

St Patrick's Primary School



Child Protection/Safeguarding Policy

Date Approved by Board of Governors: June 2025

Next Policy Review Date: June 2026

1. Child Protection Ethos

We in St Patrick's Primary School have a responsibility for the Pastoral Care, general welfare and safety of the children in our care. We will carry out this duty by providing a caring, supportive, inclusive 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 achieve their full potential irrespective of race, religion/belief, political views, gender and sexual orientation. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedure to be followed. 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 our school.

2. 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 (N. Ireland) Order 1995, The Education and Libraries (NI) Order 2003, the Department of Education (Northern Ireland) guidance Safeguarding and Child Protection in Schools-A Guide for Schools (DENI Circular 2017/04), The Area Child Protection Committees' Regional Policy and Procedures (2005), Co-operating to Safeguard Children and Young People in N. Ireland (2016), Safeguarding Board Act Northern Ireland (2011).

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

- It is a child's right to feel safe at all times, to be heard, listened to and taken seriously.
- We have a pastoral responsibility towards the children in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
- In any incident the child's welfare must be paramount, this overrides all other considerations.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families but, where there is conflict, the child's interest must always come first.

3. Other Relevant Policies

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

- Behaviour Management & Discipline Policy
- Anti-Bullying Policy
- Use of Reasonable Force/Safe Handling
- Special Educational Needs
- Educational Visits

- Administration of Medicines
- Health and Safety Policy
- Relationships and Sexuality Education
- Intimate Care
- Drug and Alcohol Awareness Policy
- Use of Mobile Phones/Devices
- E-Safety Policy and Acceptable Use Agreement
- Attendance Policy

These policies are available to parents and any parent wishing to have a copy should contact the school office or visit the school's website at www.stpatrickspennyburn.com.

4. Roles And Responsibilities

4.1 St. Patrick's Safeguarding Team

The following are members of the school's Safeguarding Team

- Chair of the Board of Governors (Mrs Siobhan Quinn)
- Designated Governor for Child Protection (Dr Ryan Smyth)
- Principal (Mr Ian Gallagher)
- Designated Teacher for Child Protection (Mrs Marie McSheffrey)
- Deputy Designated Teachers for Child Protection (Mrs Oonagh Callan and Miss Patricia Smith)

The main role of the team is to:

- Monitor and periodically audit the safeguarding and child protection arrangements in the school.
- Identify any actions required to address audit findings or ETI inspection of its safeguarding/child protection arrangements.
- Provide support for the Designated and Deputy Designated teachers in the exercise of their child protection responsibilities.

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

4.2 The Board of Governors

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

- Ensuring that safeguarding/child protection is a standard item on the agenda of Board of Governor meetings
- Approving the schools child protection policy at least once every 2 years
- Ensuring that there is a time-tabled review of all other safeguarding policies and that they are presented to the BOG for approval.
- Receiving annual child protection reports.
- Ensuring there is a staff code of conduct for all adults working in the school
- Attending relevant child protection/safeguarding training for Governors

4.3 School Staff

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

Members of staff **must** refer concerns or disclosures to the Designated/Deputy Designated Teacher(s) for Child Protection/Principal. In addition, class teachers should also keep the Designated Teacher informed about poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse. A pro-forma for reporting a concern or disclosure is included at **Appendix 5**.

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

4.4 Parents

Parents can play their part in safeguarding 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 as to the child's well-being.

- Making requests to the school in advance for permission to allow their child to attend medical or other appointments including providing details of any arrangements for the collection of the child.
- Informing the school whenever anyone, other than themselves, intends to pick up the child after school.
- Familiarising themselves with the schools safeguarding policies e.g. Anti Bullying, Positive Behaviour, Internet and Child Protection Policies.
- Reporting to the school office when they visit the school.
- Sharing any concerns they may have in relation to their child with the school.

5. 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 can be caused by:

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

The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child. The main types of abuse as well as their signs and symptoms are included in **Appendix 3**.

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 online). 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, 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.

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in St. Patrick's Primary School are aware of and have therefore included them in our policy. Please see **Appendix 4**

Children with Increased Vulnerabilities

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

6. Dealing with Disclosures of Abuse

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

Receive - listen to what the child says, without displaying shock or disbelief. Accept what is said, making brief cursory notes. These notes should be retained.

Reassure- ensure the child is reassured that he/she will be safe and his/her interests will come first. **No promise of confidentiality can or should be made to a child or anyone else giving information about possible abuse.**

Respond- respond to the child only as far as is necessary for you to establish whether or not you need to refer the matter. Use open questions e.g. anything else to tell me? Do not interrogate or ask leading questions- this may invalidate your evidence and the child's in any later court proceedings. Do not criticise the perpetrator; the child may love this person and reconciliation may be possible. Explain what you have to do next and to whom you have to talk.

Record- make notes at the time and write these up as soon as possible afterwards. Note the time, date, place, people present as well as what *is seen and said*. Record key phrases/words used, noticeable non-verbal behaviour and any physical injuries. Under no circumstances should a child be photographed or a child's clothing removed. Do not destroy original notes.

Report- refer the matter to the Designated Teacher. Respect confidentiality i.e. the matter should only be discussed on a need to know basis.

7. Procedures for Reporting Suspected or Disclosed Child Abuse.

7.1 How a Parent can make a Complaint

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

manner. If a parent has a concern they can talk to the Class Teacher, the Designated or Deputy Designated Teacher(s) 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 Public Protection Unit. Details of who to contact are shown in the flowchart in **Appendix 6**.

7.2 Where the school has concerns or has been given information about possible abuse by someone other than a member of the school staff including volunteers

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 must act promptly. **He/she should not investigate**. This is a matter for Social Services but the member of staff should report these concerns immediately to the Designated Teacher, discuss the matter with her and make full notes.

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(s). The person who reports the incident must treat the matter in confidence.

The Designated/Deputy Designated Teacher(s) will decide whether in the best interest of the child the matter needs to be referred to Social Services. He/she will discuss the matter with the Principal and may also seek advice or clarification from the Education Authority's Designated Officer for Child Protection or from Social Services (Gateway Team). Where it is evident that a young person has been or is at risk of being abused and/or a criminal offence may have been committed, then the school must make a referral.

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

This procedure is shown in **Appendix 7**.

7.3 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 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 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 8** will be followed in keeping with current Department of Education guidance (DE Circular 2015/13).

8. Attendance at Child Protection Case Conferences and Other Social Services Meetings

The Designated Teacher/Deputy Designated Teacher(s) or Principal may be invited to attend an initial and review Child Protection Case Conferences, core group or family support planning meetings convened by the Health & Social Care Trust. They will provide a written report which will be compiled following consultation with relevant staff. Feedback will be given to staff under the 'need to know' principle on a case-by-case basis. Children whose names are on the Child Protection register will be monitored and supported in accordance with their child protection plan.

9. Consent from Pupils and Parents

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.

10. 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. Should a child transfer to another school whilst there are current child protection concerns we will share these concerns with the Designated Teacher in the receiving school.

11. Record Keeping

All child protection records, information and confidential notes are stored securely and only the Designated Teacher/Deputy Designated Teacher(s) and Principal have access to them. In accordance with DE policy on the disposal of child protection records, these records will be stored from the child's date of birth plus 30 years as per DE Circular 2020/07 Child Protection:Record Keeping in Schools.

12. Safeguarding in the Curriculum

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

13. Operation Encompass

St. Patrick's Primary School is 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 to enable them 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](#).

14. Vetting Procedures

All staff paid or unpaid who are appointed to positions in the school are vetted or supervised in accordance with relevant legislation and Departmental guidance. All staff employed through the Extended Schools Programme are vetted in line with Department of Education guidance (DE Circular 2024/10).

15. Code Of Conduct For all Staff Paid Or Unpaid

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

All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which is included as **Appendix 2** to this policy.

16. Staff Training

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

17. Monitoring and Evaluation

This policy will be reviewed annually by the Designated Teacher for Child Protection and approved annually by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented 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 St. Patrick's Safeguarding Team.

Date of Next Review: June 2026

Signed: *Mrs Siobhan Quinn* (Chair of Board of Governors)

Mr Ian Gallagher (Principal)

Mrs Marie McSheffrey (Designated Teacher for Child Protection)

Date: 26th June 2025

Appendix 1

St. Patrick's Primary School Safeguarding Team Roles & Responsibilities

1. Chair of the Board of Governors

The Chair of the Board of Governors is responsible for:

- Ensuring that a Child Protection policy is in place and that a safeguarding ethos is maintained in the school
- Ensuring that a Designated Governor for Child Protection is appointed
- Ensuring that Governors receive relevant training in Child Protection and Recruitment and Selection
- Assuming lead responsibility in the management of a complaint/allegation against the School Principal
- Ensuring that the Board of Governors receive regular updates in relation to child protection activity including a full written annual report

2. Designated Governor for Child Protection

The Designated Governor is responsible for advising the Governors on matters related to child protection including the child protection policy, reports to Governors, the recruitment, selection and vetting of staff and the role of the Designated teacher.

3. Principal

The Principal is responsible for:

- Ensuring that all relevant DENI guidance in relation to child protection and safeguarding in particular '*Safeguarding and Child Protection in Schools-A Guide for Schools*' is implemented within the school
- Enabling the Board of Governors to fulfil their Child Protection duties by keeping them informed of any changes to guidance, procedure or legislation relating to child protection and ensuring the inclusion of child protection activities on their agenda
- Maintaining and securely storing the *School Record of Child Abuse Complaints* and to make it available at least annually to the Board of Governors.
- The appointment of suitable staff to posts (teaching and non-teaching) within the school and the appointment of suitable teaching staff to the roles of Designated and Deputy Designated Teacher for Child Protection.

- Ensuring that parents and pupils receive a copy/summary of the Child Protection Policy and Complaints Procedures every 2 years.
- Managing child protection concerns relating to staff.

4. Designated and Deputy Designated Teachers for Child Protection

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

- Providing child protection training for all teaching and non-teaching staff (whole school training) to be delivered a minimum of once every two years
- Taking lead responsibility for the development and annual review of the school's child protection policy
- Promoting a child protection ethos in the school
- Acting as a point of contact for staff (and parents) in relation to child abuse concerns
- Liaison with the Principal and Education Authority's Designated Officers for Child Protection in cases of suspected Child Abuse
- Making referrals to other agencies, with the Principal's knowledge
- Maintaining and securely storing appropriate child protection records
- Attending child protection case conferences and other relevant case planning meetings where appropriate and practicable
- Providing an annual report to the Governors on child protection activity

The Deputy Designated Teacher(s) will deputise for the Designated Teacher in her absence.

Appendix 2

St. Patrick's Primary School Code of Conduct for Staff and Volunteers

Introduction

This Code of Conduct is intended to assist staff and volunteers in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct. It is built on the premise that staff must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the children in their charge must be above reproach.

Relationships and Attitudes

Within the Pastoral Care Policies of the school and the employing authority, staff and volunteers should ensure that their relationships with pupils are appropriate to the age, maturity and sex of the pupils, taking care that their conduct does not give rise to comment or speculation.

All staff and volunteers should treat pupils with respect and dignity and not in a manner which demeans or undermines them, their parents or carers, or colleagues. They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of pupils, embarrassing or humiliating pupils, discriminating against or favouring pupils. Relationships with pupils must be professional at all times.

Private Meetings with Pupils

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

Physical Contact with Pupils

- To avoid misinterpretations, and so far as practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.
- It is unrealistic and unnecessary to suggest staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this.
- Staff who have to administer first-aid to a pupil should ensure wherever possible that this is done in the presence of other children or another adult. *However, no member of staff should hesitate to provide first-aid in an emergency because another person is not present.*
- Staff should be particularly careful when supervising pupils in a residential setting, or in approved out of schools activities, where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school/work environment.

- Staff and volunteers should be cognisant of the guidance issued by the Department of Education on the use of reasonable force (Circular 199/09 and guidance document 'Towards a Model Policy in Schools on Use of Reasonable Force').

Honesty and Integrity

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

Conduct outside of work

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

Confidentiality

- Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should not be shared with any person other than on a need to know basis.
- There are some circumstances in which a member of staff or volunteer may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals should pass information on without delay but only to the Designated Teachers, the Principal or the Vice Principal.

Choice and Use of Teaching Materials

- Teachers should avoid teaching materials, the choice of which might be misinterpreted and reflect upon the motives for the choice.
- When using teaching materials of a sensitive nature a teacher should be aware of the danger that their application, either by the pupils or by the teacher, might after the event be criticised.
- If in doubt about the appropriateness of a particular teaching material, the teacher should consult with the principal before using it.

Use of Mobile Phones and Social Media

Staff should not make or receive personal telephone calls or text messages during contact time with children. Phones may be used to contact the office or the Principal/Vice Principals in the event of an emergency.

No mode of social networking should be used during contact time with children unless in connection with a task/project approved by Senior Management. A staff member or volunteer's off duty hours are their personal concern but all staff and volunteers should exercise caution when using Information Technology and be fully aware of the risks to themselves and others.

Conclusion

It would be impossible and inappropriate to lay down hard and fast rules to cover all circumstances in which staff and volunteers interrelate with children and young people, or where opportunities for their conduct to be misconstrued might occur.

From time to time it will be prudent for all staff to reappraise their teaching styles, relationships with children/young people and their manner and approach to individual children/young children, to ensure that they give no grounds for their doubt about their intentions, in the minds of colleagues, of children/young people or of their parents/guardians.

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.

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

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

Recognition of Physical Abuse

a) Bruises and Soft Tissue Injuries

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

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

Less common sites for accidental bruising include:

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

Non-accidental bruises may be:

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

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

The following should give rise to concern e.g.

-bruising in a non-mobile child, in the absence of an adequate explanation

-bruises other than at the common sites of accidental injury for a child of that developmental stage

-facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children

-soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation

-a torn upper lip frenulum (skin which joins the lip and gum)

-patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back

-ligature 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.

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

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

-have a recognisable pattern

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

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

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

- a responsible adult checks the temperature of the bath before a child gets in to it.
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet.
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.
- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks.
- small 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. In infants, rib and metaphysical limb fractures may produce no detectable ongoing pain however.

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

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

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

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.

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

There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a

parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.

(R v Cannings (2004) EWCA Criml (19 January 2004)).

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

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

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

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

Concerns may arise when:

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

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

Sexual Abuse

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

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

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

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

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

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused.

Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

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

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

Primary School Age Children

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

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

Emotional Abuse

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

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

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

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

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

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms may suggest emotional abuse they are not necessarily 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, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride
- lack of any sense of pleasure in achievement, over-serious or apathetic
- over anxiety, e.g. constantly checking or over anxious to please
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

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

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

Neglect

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

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

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

- medical neglect
- educational neglect
- 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 to child
- 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
- low self-esteem
- lack of self-care.

Health

- mental health illness
- 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.

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

Children with Disability

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

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

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

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

Risk Factors Associated with Child Abuse

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

Child

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

Parents

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

Home and Environmental Conditions

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

Appendix 4

Specific Types of Abuse

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

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

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

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

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

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

Statutory Responsibilities

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

Domestic and Sexual Violence and Abuse

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

Domestic Violence and Abuse:

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

Sexual Violence and Abuse

'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender,

gender identity, sexual orientation or any form of disability).’ Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual’s incapacity to give informed consent.

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

St. Patrick’s is an Operation Encompass school.

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

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

Children Who Display Harmful Sexual Behaviour

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

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

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, abusive or violent. Normal sexual behaviour will generally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if contact with PSNI or Social Services is required. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

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

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

Violent Sexual Behaviours are also of significant concern. They may have features of threat, force, coercion or harm to others.

Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism.

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

E-Safety/Internet Abuse

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

In January 2014, the SBNI published its report 'An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland' which identified the associated risks around online safety under four categories:

- **Content Risks:** the child or young person is exposed to harmful material.
- **Contact risks:** the child or young person participates in adult initiated online activity.
- **Conduct Risks:** the child or young person is a perpetrator or victim in peer-to-peer exchange.
- **Commercial Risks:** the child or young person is exposed to inappropriate commercial advertising, marketing schemes or hidden costs.

We in St. Patrick's Primary School have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

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

Sexting is the sending or posting of sexually suggestive images, including nude or semi-nude photographs, via mobile or over the internet. There are two aspects to Sexting:

Sharing an Inappropriate Image with an Intent to Cause Distress

If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 to share an inappropriate image of another person without the individuals consent. For further information see:

www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

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

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.

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 6

St. Patrick's Primary School Procedure for Parents who wish to raise a Child Protection Concern

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



I can talk to the class teacher



If I am still concerned, I can talk to the
Designated/ Deputy Designated Teachers
for Child Protection

Mrs Marie McSheffrey

Mrs Oonagh Callan

Miss Patricia Smith

or

the Principal

Mr Ian Gallagher

02871266073/4



If I am still concerned, I can talk/write to
the

Chairperson of the Board of Governors,

Mrs Siobhan Quinn



If I am still concerned I can contact the NI Public Services Ombudsman

Tel: 0800 343 424

At any time a parent can talk to a social worker at the Gateway Team
(Western Trust) Tel: 028 71314 090

or the

PSNI at Central Referral Unit

Tel: 999 (Emergency) or 101 (Non-Urgent)

Appendix 7

St. Patrick's Primary School

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

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

Staff member discusses concerns with the Designated Teacher (**Mrs Marie McSheffrey**) or Deputy Designated Teacher (**Mrs Oonagh Callan or Miss Patricia Smith**) in her absence and provides note of concern.

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

Child Protection referral is required

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

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

Child Protection referral is not required

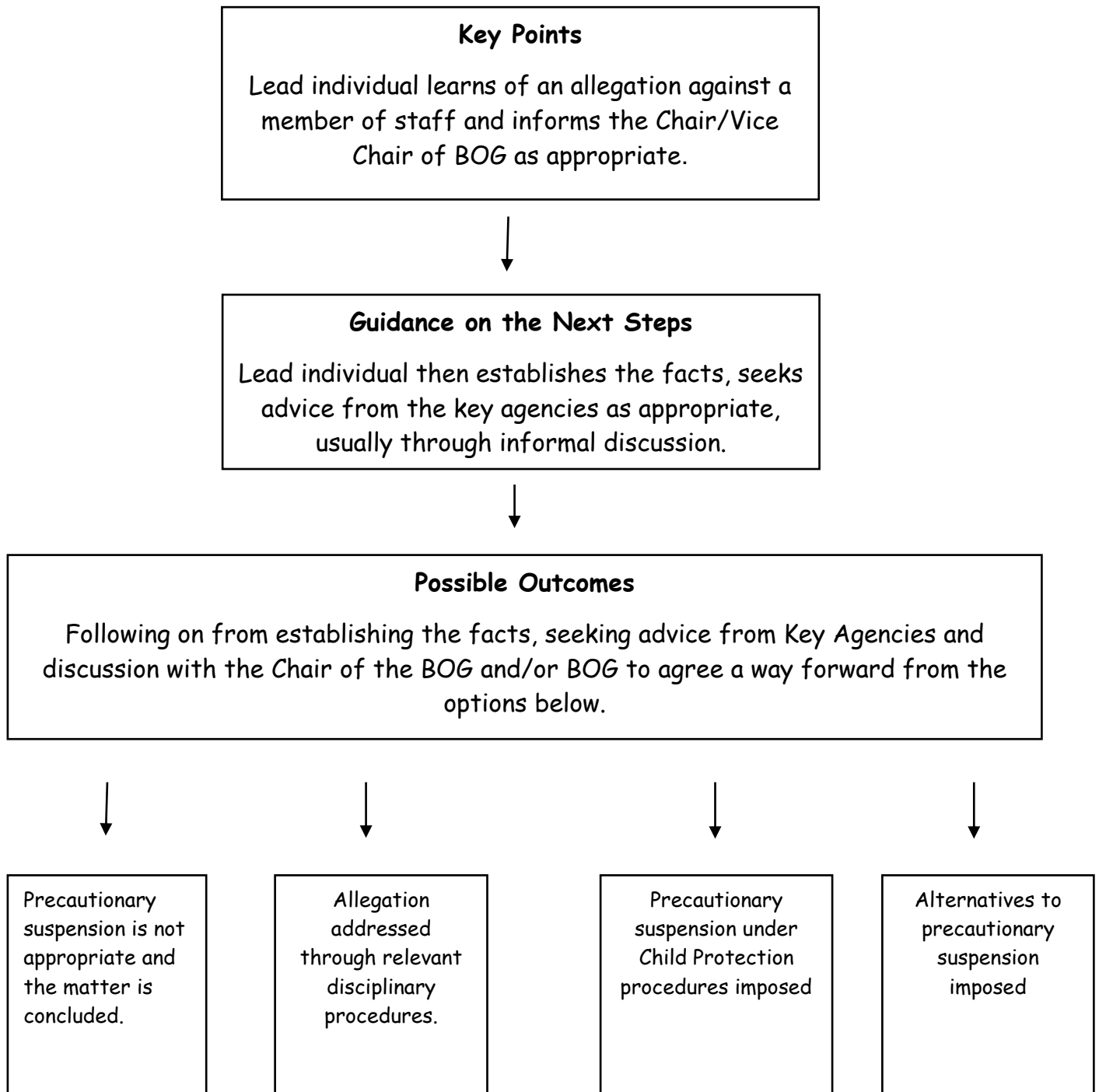
School may consider other options including monitoring the situation within an agreed timescale, signposting or referring the child/parent/carers to appropriate support services such as the Children's Services Gateway Team or local Family Support Hub with parental consent, and child/young person's consent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

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

Appendix 8

St. Patrick's Primary School

Procedure where a complaint has been made about possible abuse by a member of the school's staff.



**Lead Individual to manage the handling of an allegation should be identified from the outset, normally the Principal or a designated senior member of staff.*