

Safeguarding and Child Protection Policy



Ratified Date	Review Date	Person Responsible	Designated Governor
September 2025	September 2026	Ms. Shannon (DT) Principal	Rev. Gareth Keaveney Mrs. Lynne McConnell

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1. CHILD PROTECTION ETHOS –

We in Earlview Primary School and Nursery have a responsibility for the safeguarding and protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, “Co-operating to safeguard children and young people in Northern Ireland” (DHSSPSNI, 2017 and 2024), the Department of Education (Northern Ireland) guidance “Safeguarding and Child Protection in Schools” Circular 2017/04 (and subsequent amendments) and the SBNI Core Child Protection Policy and Procedures (2017).

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

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

2. OTHER RELATED POLICIES –

The school has a duty to ensure that safeguarding permeates all activities and functions. The child protection policy therefore complements and supports a range of other school policies including:

- Anti-Bullying Policy
- Attendance Policy
- Behaviour Management & Discipline/ Positive Behaviour Policy
- Staff Code of Conduct
- Complaints policy
- Data protection Policy
- Educational Visits
- First Aid

- Administration of Medicines
- Health and Safety Policy
- Intimate Care
- Relationships and Sexuality Education
- Special Educational Needs
- Remote Learning Policy
- E- safety Policy
- Use of reasonable force and safe handling
- Records management policy – see circular 2020/07 for guidance.
- Whistle blowing policy – see EA website.

These policies are available to parents on our school website and any parent wishing to have a copy should contact the school office on 02890 342203.

3. SCHOOL SAFEGUARDING TEAM –

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

- Chair of the Board of Governors: Rev. Gareth Keaveney
- Designated Governor for Child Protection: Rev. Gareth Keaveney & Mrs. Lynne McConnell
- Principal: Mr Paul Smith
- Designated Teacher: Ms. Janice Shannon (jshannon417@c2kni.net)
- Deputy Designated Teacher(s): Mrs. Rachel Dennison (rdennison949@c2kni.net)
Miss. Demi Ritchie (dritchier845@c2kni.net)

3.1 ROLES AND RESPONSIBILITIES –

Board of Governors

Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.
- A Designated and Deputy Designated Teacher are appointed in their School and Nursery.
- They have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
- Safeguarding and child protection training is given to all staff and governors including refresher training.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually, and parents and pupils receive a copy of the child protection policy and complaints procedure every two years (see Section 4.3 for more details).
- The school has an Anti-Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.

- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance
- There is a code of conduct for all adults working in the school
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19
- They receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- The school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2020/07 Child Protection: Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

Chair of Board of Governors

- Plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment.
- Receives training from CPSS and HR.
- Assumes lead responsibility in the event of a CP complaint or concern about the principal in keeping with guidance issued by the Department (and relevant guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures.
- The Chairperson is responsible for ensuring child protection records are kept and for signing and dating annually the Record of Child Abuse Complaints against staff members even if there have been no entries.
- Ensures compliance with legislation and policies.

Designated Governor for Child Protection

The BOG delegates a specific member of the governing body to take the lead in safeguarding /child protection issues in order to advise the governors on:

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

The School Safeguarding Team

As best practice, in the best interests of the children, and as a support for the Designated Teachers, the school should establish a Safeguarding Team. This team should include the Chair of the BOG, the Designated Governor for Child Protection, the Principal (as Chair), the DT and the DDT. However, only teachers in schools can assume the safeguarding role and responsibilities of the Designated Teacher.

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.
- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- 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.
- Having responsibility for record keeping of all child protection concerns.
- Ensuring staff are aware that Notes of Concern should be completed using the appropriate template.
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs.
- Making referrals to Social Services or PSNI where appropriate.
- Liaison with the EA Designated Officers for Child Protection.
- Keeping the school Principal informed.
- Lead responsibility for the development of the school's child protection policy.
- Promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the Board of Governors regarding child protection.

Designated Teacher (DT) for Child Protection

Every school is required to have a DT and DDT with responsibility for child protection. The responsibilities involve:

- The induction and training of all school staff including support staff before they commence their role
- Being available to discuss safeguarding or child protection concerns of any member of staff
- Responsibility for record keeping of all child protection concerns
- Ensuring staff are aware that Notes of Concern should be completed using the template provided in DE circular 2020/07
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs
- Making referrals to Social Services or PSNI where appropriate
- Liaison with the EA Designated Officers for Child Protection
- Keeping the school Principal informed
- Lead responsibility for the development of the school's child protection policy
- Promotion of a safeguarding and child protection ethos in the school
- Compiling written reports to the BoG regarding child protection.

Deputy Designated Teacher (DDT) for Child Protection

- The role of the DDT is to work co-operatively with the DT in fulfilling his/her responsibilities.
- It is important that the DDT works in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.
- A Nursery DDT will be appointed for Nursery setting.
- A SPiM DDT will be appointed to over see SPiM classes.

School Principal

As secretary to the Board of Governors, the Principal will assist the BOG in fulfilling its safeguarding and child protection duties including:

- Ensuring the Board of Governors are kept fully informed of all developments relating to safeguarding including changes to guidance, legislation, policy, procedures, DE circulars, inclusion of Child Protection on the termly meeting agenda.
- Managing allegations/complaints against school staff.
- Establishing and managing the operational systems for safeguarding and child protection.
- Appointing and managing Designated /Deputy Designated Teachers who are enabled to fulfil their safeguarding responsibilities.
- Ensuring safe and effective recruitment and selection including awareness of safeguarding and child protection for new staff and volunteers as part of an induction programme.
- Ensuring that parents and pupils receive a copy or summary of the Child Protection policy at intake and at a minimum every 2 years.
- It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.
- Maintaining the school's Record of Child Abuse Complaints

Other Members of School Staff

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available.
- Class teachers should complete the Note of Concern or Continuous Monitoring form if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.

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

Support Staff

- If any member of the support staff has concerns about a child or staff member, they should report these concerns to the Designated Teacher or Deputy Designated Teacher.
- A detailed written record of the concerns will be made, and any further necessary action will be taken.

Parents

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

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

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

4. CHILD PROTECTION DEFINITIONS –

Definition of Harm

'Harm' means ill treatment or the impairment of health or development, and the question of whether harm is significant is determined in accordance with Article 50(3) of the Children Order 1995.

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

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

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for

example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

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

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

Domestic Violence

Staff should be alert to all types of abuse and to their legal obligations, including reporting offences – section 5 of the Criminal Law Act (NI) 1967 makes it an offence to fail to disclose an arrestable offence. This includes crimes against children.

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

EMOTIONAL ABUSE is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse, and it can have severe and persistent adverse effects on a child's emotional development.

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

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

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

EXPLOITATION is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, 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.

All of the above definitions are from Co-operating to Safeguard Children and Young People in Northern Ireland (2017)

Specific Types of Abuse

In addition to the types of abuse described above, there are also some specific types of abuse that we in Earlview Primary School and Nursery are aware of and have therefore included them in our policy. Please see these in **Appendix 1**.

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English and sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see these in **Appendix 2**.

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). Please see these in **Appendix 3**.

[Co-operating to Safeguard Children and Young People in Northern Ireland | Department of Health](#)

Please find attached the link to signs and symptoms from the SBNI Regional Core Policies and Procedures guidance.

<https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf>.

5. 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 harm¹.

How a Parent Can Raise a Concern

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

If a parent has a safeguarding/child protection concern they can talk to the Class Teacher, the Designated or Deputy Designated Teacher for child protection or the Principal.

If they are still concerned, they may talk to the Chair of the Board of Governors. At any time, a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in **Appendix 4**.

Where School Has Concerns or Has Been Given Information about Possible Abuse by Someone Other Than a Staff Member

In Earlview Primary School and Nursery if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see **Appendix 7**) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff **always taking care to avoid due delay**. If the principal is unavailable, the person deputising as principal shall be consulted. In any situation if required, advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

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

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

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

The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form.

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

For further details, please see **Appendix 5**.

Where a Complaint Has Been Made About Possible Abuse by a Member of the School's Staff or a Volunteer

When a complaint about possible child abuse is made against a member of staff the procedures in DE Circular2015/13 should be followed. The Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal, then the Designated Teacher should be informed, and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 6** will be followed.

6. CONSENT, CONFIDENTIALITY, INFORMATION SHARING AND RECORD KEEPING

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.

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

Confidentiality and Information Sharing

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

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will 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 data protection policy and the General Data Protection Regulations (GDPR).

Record Keeping

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

If information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and appropriately password protected. These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence.

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 2020/07 Child Protection: Record Keeping in Schools and any subsequent updates.

7. SAFE RECRUITMENT PROCEDURES –

Recruiting 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 Earlview Primary School and Nursery are vetted/supervised in accordance with relevant legislation and Departmental guidance. It is the Principal's responsibility to ensure that appropriate ID checks are undertaken for all staff and volunteers working and volunteering in the school.

Temporary Teaching Posts

In accordance with DE Circular 2006/07 only teachers who are on the Northern Ireland Substitute Teachers Register should be employed to work in schools. If a school has teachers who are regularly employed on a casual basis, they should be advised to register.

All teachers on the register have been subject to the vetting procedure and no further checks are required. Schools are not permitted to employ any teacher not registered. It should be noted that compliance will be monitored by the Department of Education.

8. CODE OF CONDUCT FOR ALL STAFF PAID OR UNPAID –

The protection and promotion of the welfare of the children is a responsibility for all members of staff, teaching and support staff. Staff must work towards a culture of mutual trust and respect in school through which the best interests of the children entrusted in their care is paramount.

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors.

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. (DE guidance "Safeguarding and Child Protection in Schools" Circular 2017/04 and subsequent amendments)

1. Our school 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 class assemblies and there is relevant information in each classroom, which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, police etc. health visitor parent programmes.

Safer Schools Northern Ireland App

We use the Safer Schools Northern Ireland app in Earlview Primary School and Nursery. Staff and parents have been encouraged to sign up to the app to provide the school community with the information they need to navigate the digital world quickly and easily.

Early Recognition of Families in Need

Staff working within Earlview have increased opportunity to identify signs of emerging vulnerability, risk or harm early. Such early identification can facilitate timely support being provided before the situation deteriorates and the child's needs escalate.

Early intervention approaches enable issues to be addressed at an early stage before they have the opportunity to worsen or become embedded, with potential negative impacts on education, health, social or employment outcomes for children and young people.

More recently there has been a particular focus on the impact of the early years of a child's life and their life-long outcomes. Child development is a complex area but a calm, stimulating, loving and stable home environment is a key element for a child's social, emotional and healthy development. A lack of this has been shown to result in a range of poorer outcomes later in life such as being more likely to commit violent offences, completing suicide and developing ill-health in later life.

Early intervention within a safeguarding context is similar to early intervention in other areas in that it involves addressing issues relating to emerging vulnerability, potential and/or actual harm at an early stage. Such early intervention is important for all individuals and organisations who engage with children, young people and families, such as police officers and youth workers, but is particularly relevant for health and education professionals who deliver universal services and gives them a unique insight into the wellbeing of children. We also use the **Family Support Hub** where appropriate.

Earlview Primary School and Nursery is also an outlet for the **Newtownabbey Food Bank** and staff are able to give out vouchers to parents in need under the guidance of the Principal.

Children in Need

Article 17 of the Children Order defines a 'child in need'. Article 18 of the Children Order describes the general duty of the authority to provide services for children in need, their families and others.

Where a child has been assessed as being a 'child in need', there is a requirement to provide a range and level of personal social services appropriate to the child's needs. The child's needs and the fact that support and services are required to meet those needs should be fully discussed with those with parental responsibility for the child and their consent obtained to enable professionals to share information and provide the appropriate support and services.

Working with Parents / Carers

In some cases, parents are powerless to stop harm occurring to their children, despite their best efforts. On that basis, when working with parents, professionals need to take care not to apportion unnecessary blame to parents for harm which has occurred to their child or young person.

Professionals must remain alert to the possibility that, despite strenuous efforts on part of some parents to safeguard their children, their children and young people may continue to place themselves in situations of risk or be enticed into such situations by others. In school we work in close proactive partnership with parents to ensure they have as full an understanding as possible of the strategies and interventions parents have used to try to keep their children safe. If these have been unsuccessful, professionals need to understand why so that they can provide advice and support to parents in the first instance to assist them to manage the risks to their children. Such work needs to be undertaken collaboratively and sensitively so that parents who are endeavouring to protect their children and young people are not left feeling stigmatised, dismissed or blamed for the risks that continue to exist.

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>

10. MONITORING AND EVALUATION –

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the 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 Schools Safeguarding Team. The Board of Governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher.

Date Policy Reviewed:	
Signed:	Designated Teacher
Signed:	Principal
Signed:	Chair of Board of Governors

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

Adults may misuse online settings e.g. chat rooms, social and gaming environments and other forms of digital communications, to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held, or information shared. Those working or volunteering with children or young people should be alert to signs that may indicate grooming and take early action in line with their child protection and safeguarding policies and procedures to enable preventative action to be taken, if possible, before harm occurs. Practitioners should be aware that those involved in grooming may themselves be children or young people and 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 Earlview Primary School and Nursery 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 can have a profoundly negative effect on a child's emotional, psychological and social well-being. A child does not have to witness domestic violence to be adversely affected by it. Living in a violent or abusive domestic environment is harmful to children.

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.

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 Earlview Primary School and Nursery 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.

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

- There is no informed consent by the victim; and/or

- The perpetrator uses threat (verbal, physical or emotional) to coerce, threaten or intimidate the victim.
- Harmful sexual behaviour can include: Using age inappropriate sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual behaviour between children is also considered harmful if one of the children is much older - particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other is not.
- However, a younger child can abuse an older child, particularly if they have power over them - for example, if the older child is disabled.

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, knowledgeably 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 \(safeguardingni.org\)](https://safeguardingni.org)

We in Earlview Primary School & Nursery, 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.

1. Sharing nudes and semi-nudes between individuals in a relationship

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

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

2. Sharing an Inappropriate Image with an Intent to Cause Distress

If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 (www.legislation.gov.uk/ukpga/2015/2/section/33/enacted) to share an inappropriate image of another person without the individuals consent.

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

the school will be followed. The school will also ensure that the victim of abuse receives the correct pastoral support

APPENDIX 2

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 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.

Pre-School Provision

Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parent[s]/carer[s]. Teachers, nursery assistants and other adults will come into contact with children while helping them with toileting, washing and changing their clothing. Staff in pre-school settings should consider whether the Code of Conduct meets the needs of their particular responsibilities and should make clear the boundaries of appropriate physical contact, and their Code to staff and parents.

Looked After Children

In consultation with other agencies and professionals, a Health and Social Care Trust may determine that a child or young person's welfare cannot be safeguarded if they remain at home. In these circumstances, a child may be accommodated through a voluntary

arrangement with the persons with parental responsibility for the child or the HSCT may make an application to the Court for a Care Order to place the child or young person in an alternative placement provided by the Trust. The HSCT will then make arrangements for the child to be looked after, either permanently or temporarily. It is important that the views of children, young people and their parents and/or others with parental responsibility for the looked child are taken into account when decisions are made.

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

Children/Young People Who Go Missing

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

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

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

Young People In Supported Accommodation

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

Young People Who Are Homeless

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

Separate, Unaccompanied and Trafficked Children and Young People

Separated children and young people are those who have been separated from their parents, or from their previous legal or customary primary caregiver. **Unaccompanied**

children and young people are those seeking asylum without the presence of a legal guardian. Consideration must be given to the fact that separated or unaccompanied children may be a victim of human trafficking.

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

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

Children of Parents With Additional Support Needs

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

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

Gender Identity Issues and Sexual Orientation

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

As a staff working with young people from the 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.

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

Boarding Schools and Residential Settings

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

Work Experience, School Trips and Educational Visits

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

CHILDREN/YOUNG PEOPLE'S BEHAVIOURS

Peer Abuse

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

Self-Harm

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

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

Suicidal Ideation

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

APPENDIX 3

Signs and Symptoms of Child Abuse

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

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

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

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

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

Suspicious should be raised by e.g.

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

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

Parental Response to Allegations of Child Abuse Which Raise Concern

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

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

Physical Abuse

Children receive bumps and bruises as a result of the rough and tumble of normal play. Most children will have bruises or other injuries, therefore, from time to time. These will be accidental and can be easily explained. It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.

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

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

Common sites for accidental bruising depend on the developmental stage of the child.

They include:

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

- hands
- shins

Less common sites for accidental bruising include:

- Eyes
- Ears
- Cheeks
- Mouth
- Neck
- Shoulders
- Chest
- Upper and Inner Arms
- Stomach
- Genitals
- Upper and Inner Thighs
- Lower Back and Buttocks
- Upper Lip and Frenulum
- Back of the Hands.

Non-accidental bruises may be:

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

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.

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.

b) Eye Injuries

Injuries which should give cause for concern:

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

c) Burns and Scalds

Accidental scalds often:

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

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

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

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

- a responsible adult checks the temperature of the bath before a child gets into 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

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. 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:

- 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

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

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

- 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

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

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

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.

- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

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

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

Concerns may arise when:

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

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

Emotional Abuse

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

Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on a child's development. The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.

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

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

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

Possible behaviours that may indicate emotional abuse include:

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc.
- marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying.
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction.
- physical problems such as repeated illnesses, severe eating problems, severe toileting problem.

- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, 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 overanxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

Neglect

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

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

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

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

Recognition of Neglect

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

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

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

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

Child

Health presentation indicators include:

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

Emotional and behavioural development indicators include:

- developmental delay/special 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.

Family and social relationship indicators include:

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

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

Parents

Lack of emotional warmth indicators include:

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

Lack of stability indicators include:

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home
- enforced unemployment

- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

Issues relating to providing guidance and setting boundaries indicators include:

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

Social Presentation

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

Health

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

Home and Environmental Conditions

The following home and environmental conditions should be considered:

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

Impediments to ongoing assessment and appropriate multidisciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression

- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

Children with Disability

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

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

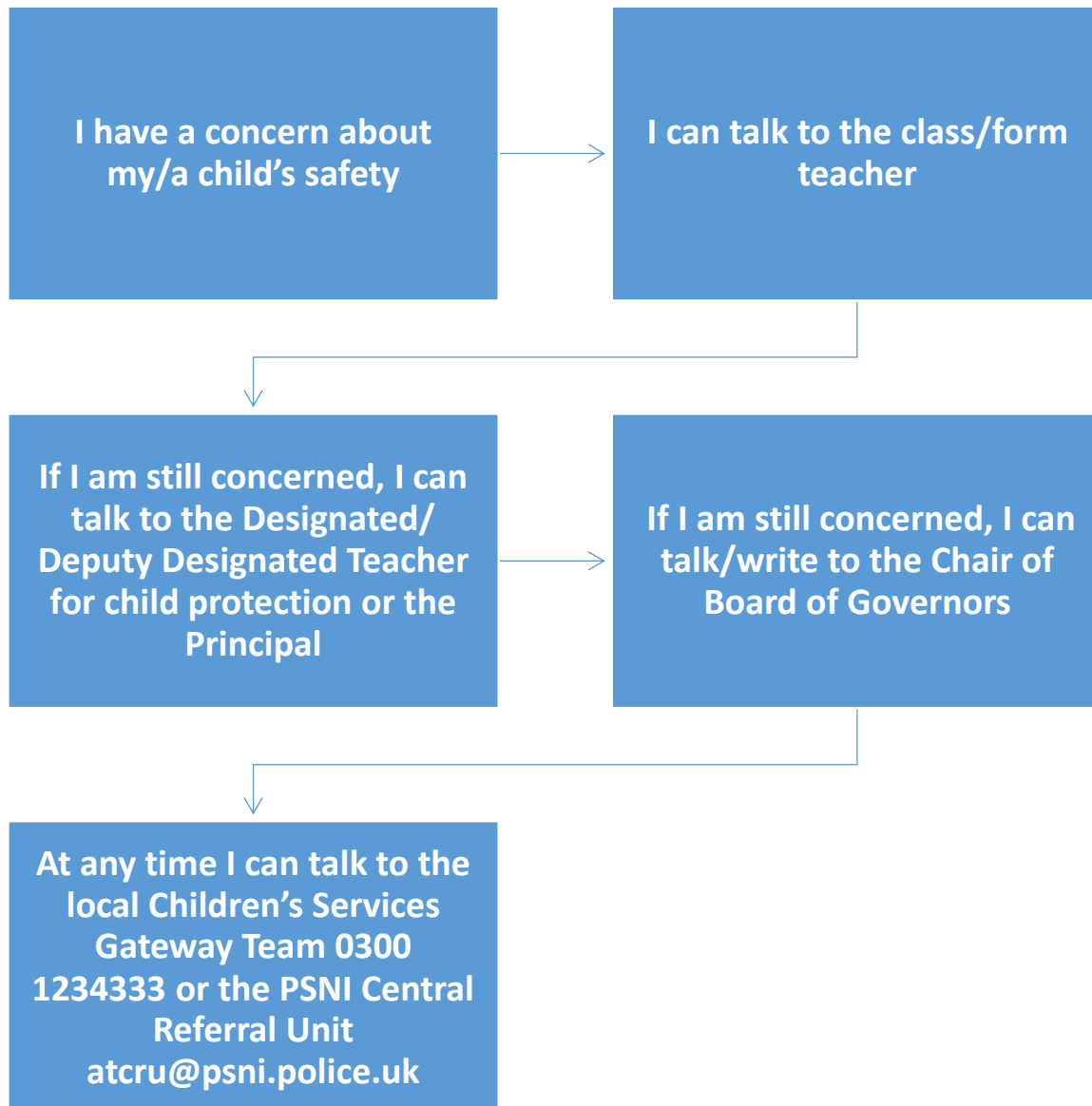
- symptoms and signs may be confused
- the child may not recognise the behaviour as abusive
- the child may have communication difficulties and be unable to disclose abuse
- there may be a dependency on several adults for intimate care
- there is a reluctance to accept that children with disabilities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

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

APPENDIX 4

HOW A PARENT CAN MAKE A COMPLAINT

If A Parent Has A Potential Child Protection Concern:



When a parent/carer raises a safeguarding or child protection concern with a member of staff this is notified to the Designated teacher(s) and /or the principal. They will then follow the safeguarding and child protection guidelines and take appropriate action to safeguard and protect the child(ren).

If the parent or carer is concerned that the appropriate policy has not been followed they should notify the school and revert to the complaints policy to progress their concerns.

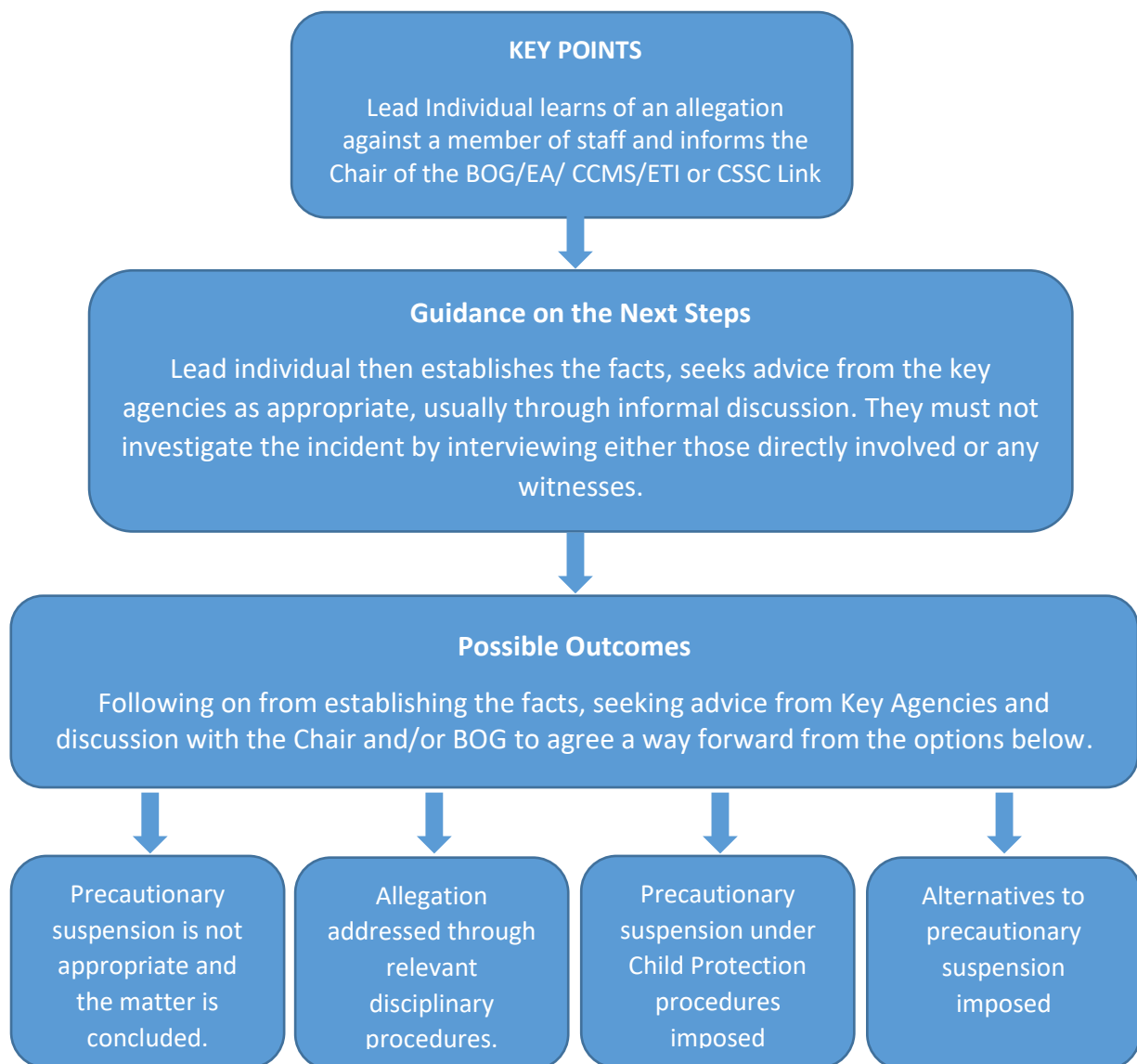
APPENDIX 5

Procedure Where the School Has Concerns, Or Has Been Given Information, About Possible Abuse By Someone Other Than A Member Of Staff



APPENDIX 6

DEALING WITH ALLEGATIONS OF ABUSE AGAINST A MEMBER OF STAFF



APPENDIX 7

CONFIDENTIAL

NOTE OF CONCERN

CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil:
Year Group:
Date, Time of Incident/Disclosure:
Circumstances of Incident/Disclosure:
Nature And Description Of Concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action Taken At The Time:
Details Of Any Advice Sought, From Whom And When:

Any Further Action Taken:		
Written Report Passed To Designated Teacher: Yes: No: If 'No' state reason:		
Date And Time Of Report To The Designated Teacher:		
Written Note From Staff Member Placed On Pupil's Child Protection File Yes No If 'No' state reason:		

Name of Staff Member Making the Report: _____

Signature of Staff Member: _____ **Date:** _____

Signature of Designated Teacher: _____ **Date:** _____

APPENDIX 8

Safeguarding & Child Protection Classroom Monitoring Form

Term One Two Three a b

Initials of Pupil:

Class:

Teacher:

Concern	Tally	Dates Observed
Pupil complains of hunger		
Pupil complains of tiredness/ falling asleep in class		
Consistently Late		
Incomplete Homework		
Unprepared for school		
No break		
No Lunch		
Over Emotional (more than usual)		
Concerns over appearance (uniform, properly dressed for the season)		
Concerns over classroom behaviour		
Concerns over playground behaviour		
Difficulty with peers/ friendship group		

