

Mill Strand  
Integrated  
School  
& Nursery

# Child Protection Policy

This policy was reviewed in September 2018.  
Agreed by Governors: December 2018  
Review Date: December 2019

# Mill Strand Integrated School

## Child Protection Policy

### **1. Child Protection Ethos**

Mill Strand Integrated Primary School has a responsibility for the Pastoral Care, welfare and safety 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 children 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 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 (Northern Ireland) Order 1995, The Education and Libraries (NI) Order 2003; the Safeguarding Board Act Northern Ireland (2011); the Department of Education (Northern Ireland) Safeguarding and Child Protection – a Guide for Schools 2017; Co- operating to Safeguard Children and Young People in Northern Ireland (2016) and the Safeguarding Board for Northern Ireland (SBNI) Procedures Manual November 2017

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.
- The school has 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 school's child protection policy therefore complements and supports a range of other school policies including:

- Attendance Policy
- 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

- Use of Mobile Phones/Cameras
- E-Safety Policy

**These policies are available to parents/carers and any parent/carer wishing to have a copy should contact the School office or visit the school website at [www.millstrand.co.uk](http://www.millstrand.co.uk)**

#### **4. Roles And Responsibilities**

##### **4.1 The School Safeguarding Team**

The following school's Safeguarding Team is

- Chair of the Board of Governors: Louise Rossington
- Designated Governor for Child Protection: Melissa Lemon
- Principal: Mr Philip Reid
- Designated Teacher: Mrs Stephanie Thom
- Deputy Designated Teacher(s): Mr Callum Hannigan, Mrs Jessica Bonnar
- ICT Co-ordinator : Mrs C Martin

The main role of the safeguarding 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 Department of Education (DENI) guidance including:

- Ensuring that safeguarding/child protection is a standard item on the agenda of Board of Governor meetings
- Reviewing the school's Child Protection Policy at least once every 2 years
- Ensuring that there is a time-tabled review (every 2/3 years) of all other safeguarding policies and that they are presented to the BOG for approval.
- Receiving annual child protection reports from the safeguarding.
- 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**

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

Where such physical, behavioural and emotional indicators are noticed members of staff **must** refer concerns or disclosures to the Designated/Deputy Teacher for Child Protection/Principal. In addition class teachers should also keep the Designated Teacher informed in writing or verbally about poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse. A proforma for reporting a concern or disclosure is included at **Appendix 2**

If members of staff do 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/ Carers**

Parents/ Carers 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 appointment 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;(primary schools only)
- 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

## **(Co- operating To Safeguard Children and Young People in Northern Ireland 2016)**

Harm can be caused by:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect; and
- 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 physical and behavioural indicators are included in **Appendix 3**.

### **6. Dealing with Disclosures of Abuse**

The following are guidelines for use by members of 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/Carer can make a Complaint**

The school aims to work closely with parents/carers in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a concern they can talk to the class teacher, the Designated or Deputy Designated Teacher for Child Protection or the Principal. If they are still concerned they may talk to the Chair of the

Board of Governors. 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 5**.

## **7.2 Where the School has concerns or has been given information about possible abuse by someone other than a member of 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 should report these concerns immediately to the Designated/Deputy Designated Teacher, discuss the matter with him or her, and make full notes.

### **7.2.2**

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

It is the responsibility of the Designated/Deputy Designated Teacher to decide whether in the best interest of the child the matter needs to be referred to Social Services. In order to reach their decision he/she will discuss the matter with the Principal and may also seek advice or clarification from the Education Authority Designated Officer for Child Protection or from Social Services (Gateway Team). Where it is evident that a child has been or is at risk of being abused and/or a criminal offence may have been committed then the school will make a referral.

### **7.2.3**

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. If a referral is made a copy of the UNOCINI referral form should be sent to the Education Authority Designated Officer for Child Protection. A copy of the UNOCINI form will be placed in the school's child protection file.

## **7.2.4 Consent from Pupils and Parents**

Prior to making a referral to Social Services the consent of the parent/carers and/or the child (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 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 child has been sought and is withheld the school 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 procedure with names and contact numbers is shown in **Appendix 6**.

### **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/ Deputy Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 7** will be followed in keeping with current DENI guidance (DE Circular 2015/13).

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

The Designated Teacher/Deputy Designated Teacher 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 at school, for example, class teacher's report (see Appendix section). 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. 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 the Principal/ The Designated Teacher will share these concerns with the Designated Teacher in the receiving school.

## **10. Record Keeping/Transfer of Records**

School Child Protection records are kept in accordance to DENI Circular 2016/20 'Child Protection :Record Keeping in Schools'. All information and confidential notes are stored securely and only the Designated Teacher/Deputy Designated Teacher and Principal have access to them. In accordance with DENI policy on the disposal of child protection records these records will be stored until the child is 30 years old.

When a child moves to another school a **copy** of his/her child protection file if one exists will be transferred to the receiving school. This process will be undertaken by the Designated Teacher in the school of origin to the designated teacher in the receiving school.

## **11. Safeguarding in the Curriculum**

The 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.

## **12. Vetting Procedures**

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

## **13. Code Of Conduct For all Staff Paid Or Unpaid**

All actions concerning children and young people must uphold the best interests of the child 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 children in their charge must be above reproach.

All members of staff and volunteers are expected to comply with the school's Code of Conduct for Employees and Volunteers. Schools Code of Conduct for Employees and Volunteers see **Appendix 8**

## **14. Staff Training**

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

## **15. Monitoring and Evaluation**

This policy will be reviewed annually by the Designated Teacher for Child Protection and approved every 2 years by the Board of Governors for dissemination to parents, pupils and staff. This Policy will be implemented through the schools staff induction and training programme and as part of the school's 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.

Date of Next Review: \_\_\_\_\_

Signed: \_\_\_\_\_ (Chair of Board of Governors)

\_\_\_\_\_ (Principal)

\_\_\_\_\_ (Designated Teacher)



## Appendix 1.

# The 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.
- Ensure 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 "*Pastoral Care in Schools – Child Protection*" (1999) is implemented within the school
- Enabling the Board of Governors 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 Teacher for Child Protection
- Ensuring that parents and pupils receive a copy of the Child Protection Policy and Complaints Procedures every 2 years.
- Managing child protection concerns relating to staff.

#### **4. Designated and Deputy Designated Teacher 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 will deputise for them in their absence.

## Appendix 2: Note of Concern, reporting format



MILL STRAND INTEGRATED PRIMARY SCHOOL & NURSERY UNIT  
*Promoting Excellence, Celebrating Difference*



### **Safeguarding and Child Protection**

## **Note of Concern**

*If you have a safeguarding or child protection concern about a child, please fill in the form below and hand to Designated Teacher or Deputy Designated Teacher.*

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

**Any further action taken:**

**Report passed to DT or DDT:** Yes  No

**If 'No' state reason:**

**Date and time of report to DT/DDT:**

**Extra written information provided to DT/DDT:** Yes  No

**Name of staff member making the report:** \_\_\_\_\_

**Signature of staff member making report:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*To be completed by DT/DDT*

**Action taken:**

**Name of DT/DDT:** \_\_\_\_\_

**Signature of DT/DDT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix 3

### Types of Abuse and Physical/Behavioural Indicators

**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. **(Co- operating To Safeguard Children and Young People in Northern Ireland 2015)**

<b>Physical Indicators</b>	<b>Behavioural Indicators</b>
Looks very thin, poorly and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.	Tired or listless (falls asleep in class); steals food; compulsive eating; begging from class friends; withdrawn; lacks concentration; misses school medicals; reports that there is no carer is at home; low self-esteem; persistent non-attendance at school; exposure to violence including unsuitable videos.

**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. **(Co- operating To Safeguard Children and Young People in Northern Ireland 2016)**

<b>Physical Indicators</b>	<b>Behavioural Indicators</b>
Unexplained bruises – in various stages of healing grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday	Self destructive tendencies; aggression to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; coming to school early or staying last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories

**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. **(Co- operating To Safeguard Children and Young People in Northern Ireland 2016)**

Physical Indicators	Behavioural Indicators
Well below average in height and weight; “failing to thrive”; poor hair and skin; alopecia; swollen extremities i.e. icy cold and swollen hands and feet; recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness); extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).	Apathy and dejection; inappropriate emotional responses to painful situations; rocking/head banging; inability to play; indifference to separation from family indiscriminate attachment; reluctance for parental liaison; fear of new situation; chronic runaway; attention seeking/needing behaviour; poor peer relationships.

**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. **(Co- operating To Safeguard Children and Young People in Northern Ireland 2016)**

Physical Indicators	Behavioural Indicators
bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; bruises or bleeding in genital or anal areas; torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches; difficulty in walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games, showers; unexplained pregnancies where the identity of the father is vague;	What the child tells you; Withdrawn; chronic depression; excessive sexual precociousness; seductiveness; children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal; over concerned for siblings; poor self esteem; self devaluation; lack of confidence; peer problems;

anorexia/gross over-eating.	lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in school work or behaviour; inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children's art work or stories; vulnerability to sexual and emotional exploitation; promiscuity; exposure to pornographic material
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**Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse (**Co- operating To Safeguard Children and Young People in Northern Ireland 2016**)

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

### **Child Abuse in Other Specific Circumstances**

#### **Bullying**

Bullying is not defined as a category of abuse within the Area Child Protection Committees' Regional Policy and Procedures (2005). The policy does however state that the damage inflicted by bullying behaviour can frequently be underestimated. It can cause considerable distress to children and at the extreme cause them significant harm (including self harm).

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

## **Children Who Sexually Abuse Others or Display Sexually Harmful Behaviour**

When abuse of a child is alleged to have been carried out by another child, the procedures outlined in **section 7** of this policy will be followed. It is important in such situations to distinguish between behaviours which are experimental in nature and those that are exploitative and harmful. Advice and support will be sought in such circumstances from the Education Authority's Designated Officer for Child Protection and where appropriate a referral made to the statutory agencies. In all such cases a risk assessment will be undertaken and an individual support and safety plan identified. Appropriate services will also be provided for the children involved. The above guidance follows DE Circular 2016/05 subject Children Who Display Harmful Sexualized Behaviour.

## **Child Sexual Exploitation**

'Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.' **(Co- operating To Safeguard Children and Young People in Northern Ireland 2016)**

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

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

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

- Acquisition of money, clothes, mobile phone etc without plausible explanation;
- Leaving home/care without permission;
- Persistently going missing or returning late;
- Receiving lots of texts/phone calls prior to leaving;
- Agitated/stressed prior to leaving home/care;
- Returning distraught/ dishevelled or under the influence of substances;
- Requesting the morning after pill upon return;
- Truanting from school;
- Inappropriate sexualised behaviour for age;
- Physical symptoms or infections e.g. bruising, bite marks, sexually transmitted infections;
- Concerning use of the internet;



- Entering or leaving cars driven by unknown adults or by taxis;
- New peer groups;
- Significantly older 'boyfriend' or 'girlfriend';
- Increasing secretiveness around behaviours;
- Low self-esteem;
- Change in personal hygiene (greater attention or less);
- Self harm and other expressions of despair;
- Evidence or suspicion of substance misuse.

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

### **Indecent Photographs**

The offence of taking indecent pictures of children under 18 years can apply in a situation where a pupil has taken an indecent picture using a mobile phone of others under 18 years of age. It is also an offence to distribute, possess with intent to distribute or show such photographs to others. In such circumstances the PSNI and Social Services will be contacted. The school also has an e-safety/ mobile phone and electronic devices (or similarly named policies) which has/have been circulated to parents and pupils and which is available from the school.

### **Young Person whose Behaviour places him/her at Risk of Significant Harm**

A child whose own behaviours e.g. self-harming behaviour, leaving school without permission etc. places him/her at risk of significant harm, may not necessarily constitute abuse as defined in Area Child Protection Committees' Regional Policy and Procedures (2005). The decision to initiate child protection procedures is a matter for professional judgement and each case will be considered individually with advice sought from the Education Authority's Designated Officer for Child Protection. The criminal aspects of such cases will be dealt with by the PSNI.

### **Domestic Violence and Abuse**

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

### **Sexual Violence and Abuse**

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

Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent. **(Stopping Domestic and Sexual Violence and Abuse in Northern Ireland A Seven Year Strategy: March 2016)**

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

## **Female Genital Mutilation**

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. 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. - **Multi-agency Practice Guidelines: Female Genital Mutilation. DFP 2014**

Schools should be aware of some of the following in identifying who could be at risk.

- Being a girl aged 5 - 8 within a community where FGM is practised
- Prolonged return to country of origin for summer break – giving sufficient healing time before return to school
- Female elder visiting from a country of origin
- Child may tell other children about it
- A girls may disclose that she is to have a 'special procedure' or attend a special occasion to 'become a woman'
- Parents state that they or a relative will take the child out of the country for a prolonged period

## **Forced Marriage**

Where we are made aware or have a reasonable suspicion that a child attending this school is being forced into marriage we will report this on as appropriate to the relevant agencies. We will be mindful of the following in relation to a child:

- Absence and persistent absence
- Request for extended leave of absence and failure to return from visits to country of origin
- Surveillance by siblings or cousins
- Change in behaviour, performance or punctuality
- Being withdrawn from school for 'home schooling' and not receiving suitable education at home
- Not allowed to attend extra-curricular activities
- Sudden announcement of engagement

We also recognise that there is a danger in involving the family of the child concerned and alerting them to the fact that the school and others are aware and will act to protect the child - ***The Right to Choose: Statutory guidance for dealing with forced marriage. DFPNI 2012***

## **Self Harm and Suicide**

It is most helpful to consider self harm as a continuum, ranging from behaviour which has a strong suicidal intent (for example, some kinds of overdose) to behaviour

which is intended to help the person stay alive (such as cutting)' - **John Coleman 2004**

Self harm is often a means by which a child can release the tension caused by their anxiety, grief or anger. It can also be seen as a means of communication, to tell themselves and others that they need help. It helps them feel they have a level of control over something in their lives – making 'real' the emotional pain they are unable to express.

It is our policy that in instances where a child expresses suicidal ideation or self harm or discloses that he/she has self harmed, we will contact the parents and ask them to take their child to their GP for assessment.

### **Other Safeguarding Issues**

#### **Gender Identity - Gender Variant/Transgender young people**

The Gender Recognition Act 2004 allows people who have lived in their preferred gender for at least 2 years to apply for a gender recognition certificate (GRC) and, if a UK Citizen, a new birth certificate.

Being transgender is a recognised medical condition known as Gender Dysphoria or Gender Identity Disorder. Transgender is separate from LGB. This school will work collaboratively with parents, other services and most important the young person him/her self to support him/her in progressing through their school life showing due regard to their needs.

## Appendix 5



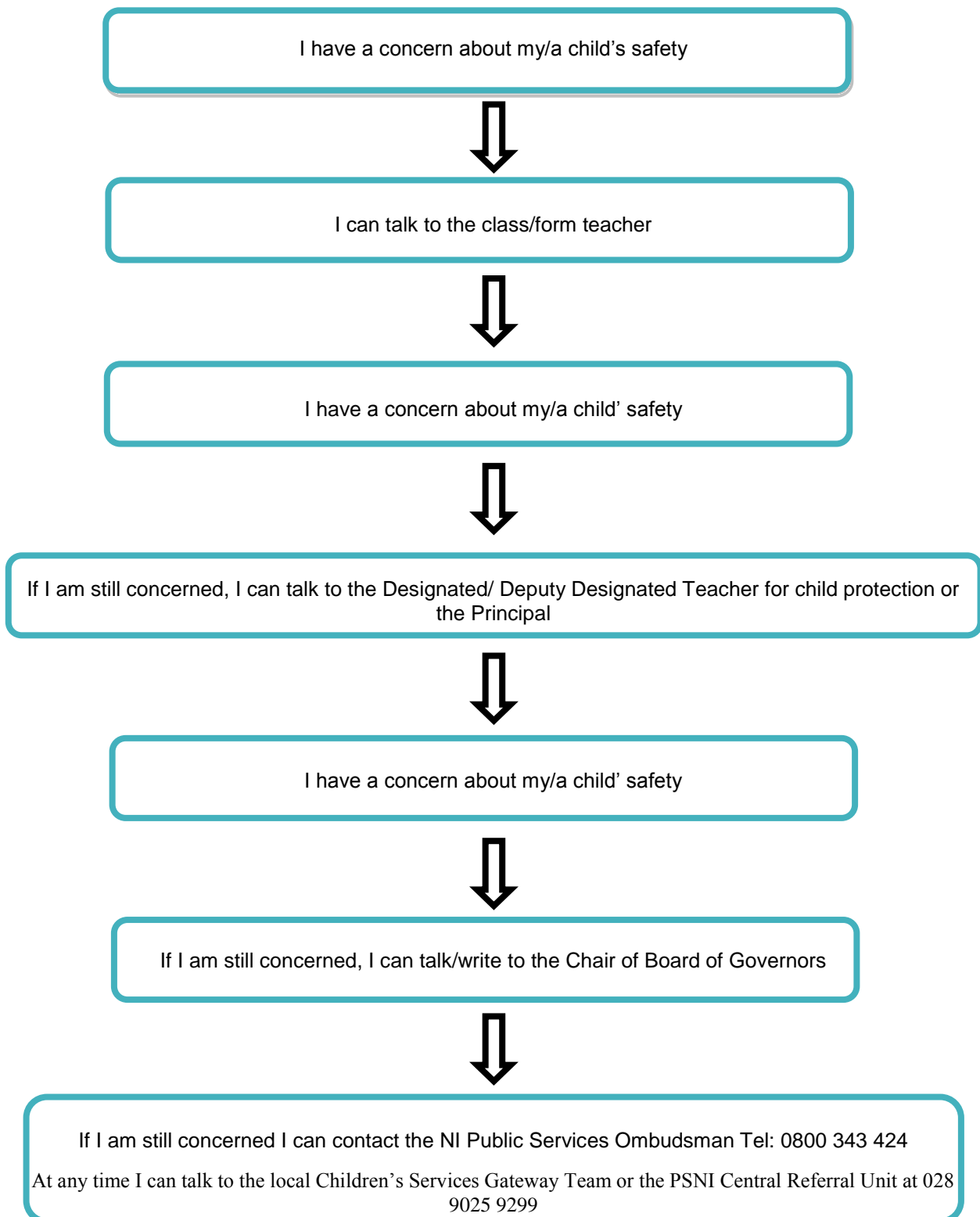
# MILL STRAND INTEGRATED PRIMARY SCHOOL & NURSERY UNIT

*Promoting Excellence, Celebrating Difference*



## **Safeguarding and Child Protection**

### **Procedure for Parents who wish to raise a Child Protection Concern**



## Appendix 6



# MILL STRAND INTEGRATED PRIMARY SCHOOL & NURSERY UNIT

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## Safeguarding and Child Protection

### School Concerns Procedure

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 or Deputy Designated Teacher and provides the note of concern.



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



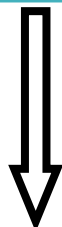
#### **Child Protection referral is required**

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

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

#### **Child Protection referral is not required**

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



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

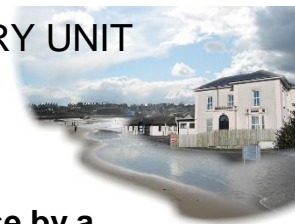
It is imperative that any disclosure by a child, or concern that indicates a child may be at immediate risk, is reported immediately to the PSNI and Social Services to ensure that emergency protection measures are put in place. This is particularly important if there is a risk of the child at home. Contact details for the PSNI Central Referral Unit and Duty Social Workers can be found in the Contacts Section.  
DE Circular 2016/20 Child Protection Record Keeping in Schools.

## Appendix 7



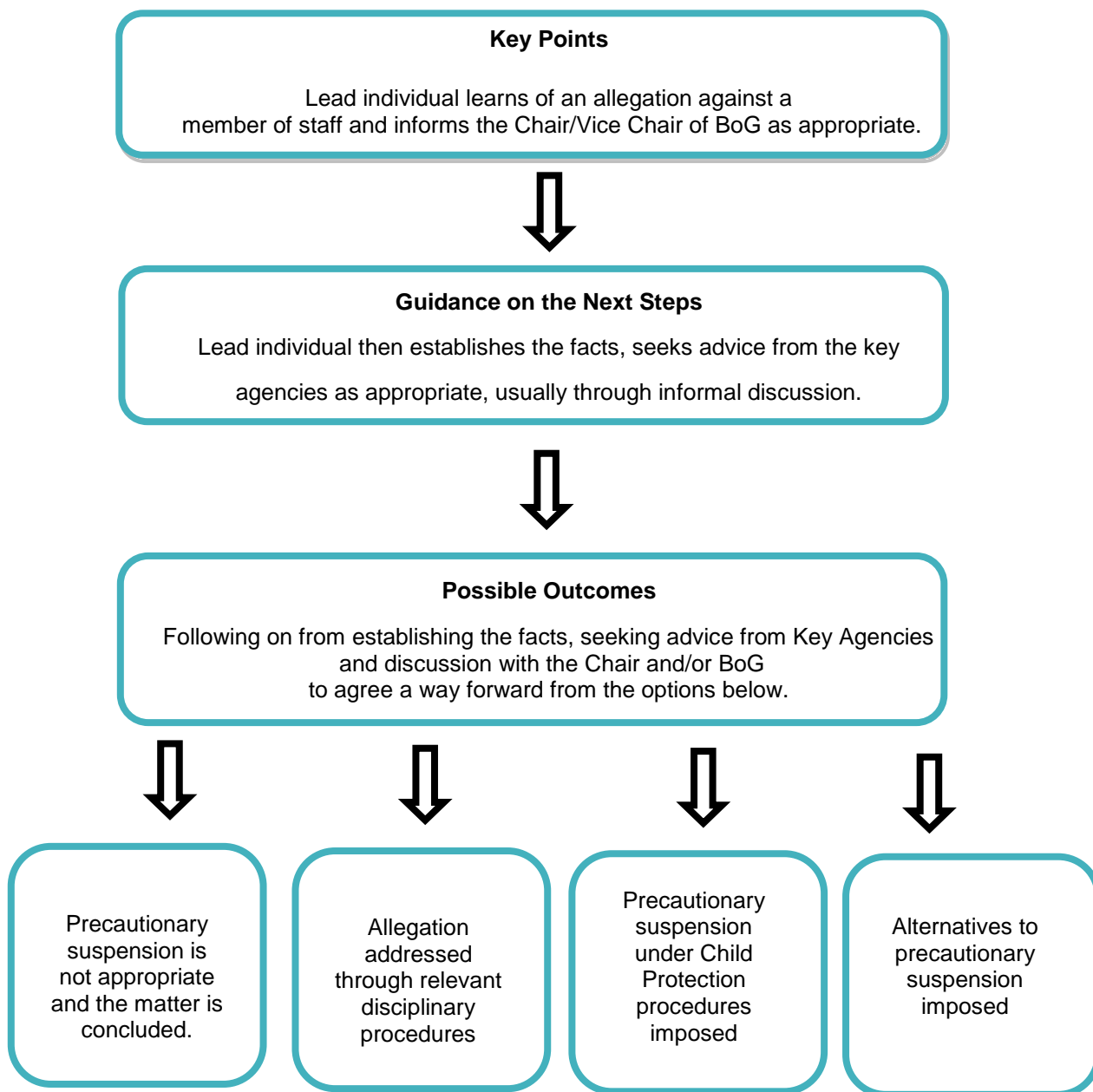
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### Safeguarding and Child Protection

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



DE Circular 2016/20 Child Protection Record Keeping in Schools.  
As noted previously a *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.

## **Appendix 8 : Schools Code of Conduct for Employees and Volunteers**