pastoral issues including bullying-type behaviour

You should:

- Listen to the pupil and reassure them that the incident will be investigated;
- Remain calm, neutral and non-judgemental;
- Record the details. The incident will be investigated and discussed by appropriate staff; form teacher, Head of Year, Vice Principal or Senior Teacher responsible for the Key Stage;
- Deal with the incident as quickly as possible. The students experiencing and displaying bullying behaviour may need reassurance and support;
- Meet with each named person separately, to point out the feelings of the pupil experiencing the behaviour and to ask for a full explanation. It is recognised that it is best to avoid a confrontational approach where blame is attributed before the complete facts have been examined. The pupil displaying bullying-type behaviour should also be given time to explain his/her version of the events;
- Discuss means by which the alleged pupil displaying bullying behaviour can suggest ways in which s/he (they) can show his/her (their) remorse, particularly in relation to making the pupil experiencing bullying behaviour happier;
- The matter should be referred to the form tutor and HoY as soon as possible. The HoY will apply the code of conduct, if appropriate;

- Inform parents if the bullying-type incident is **serious**. The pupil experiencing this behaviour may be suffering from insecurity and low self-esteem so parents and school need to work together to restore self-confidence. In some cases, pupils experiencing bullying behaviour may need to be encouraged to examine their own behaviour in order to establish if this may, in any way, be contributing to bullying;
- Monitor the situation closely. The judgements of the form teacher, Head of Year and relevant Vice-Principal/Senior Teacher should be applied to each specific case;
- Report back to parents, if appropriate.

Choice and Use of Teaching Materials

- All lessons should be pre-planned and relevant to the curriculum. Any clips/videos/recordings should be viewed in advance and age appropriate.
- Staff should avoid using teaching materials which could be misinterpreted and any resources should be used with the clear purpose of effectively delivering the curriculum.
- When using teaching materials of a sensitive nature, a teacher should be aware that their application could be misconstrued, either by pupils or by the teacher, even after the lesson.

Safer Practice

- Your behaviour should be open and transparent.
- You must adopt high standards of personal conduct.
- Your behaviour in or out of school must not compromise your position within the school.
- Avoid being alone with a student behind a closed, windowless door.
- Never give an individual student a gift that is not part of the 'Positive Behaviour Policy'.
- Never give your personal mobile number or personal e-mail address to a student.
- Adhere to staff code of conduct in relation to social media etc.

The Sexual Offenders Order 2003

'Under the Sexual Offences Order 2003 it is an offence for a person over 18 (e.g. teacher, youth worker) to have a sexual relationship with a child under 18 where that person is in a position of trust in respect of that child, even if the relationship is consensual. This applies where the child is in full-time education and the person works in the same establishment as the child, even if s/he does not teach the child'.

When you might be vulnerable

- Alone with a child
- Administering first aid
- Restraining a child
- When a child seeks affection
- Providing intimate personal care

Why you might be vulnerable

- Lack of training or support
- When you are unclear about guidance and/ or procedures
- When you fail to report or seek advice / poor lines of communication
- When you fail to record

St Patrick's Academy staff will receive Safeguarding and Child Protection Training biannually and as part of their induction.

Challenging and reporting worrying behaviour and practice by adults.

- Self-report if you think you got it wrong or may be misinterpreted

- Voice your concerns, suspicions, or uneasiness as soon as possible
- Pinpoint what practice is concerning you and why
- Don't think "What if I'm wrong?" think "What if I'm right?"

Conclusion

It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which staff inter-relate with pupils and where opportunities for their conduct to be misconstrued might occur. In all circumstances professional judgement should be exercised and for the vast majority of staff this policy confirms what has always been their practice.

From time to time, however, it is wise for all staff to review their teaching styles, relationships with pupils and their manner and approach to individual pupils, to ensure that they give no grounds for doubt about their intentions, in the minds of colleagues, pupils or parents.

Appendix 10 Adult Safeguarding in a School Setting

All organisations that work with vulnerable adults must have procedures in place to ensure their safety from abuse, exploitation, and neglect 'Adult Safeguarding Prevention and Protection in Partnership' (2015).

Types of abuse:

• Physical

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

• Sexual violence and abuse

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

• Psychological/Emotional

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

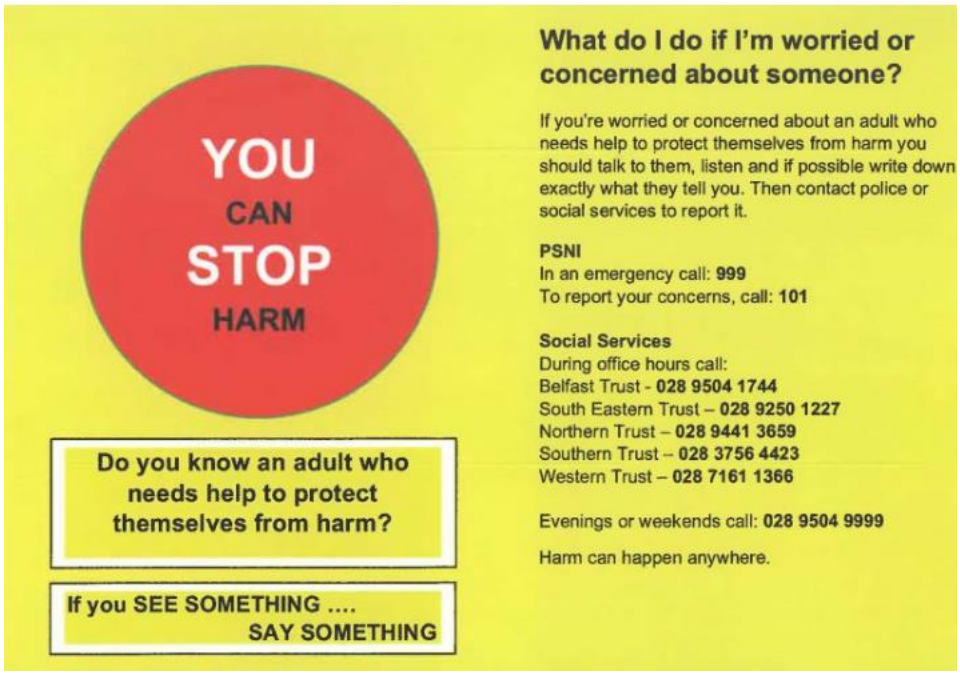
• Financial

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

• Neglect

occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

• Exploitation

is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse,

sexual violence and abuse, or human trafficking. This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.
Should you have a concern about a pupil aged 18, please complete a Note of Concern and report to the DT/DDT/Principal as soon as possible. Concerns can be discussed with the Adult Safeguarding Team in the Southern Trust:
Social Services Southern Trust:
During office hours 9-5pm Monday – Friday: Adult Protection Gateway Service 02837564423
Out of hours (5pm-9am, weekends and bank holidays): Regional Emergency Social Work service – 02895049999