

BALLYKEEL PRIMARY SCHOOL AND NURSERY UNIT



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1. CHILD PROTECTION ETHOS

The School Ethos

In Ballykeel, all staff are highly committed to the care and well-being of each child, have a deep sense of pride in our school and community, and work together to create a happy, collegiate and supportive team. The professionalism, hard work and unique talents of each member of staff help contribute to the holistic development of all the children entrusted to our care. We seek to celebrate and reward the successes of every child and instil in them a love for learning. We are a welcoming and inclusive school, and our identity is demonstrated through the promotion of the Christian values of respect, tolerance, kindness, truthfulness, forgiveness, friendship, responsibility, trust and perseverance. With the aim of inspiring everyone to become a lifelong learner, pupils and teachers are encouraged to embrace all the positive opportunities and challenges that the school and local community provide.

Ballykeel Vision:

Our vision is to educate our children in an enriching, inclusive and effective learning environment which inspires them to develop life skills, reach their goals, and achieve their full potential.

Ballykeel Mission Statement:

We aim to achieve our vision by creating an environment where all children feel secure, valued and cared for. Through highly effective teaching and learning, partnership with families and a strong emphasis on emotional health and wellbeing we equip our children to achieve success, happiness and fulfilment in adult life.

Core Values

- **KINDNESS**
We demonstrate kindness through the Christian values of compassion, respect, forgiveness, friendship and trust.
- **ACHIEVEMENT**
We celebrate all forms of success and achievement. We set goals, work hard and take pride in our progress.
- **EQUALITY**
We celebrate our differences and make sure everyone feels welcomed, included and valued.
- **COMMUNITY**
We are a school family, and we encourage effective partnerships between parents, families and the wider community.
- **LEARNING**
We promote a lifelong love for learning, by encouraging curiosity, nurturing creativity and embracing all opportunities and challenges.
- **WELLBEING**
We help one another to develop confidence, resilience and self-esteem in a nurturing and safe environment.

The most important role of our school lies in the protection and safety of the children in its care. This ethos is reflected in all actions and decisions taken by the staff of Ballykeel Primary School and Nursery Unit as we follow the detailed guidance set out in the Department of Education's *'Safeguarding and Child Protection in Schools – A Guide for Schools'* (Updated 2022) and the *Children (NI) Order, 1995*. This guidance has been adopted by the Board of Governors, is reviewed annually, and outlines procedures for

the general safety and welfare of pupils on a day-to-day basis. The moral responsibility for the protection of children, however, extends beyond this, and is the duty of every adult in the school. We in Ballykeel PS & NU believe that all children should be protected from violence and kept safe from harm in an environment where they are properly cared for, without fear, and feel secure. We will endeavour to uphold these standards and to ensure that decisions made by the governors, Principal, and members of staff have the welfare of the child as their paramount consideration. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

KEY PRINCIPLES OF SAFEGUARDING AND CHILD PROTECTION

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

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

- The child’s welfare must always be paramount; this over-rides all other considerations. Where a child is disabled or has special needs these must be taken into consideration.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families, but where there is a conflict, the child’s interests must always come first.
- Effective partnership between school, parents and relevant external agencies ensures protection for children.
- Prevention of abuse can be enhanced through effective staff training, a whole school approach to pastoral care and safeguarding, providing a preventative curriculum where pupils have developed skills and understanding to stay safe.
- Children have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding they should be consulted and involved in all matters and decisions which may affect their lives. Where a child has a disability, specialist assistance should be sought to achieve this.
- Parents/carers have a right to respect and should be consulted and involved in matters which affect their family.
- Responses should be evidence based and proportionate to the circumstances. Actions taken to protect the child (including investigation) should not in themselves be abusive by causing the child unnecessary distress or further harm.
- Intervention should not deal with the child in isolation, the child’s needs should be considered in the context of the family. Agencies’ actions must be considered and well informed so that they are sensitive to, and take account of, the child’s gender, age, stage of development, religion, culture and race, and any special needs.
- Parents are supported to exercise parental responsibility and families helped to stay together. Where it is necessary to protect the child from further abuse, alternatives, which do not involve moving the child and which minimise disruption of the family, should be explored.

2. OTHER RELATED POLICIES:

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

Child Protection Policy
Attendance Policy
Positive Behaviour Policy
Pastoral Care
Anti-Bullying Policy
Safe Handling and Use of Reasonable Force
Special Educational Needs
Policy of First Aid First Aid
Administration of Medicines
Health and Safety Policy
Relationships and Sexuality Education
Intimate Care
Online Safety Policy
Educational Visits
Drugs and Alcohol
Critical Incident
Policy for Volunteers in School

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

3. THE SCHOOL SAFEGUARDING TEAM

ROLES AND RESPONSIBILITIES:

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

- | | |
|--|--|
| • Chair of the Board of Governors | Mr. Andy Kennedy |
| • Designated Governor for Child Protection | Mrs Jaime Lowry |
| • Principal | Mrs Sandra Sheeran |
| • Designated Teacher | Mrs Jill Thompson |
| • Deputy Designated Teachers | Mrs Julie Thompson & Mrs Kathryn McGuckin |

The Safeguarding Team is a vehicle for ensuring effective co-ordination and co-operation between the key individuals responsible for safeguarding throughout the school (Appendix 12). The EA CPSS provides child protection training in relation to the specific responsibilities of each member of the team. (Appendix 10) The responsibilities of the team include:

- The monitoring and periodic review of Safeguarding and Child Protection arrangements in the school.
- Support for the DT in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.
- Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements.
- The team co-opts other members as required to help address specific issues, for example the SENCO, School Welfare Officer and ICT Co-ordinator.

The School Principal

The Principal, as the Secretary to the BoG, assists the BoG in fulfilling its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and timely inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff. The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT Designated Teacher posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme. It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role. The Principal ensures that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

Designated Teacher for Child Protection

Mrs Thompson is the DT. Her responsibilities involve:

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

Deputy Designated Teacher for Child Protection

The role of the DDTs is to work co-operatively with the DT in fulfilling her responsibilities. The DDTs work in partnership with the DT so that they develop sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

Board of Governors must ensure that:

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

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

Chair of Board of Governors

The Chairperson of the BoG plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment. In the event of a safeguarding or child protection complaint being made against the Principal, it is the Chairperson who will assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department (and relevant guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures. The Chairperson is responsible for ensuring child protection records are kept and for signing and dating annually the Record of Child Abuse Complaints against staff members even if there have been no entries.

Designated Governor for Child Protection

The designated governor takes the lead in safeguarding/child protection issues to advise the governors on: -

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

Parents

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

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

Parents are made aware of the school's responsibilities and procedures and are asked to fully support us in our practice.

Operation Encompass

The school also works in partnership with the PSNI through Operation Encompass. The DT is informed promptly of any domestic violence incidents which occur, enabling staff to offer support to pupils and parents in a sensitive manner.

4. CHILD PROTECTION DEFINITIONS

Definition of Harm

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

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse. Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be able to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals. Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm. Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

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

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying - including online bullying through social networks, online games or mobile phones - by a child's peers.

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

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

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, 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 Ballykeel PS & NU are aware of and have therefore included them in our policy. Please see Appendix 13.

Grooming

Grooming involves perpetrator(s) gaining the trust of a 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. Grooming is often associated with Child Sexual Exploitation.

Child Sexual Exploitation

Child Sexual Exploitation is a form of 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 include physical contact; it can also occur through the use of technology. CSE can be very difficult to identify and a young person may not see themselves as a victim. Research repeatedly shows that young people rarely report abuse through CSE. Most concerns are identified by professionals, friends or family or by proactive investigation by authorities. The school should be alert to the likelihood of CSE and plan to protect children and young people accordingly. Potential indicators of CSE are:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation
- Truanting/leaving school without permission
- Persistently going missing or returning late
- Change in mood - agitated/stressed
- Appearing distraught/dishevelled or under the influence of substances
- Inappropriate sexualised behaviour for age
- Physical symptoms eg. Bruising, bite marks
- Collected from school by unknown adults or 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 abuse

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.

Female Genital Mutilation (FGM)

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

Harmful Sexualised Behaviour

- Harmful sexualised behaviour is any behaviour of a sexual nature that takes place when: there is no informed consent by the victim; and/or
- The perpetrator uses threat (verbal, physical or emotional) to coerce, threaten or intimidate the victim.

Harmful sexualised behaviour can include:

- Using age inappropriate sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual behaviour between children is also considered harmful if one of the children is much older - particularly if there is more than two years’ difference in age or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them - for example, if the older child is disabled.

Bullying

- Bullying is a highly distressing and damaging form of abuse and is not tolerated in our school. All staff are vigilant at all times to the possibility of bullying occurring, and will take immediate steps to stop it happening, to protect and reassure the victim and to discipline the child presenting with bullying behaviour. Parents of both victim, and the pupil presenting with bullying behaviour, will be contacted immediately after an incident. Full details are contained within the school’s Anti-Bullying Policy.

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 15.

Signs and Symptoms of Child Abuse – Possible Indicators

The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (October 2024). See Appendix 14.

Neglect

- Personal hygiene issues
- Care concerns about hunger, clothing, supervision
- Failure/delay in seeking medical attention
- Constant tiredness
- Poor school attendance

Physical Abuse:

- Implausible or no explanation for injuries – significant bruising and marking
- Fear of physical contact, shrinking back
- Self-destructive tendencies
- Risky behaviours
- Reluctance to go home

Sexual Abuse

- Isolation, overly protective of siblings
- Inappropriate sexualised behaviour and language
- Physical injuries
- Reluctance to go home
- Promiscuity, risky behaviours

Emotional Abuse:

- Over reaction to mistakes, unable to accept praise
- Fear of new situations, isolated
- Self-destructive tendencies
- Risky behaviours
- Developmental delay

Exploitation

- Truancy / regularly missing from home
- Relationships with older people
- Secretive behaviour
- Being picked up by a stranger after school
- Unexplained gifts / money

5. Responding to Safeguarding and Child Protection Concerns

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are

suffering or are likely to suffer significant harm¹. In Ballykeel 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.

In the event of an allegation of child abuse the teacher will:

Receive

Listen actively, open body language, accept, no judgement

Reassure

The right thing, help is coming, don't promise a rosy garden

Respond

Tell what you are going to do and do it. Ensure child is ok before leaving

Report

As soon as possible to the DT

Record

Vital – facts, no opinions – When? Where? Who? What?

Respect

The child and his/her family and their right to a non-judgemental confidential response

Responding to Safeguarding and Child Protection Concerns:

The designated teacher for child protection is the Vice Principal, Mrs. J. Thompson. In her absence Mrs J. Thompson (Pastoral Care Co-ordinator & Head of Foundation /KS1) or Mrs. K. McGuckin (Head of Nursery Unit & SLT) will assume responsibility for child protection matters.

- **Procedures for reporting suspected (or disclosed) child abuse:**

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (see Appendix 5) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available. The Designated Teacher will consult with the Principal or other relevant staff **always taking care to avoid due delay**. If required advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

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

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

The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form. If the concern relates to a student over the age of 18, the Designated Teacher

may discuss the concerns with the Trust Adult Safeguarding Team or the Team with responsibility for Vulnerable Adults which will assess the level of risk. Where appropriate the source of the concern will be informed of the action taken. For further detail please see Appendix 3.

- **If a parent has a potential child protection concern within the school:**

In Ballykeel we aim to work closely with parents/guardians in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a concern they can talk to the Class Teacher, the Designated or Deputy Designated Teacher for child protection or the Principal. If they are still concerned, they may talk to the Chair of the Board of Governors. At any time, a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in Appendix 4.

The designated teacher (Mrs Thompson) will, as a matter of urgency, plan a course of action, and ensure that a thorough written record is completed. The DT will decide whether, in the best interests of the child, the matter needs to be referred to Social Services. **If there are concerns that the child may be at risk, the school is obliged to make a referral using a UNOCINI (Appendix 7).** Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately. The DT may seek clarification or advice and consult with a Designated Officer from the EA CPSS or the Senior Social Worker before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. **The safety of the child is our first priority.**

- **Allegations against a member of 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 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 5 will be followed.

- **Allegations against the Principal:**

If a complaint is made against the Principal, the designated teacher must be informed immediately. She will inform the Chairman of the Board of Governors and together they will ensure that the necessary action is taken.

- **Allegations against the Designated Teacher:**

Any complaints must be referred to the Principal and Chair of Governors/Deputy Designate.

- **Suspension from duties:**

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

6.CONSENT, CONFIDENTIALITY, INFORMATION SHARING AND RECORD KEEPING

Consent

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

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

Confidentiality and Information Sharing

Information given to members of staff about possible child abuse cannot be held “in confidence”. In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a ‘need to know’ basis. Where there have been, or are current, child protection concerns about a pupil who transfers to another school we follow DE guidance in determining what information should be shared with the Designated Teacher in the receiving school.

Where it is necessary to safeguard children, information will be shared with other statutory agencies in accordance with the requirements of this policy, the school data protection policy and the General Data Protection Regulations (GDPR). In accordance with DE guidance, we have developed clear guidelines for the recording, storage, retention and destruction of both manual and electronic records where they relate to child protection concerns. In order to meet these requirements all child protection records, information and confidential notes concerning pupils in our school are stored securely and only the Designated Teacher/Deputy Designated Teachers and Principal have access to them. In accordance with DE guidance on the disposal of child protection records these records will be stored from child’s date of birth plus 30 years. Where sensitive information is held electronically, whether on a PC, a laptop or on a portable memory device, it is encrypted and appropriately password protected. These notes or records are factual, objective and include what was seen, said, heard or reported. They only include details of the place and time and who was present and are given to the Designated/Deputy Designated Teacher. The person who reports the incident treats the matter in confidence.

7. SAFE RECRUITMENT PROCEDURES

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

Staff Training

The school is committed to on-going in-service training for all staff. All staff will receive general training on Policy and Procedures. The Designated Teacher, Deputy Designated Teachers and Principal will receive appropriate training (see Appendix 10).

8. Code of Conduct for all Staff – Paid and 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 has been approved by the Board of Governors. See Appendix 9 for our staff Code of Conduct.

9. PREVENTION

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (DE guidance "Safeguarding and Child Protection in Schools" Circular 2017/04 and subsequent amendments)

We offer a supportive environment to children and recognise that all can be vulnerable. The school has developed and provides a 'safeguarding ethos' through the use of a preventative curriculum, and in how we respond to concerns. We offer children an alternative model to violent or abusive behaviour and alternative methods of responding. We aim to involve the whole school in creating a 'listening school.'

The school offers protection on two levels:

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

The Board of Governors ensures that the school has and follows the Code of Practice for the conduct of all members of staff, teaching and non-teaching, towards the pupils attending the school. The Code of Practice (see appendix 8) covers all activities organised in and by the school, whether on school premises or elsewhere. The school also has policies for 'Safe Handling and the Use of Reasonable Force' and 'Intimate Care.'

We ensure that the guidance in DENI circular 2012/19 in relation to vetting checks for volunteers is adhered to, and persons beyond the school staff who are invited to be involved as helpers/leaders on trips, residential visits, or other out of school activities, and who may be unsupervised, are subject to vetting procedures. (See Appendix 1, 1a and the school's 'Policy for Volunteers').

The Preventative Curriculum

The school promotes child protection and safeguarding through many areas of learning, both formally and informally. Teachers remind pupils of the Safeguarding team and their roles within school on a termly basis. Our PDMU themes offer many opportunities to promote child safety and protection, and through Online safety we further promote safeguarding messages to our pupils and parents. Our school assemblies also often reinforce key safety messages. A supportive, caring, respectful and listening community is essential, and our school rules are very important in creating such a climate both in and out of the classroom. Each child has a school rules card with an anti-bullying message included. Children are encouraged and expected to take responsibility (at an age-appropriate level) for their safety and welfare. Children know when to ask for help.

Our Take 5 Champions and Well-being team, made up of teaching, non-teaching staff and pupils regularly create whole school events and Take 5 themed days to raise awareness and encourage well-being. Each month two classes are responsible for designing and displaying safeguarding/wellbeing messages on a shared noticeboard.

Work with outside agencies such as C4C, Family Support Hub, the NSPCC and Scripture Union continues to enhance our pastoral network and is of great benefit to the pupils and parents of our school. Children participate in activities to encourage positive behaviour, good attendance, online safety and to support feelings around new siblings, transition and self-esteem. Coffee morning sessions are offered to parents to discuss a range of topics in relation to school and home family life.

The welfare and security of our children is also promoted through the ‘Pupil Welfare Support Teacher’, Mrs Young, who is available during lunchtimes to talk to children about any problems or concerns they may have. This invaluable service, funded through extended schools, ensures that all children can share their worries, no matter how small, in a safe and familiar environment.

In Ballykeel PS, there are delegated notice boards and clear signage detailing who the safeguarding team are, and in particular the Designated and Deputy Designated Teachers. These are in prominent locations in the entrance halls of the nursery unit and primary school and throughout the school corridors. Safety messages are displayed around the school (e.g. Childline and Online safety information) and all pastoral policies are available for parents to view on the school’s website. The Safeguarding Team meets bi-weekly.

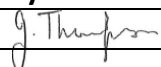
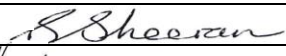
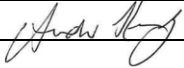
Sensitive issues

The curriculum programme provides the pupils with a general prevention and protection provision but sometimes this cannot necessarily help an individual pupil deal with their own individual needs. Reactive strategies will be put in place for individual needs, e.g., bereavement, either accidental or non-accidental, and other sensitive issues where individual and specialised help is needed. These cases are handled on a need-to-know basis within the school and are monitored very closely to help the pupil integrate back into the school.

The DENI references of ‘*Protecting Life in School – Helping Protect Against Suicide by Supporting Pupils’ Emotional Health and Wellbeing*’ and ‘*When Tragedy Strikes*’ are used. Other information resource materials and support agencies are used when necessary (See Appendix 2).

10. MONITORING AND EVALUATION

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the school’s staff induction and training programme and as part of day-to-day practice. Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the Schools Safeguarding Team. The Board of Governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher.

Date Policy Reviewed: September 2025	
Signed: 	Designated Teacher
Signed: 	Principal
Signed: 	Chair of Board of Governors

11. REFERENCES

1. The United Nations convention on the Rights of the Child (U.K. Agreement 1991)
2. Child (N.I.) Order 1995 - An Introductory Guide for Schools 1996
3. Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" Circular 2017/04 (and subsequent amendments)
4. Wallace Report July 1998
5. Educational Trips - A Good Practice Guide
6. When Tragedy Strikes: Guidelines for Effective Critical Incident Management in Schools.
7. DENI 'Protecting Life in School – Helping Protect Against Suicide by Supporting Pupils' Emotional Health and Wellbeing'
8. SBNI Multi-Agency Neglect Strategy 2018-2020
9. Education & Libraries (NI) Order 2003 Part IV – Welfare and Protection of Pupils
10. "Co-operating to Safeguard Children and Young People in Northern Ireland" (DHSSPSNI, 2017 and 2024)

APPENDIX 1

Vetting of Persons Beyond School Staff

Within this school we have clear Child Protection guidelines. We ensure that the guidance in DENI circular 2012/19 in relation to vetting checks for volunteers is adhered to. The following information may be required prior to speaking to pupils.

- Personal details - name, address, date of birth, relationship with the school
- Details of qualifications
- Details of previous work with children - In what capacity? When? Where? What age group of children?
- Declaration of previous convictions, cautions or Bound-over Order
- Declaration of previous investigations by the social services and the outcome or had a child removed from their care
- Agree to a criminal record check being carried out
- Provide the names of two referees who are not family members or a member of staff
- Attend an interview with the Principal or his/her nominee

Guidelines for Speakers

- Visiting speakers should be provided with a copy of the school's Child Protection summary
- The presentation must have empathy with the ethos of the school and the appropriate context provided by the member of staff inviting the speaker
- The speaker must provide a copy of the detailed information, video etc. prior to the talk for viewing (all resources reviewed)
- Parents of the children involved will be informed of the 'talk and its content'
- An evaluation of all talks are carried out after the event
- Staff will be present at all times during the visit
- Security and Health and Safety procedures must be adhered to at all times

OUT OF SCHOOL VISITS (see full Policy on Educational Trips / Outings)

All pupils visiting any venue need prior permission from their parents to participate. This must be issued by the school to the parent outlining the following:

- Date/s leaving and returning
- Time/s leaving and returning and from where
- Venue - name and address and telephone number and other relevant detail
- Details of the purpose of the visitation- itinerary with dates, times and what's happening
- Cost incurred for parents
- Who the supervisory staff are
- Guidelines for trip e.g. At no time will any child be left unsupervised, no mobile phones, amount of pocket money and other provisions required e.g. clothes
- Medical details required from parent e.g. asthmatic and any special dietary needs.

Any venue used by a school must be vetted prior to its use to ensure the safety of all pupils. An evaluation form will be filled in by the pupils and staff individually after the trip to ensure quality control.

APPENDIX 1a
BALLYKEEL PRIMARY SCHOOL AND NURSERY UNIT

CHILD PROTECTION

VOLUNTEER CHECKLIST

VOLUNTEER'S NAME: _____
Date of Volunteering : from _____ to _____
and/or
Assisting with trips/visits to _____

**Detail the nature of the work the volunteer will be carrying out,
including year groups assisting with:**

- Will the volunteer be supervised regularly by a member of staff who has been vetted?
YES / NO
- Who will supervise the volunteer? _____
- Has the volunteer been given details of the school's procedures in relation to Child Protection?
YES / NO
- Is the volunteer aware that he/she should never be alone with a child/children?
YES / NO

SIGNED: _____ **(Principal)** **DATE:** _____

SIGNED: _____ **(Volunteer)** **DATE:** _____

SIGNED: _____ **(Teacher in Charge)** **DATE:** _____

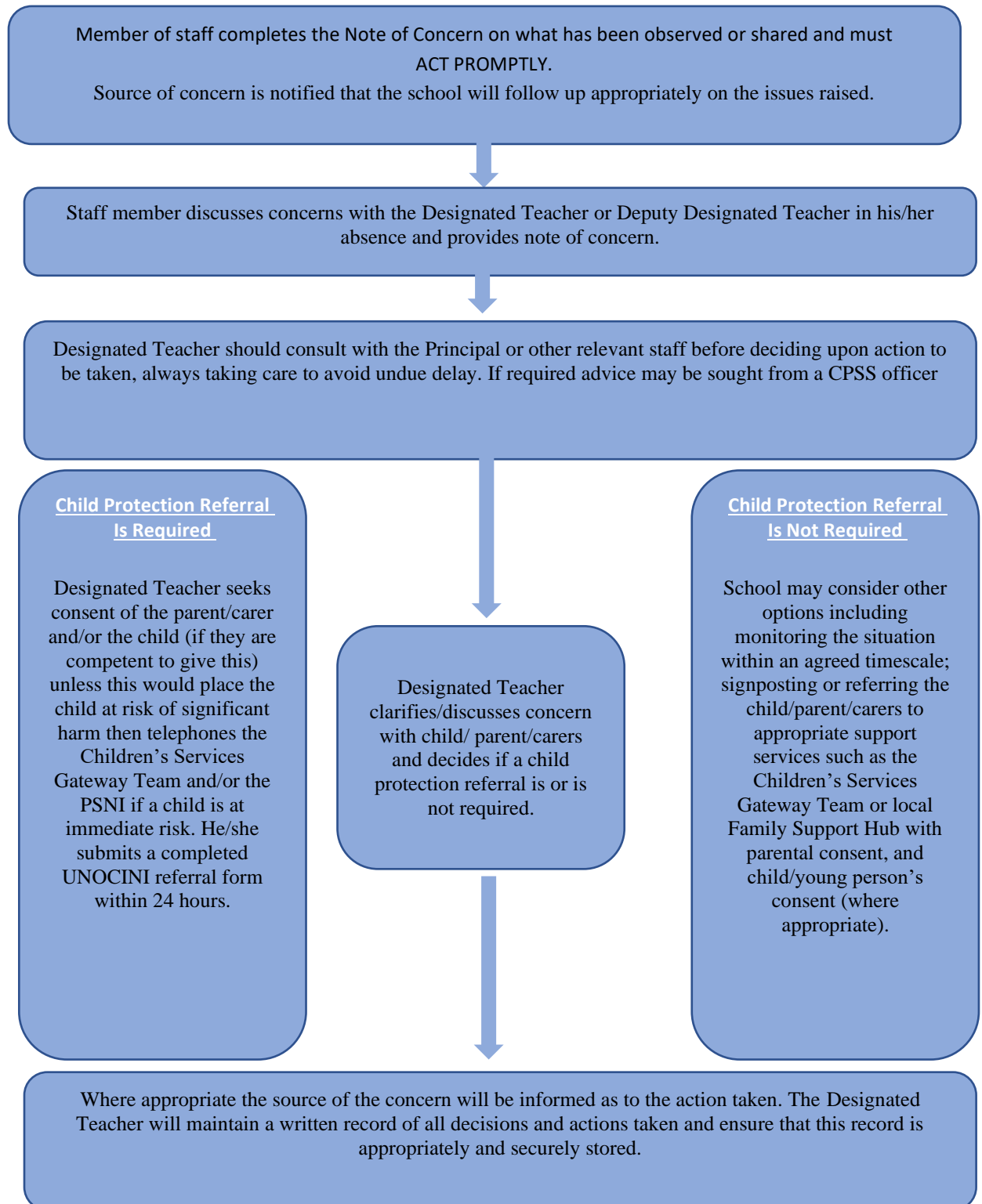
APPENDIX 2

CONTACT ADDRESSES AND TELEPHONE NUMBERS

AGENCY	CONTACT NAME	TELEPHONE / WEBSITE
Police Service for N. Ireland	Central Referral Unit	028 9025 9299
Education Authority CPSS	Designated Officers for Child Protection	028 9598 5590
Slemish Children's Services, Ballymena		028 25 635640
Central Gateway Team, Toomebridge (If the child is already known to Social Services)		028 79 651020
Referral Gateway Team SPOE (Single Point of Entry) Antrim		028 9442 4459 0300 1234 333
Regional Emergency Social Work service (Evenings & Weekends)		028 9504 9999
Child Line		0800 1111 www.childline.org.uk
N.S.P.C.C.		028 25 647999 www.nspcc.org.uk
Barnardo's		028 9067 2399 www.barnardos.org.uk
Educational Welfare		028 25 645687
Psychology Service		028 2566 1298

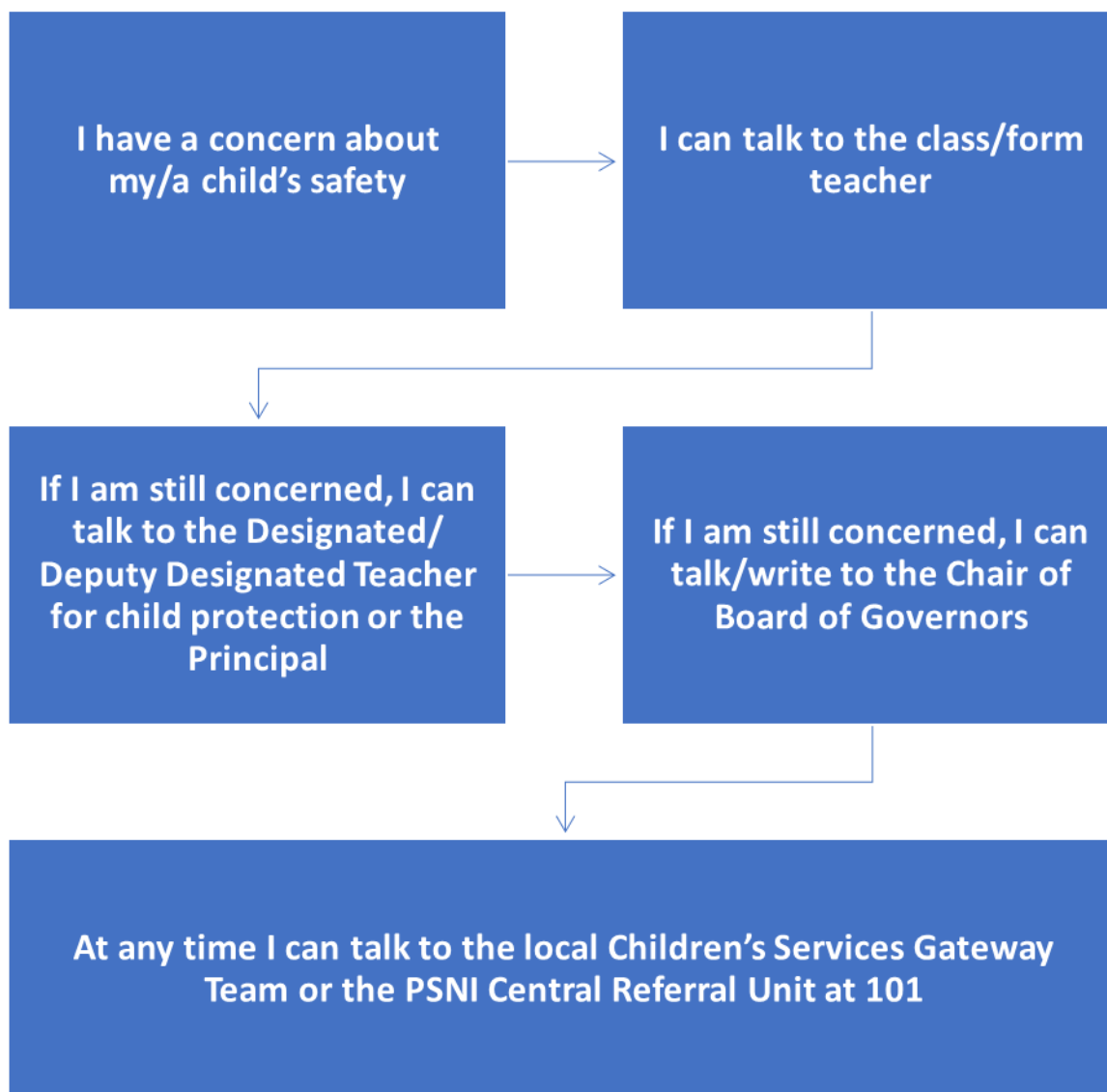
APPENDIX 3

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



APPENDIX 4

If a Parent Has a Potential Child Protection Concern Within the School

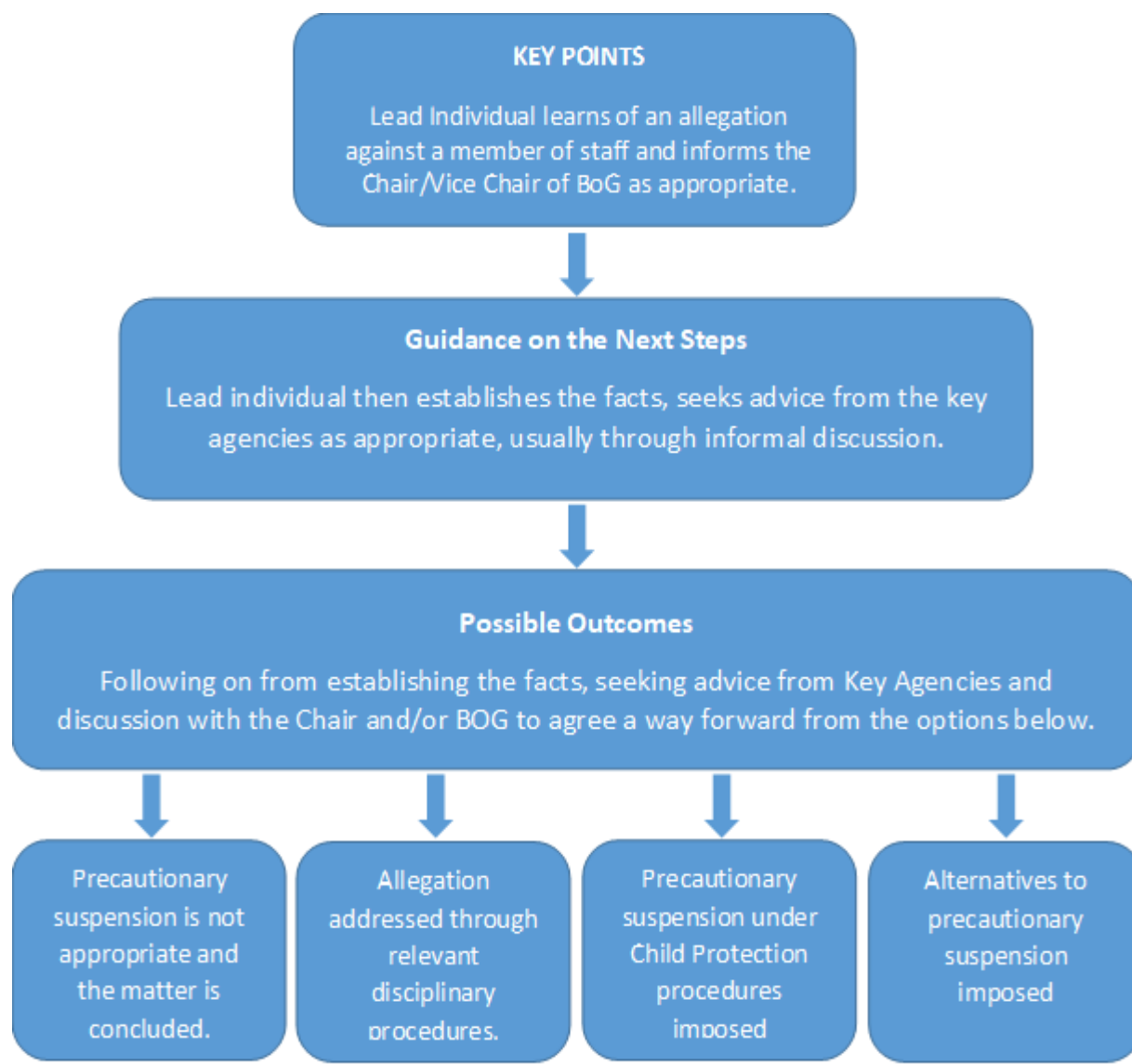


If you have escalated your concern as set out in the above flowchart and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the legislative power to investigate your complaint.

If a parent has a concern about a child's safety or suspect child abuse within the local community, it should be brought directly to the attention of the Children's Services Gateway Team.

APPENDIX 5

Dealing with Allegations of Abuse against a Member of Staff





APPENDIX 6

BALLYKEEL PRIMARY SCHOOL & NURSERY UNIT

CONFIDENTIAL NOTE OF CONCERN

CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

<i>Name of Pupil:</i>	<i>Year Group:</i>
<i>Date, Time of Incident / Disclosure:</i>	
<i>Circumstances of Incident / Disclosure:</i>	
<i>Nature and Description of Concern:</i>	
<i>Parties involved, including any witnesses to an event and what was said or done and by whom:</i>	
<i>Action taken at the time:</i>	
<i>Details of any advice sought, from whom and when:</i>	
<i>Any further action taken:</i>	
<i>Written report passed to Designated Teacher:</i> <i>If 'NO' state reason:</i>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
<i>Date and Time of report of the Designated Teacher:</i>	
<i>Written note from staff member placed on pupil's Child Protection file:</i> <i>If 'NO' state reason:</i>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Name of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

APPENDIX 7

BALLYKEEL PRIMARY SCHOOL AND NURSERY UNIT CHILD PROTECTION RECORD FORM

N.B. It is imperative that only factual and neutral information is recorded.

Details of the incident/concerns/disclosure - day, date, time, place, who dealt with it, observations or circumstances, description of physical/behavioural indicators, child/young person's statements.

Details of anyone else involved; conversations held with anyone else; witnesses e.g. parent, teaching or non-teaching staff member, school principal/designated teacher - day, date, time, place, factual description.

Referral to Designated Teacher/Principal in unit/school - who by, when (date and time), how, place and advice given by the Designated Teacher/Principal to referrer/complainant

Signed and dated by School Staff Member/Referrer

APPENDIX 7 (Cont'd)

**BALLYKEEL PRIMARY SCHOOL AND NURSERY UNIT
CHILD PROTECTION RECORD FORM**

To be completed by Designated/Deputy Designated Teacher or Principal

Advice sought/conversation with - Social Services, Police CARE Unit, Education Authority or CCMS Designated Officer, or other - date, time, place, content of the advice.

Interim action taken and why - anyone else spoken to, day, time, time and place and content of conversation.

Decision not to refer and why. Other action taken. Type of feedback to all those involved - how, when.

Decision to refer and why. Other action taken. Type of feedback to all those involved - how, when.

Signed and dated by Designated Teacher or Principal _____

In the case of a complaint against a member of staff, signed and dated by both Designated Teacher and Principal.

APPENDIX 8

This is the UNOCINI form, copies of which are kept by the DT and DDT.

APPENDIX 9

CODE OF CONDUCT

Date Ratified by BOG: _____ **September 2025** _____

Review Date: _____ **September 2026** _____

Objective, Scope and Principles:

This Code of Conduct, which applies to all staff and volunteers, is designed to give guidance on the standards of behaviour which should be observed. School staff and volunteers are role models, in a unique position of influence and trust and their behaviour should set a good example to all the pupils within the school. It does not form part of any employee's contract of employment. It is merely for guidance and specific breaches of the Code must not be viewed as a disciplinary offence.

The Code includes sections on:

- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

1. Setting an Example

1.1 All staff and volunteers in schools set examples of behaviour and conduct which can be copied by pupils. Staff and volunteers should therefore, for example, avoid using inappropriate or offensive language at all times, and demonstrate high standards of conduct in order to encourage our pupils to do the same. All staff and volunteers should be familiar with all school policies and procedures and to comply with these so as to set a good example to pupils.

1.2 Staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.

2. Relationships and Attitudes

2.1 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. Staff and volunteers should ensure that their relationships with pupils are appropriate to the age and maturity of their pupils. 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. Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation. Relationships with pupils must be professional at all times.

2.2 Staff and volunteers may have less formal contact with pupils outside of school: perhaps through mutual membership of social groups, sporting organisations, or family connections. Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.

2.3 Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:

- acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders
- co-operating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service; f respect for school property
- taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises
- being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers
- respect for the rights and opinions of others.

3. 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.

4. Physical Contact with Pupils

4.1 To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.

4.2 Staff and volunteers should therefore be cognisant of the guidance issued by the Department on the use of reasonable force (Circular 1999/09 and guidance document 'Towards a Model Policy in Schools on Use of Reasonable Force).

5. Honesty and Integrity

5.1 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.

5.2 Gifts from suppliers or associates of the school (e.g. a supplier of materials) must be declared to the Principal. A record should be kept of all such gifts received. This requirement does not apply to "one off" token gifts from pupils or parents e.g. at Christmas or the end of the school year. Staff and volunteers should be mindful that gifts to individual pupils may be considered inappropriate and could be misinterpreted.

6. Conduct outside of Work

6.1 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.

6.2 Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school. Advice should be sought from the Principal when considering work outside the school.

7. E-Safety and Internet Use

7.1 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. For school-based activities, advice is contained in the school's Online Safety Policy.

7.2 Staff and volunteers should exercise particular caution in relation to making online associations/friendships with current pupils via social media and using texting/email facilities to communicate with them. It is preferable that any contact with pupils is made via the use of school email accounts or telephone equipment when necessary.

8. Confidentiality

8.1 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. In circumstances where the pupil's identity does not need to be disclosed the information should be used anonymously.

8.2 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 those with designated child protection responsibilities.

8.3 If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential, he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.

8.4 Staff and volunteers need to be aware that although it is important to listen to and support pupils, they must not promise confidentiality or request pupils to do the same under any circumstances. Additionally concerns and allegations about adults should be treated as confidential and passed to the Principal or a member of the safeguarding team without delay.

8.5 The school's child protection arrangements should include any external candidates studying or sitting examinations in the school.

APPENDIX 10

PASTORAL CARE/CHILD PROTECTION STAFF TRAINING

	AUTUMN TERM	SPRING TERM	SUMMER TERM
2025/26 Year 1	<p>CP training for new staff</p> <p>Summary of CP Procedures to parents</p>		Annual Child Protection Report to the Board of Governors
2026/27 Year 2	<p>Whole school staff CP training</p> <p>EA Refresher CP training: -Head of Nursery DDT Oct 2026 -DDT Nov 2026 -Principal Apr 2027</p>		Annual Child Protection Report to the Board of Governors
2027/28 Year 3	<p>CP training for new staff</p> <p>EA Refresher CP training: -DT Oct 2027</p> <p>Summary of CP Procedures to parents</p>		Annual Child Protection Report to the Board of Governors
2028/29 Year 4	Whole school staff CP training		Annual Child Protection Report to the Board of Governors

APPENDIX 11**SAFEGUARDING POLICIES**

NAME OF POLICY	LAST UPDATE	NEXT UPDATE
Child Protection Policy	2024	2025
Attendance Policy	2023	2026
Positive Behaviour Policy	2024	2028
Pastoral Care	2024	2027
Anti-Bullying Policy	2025	2028
Safe Handling and Use of Reasonable Force	2023	2026
Special Educational Needs	2025	2028
Policy of First Aid First Aid	2023	2025
Administration of Medicines	2022	2025
Health and Safety Policy	2023	2026
Relationships and Sexuality Education	2023	2026
Intimate Care	2025	2029
Online Safety Policy	2024	2025
Educational Visits	2023	2027
Drugs and Alcohol	2023	2026
Critical Incident	2024	2025
Policy for Volunteers in School	2023	2026

APPENDIX 12

BALLYKEEL PRIMARY SCHOOL AND NURSERY UNIT

SAFEGUARDING TEAM

Principal – Mrs S Sheeran

- Oversees Child Protection and Safeguarding Procedures
- Discipline – Positive Behaviour Policy and Procedures

Mr A Kennedy

- Chair of the Board of Governors
- Designated Governor for Child Protection

Mrs Jaime Lowry

- Designated Governor for Child Protection

Vice Principal – Mrs J Thompson

- Designated Teacher for Child Protection
- Specific responsibility for
 - Health Education
 - Administration of Medication
 - Intimate Care

Mrs J Thompson (SLT)

- Deputy Designated Teacher for Child Protection
- Pastoral Care Co-ordinator with specific responsibility for:
 - Pupil Welfare
 - Attendance
 - Anti-Bullying

Mrs K McGuckin

- Head of Nursery Unit
- Deputy Designated Teacher for Child Protection
- In charge of Health and Safety

Mrs H Young (LSC)

- School Welfare Support Officer
- Learning Support Co-ordinator

Mrs B Esler (SLT)

- Joint ICT Co-ordinator
- Acceptable use of Internet & Online - Safety

Miss Kane (SLT)

- Joint ICT Co-ordinator
- Acceptable use of Internet & Online - Safety

APPENDIX 13

Specific Types of Abuse

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

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

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

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

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

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

Statutory Responsibilities

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

Domestic and Sexual Abuse

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

Domestic Abuse:

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

Sexual Abuse:

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

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

Operation Encompass

We are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them. Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical and psychological harm. Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium and long-term effects of domestic abuse.

As an Operation Encompass school, when the police have attended a domestic incident and one of our pupils is present, they will contact the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the designated teacher greater insight into any wider safeguarding concerns. This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team. Further information about Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022 can be found by following the link to: <https://www.legislation.gov.uk>

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

there is a concern that a child or young person may be at immediate risk of FGM this should be reported to the PSNI without delay. Contact can be made directly to the Sexual Referral Unit (based within the Public Protection Unit) at 028 9025 9299. Where there is a concern that a child or young person may be at risk of FGM, referral should be made to the relevant HSCT Gateway Team.

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

Children Who Display Harmful Sexual Behaviour

Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships. As a school we support children and young people, through the Personal Development element of the curriculum, to develop their understanding of relationships and sexuality and the responsibilities of healthy relationships. Teachers are often therefore in a good position to consider if behaviour is within the normal continuum or otherwise. It must also be borne in mind that sexually harmful behaviour is primarily a child protection concern. There may remain issues to be addressed through the school's positive behaviour policy, but it is important to always apply principles that remain child centred.

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive or violent. Healthy sexual behaviour will generally have no need for intervention; however, consideration may be required as to appropriateness within a school setting. Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. If the behaviour is considered to be more serious advice from the EA CPSS should be sought

Harmful sexual behaviour is an umbrella term for sexual behaviours which are of concern and have or are likely to cause harm to the individual themselves or to others. It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive or violent. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

Online safety

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

The overall strategic direction for child safety online is the **Keeping Children and Young People Safe: An Online Safety Strategy**, published in February 2021. It sets out the Northern Ireland Executive's ambition that all children and young people enjoy the educational, social and economic benefits of the online world, and that they are empowered to do this safely, knowledgeably and without fear. The Strategy recognises that the ever-changing and fast-growing online environment presents both extensive educational benefits as well challenges in terms of keeping children and young people safe from the dangers of inappropriate communication and content. For further information see: [Online Safety Hub - Safeguarding Board for Northern Ireland \(safeguardingni.org\)](https://safeguardingni.org)

We in Ballykeel 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.

The main forms of abuse are:

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

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

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

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

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

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

APPENDIX 14

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 + 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
- leave a recognisable pattern.

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

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

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

- a responsible adult checks the temperature of the bath before a child gets into it.
- a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet.
- "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.
- a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks.
- small round burns may be cigarette burns but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

d) Fractures

The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain, and it is very difficult for a parent to be unaware that a child has been hurt. 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 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.

Pre-School Child (0-4years)

Possible physical indicators in the pre-school aged child include:

- bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs
- itching, soreness, discharge or unexplained bleeding
- physical damage to genital area or mouth
- signs of sexually transmitted infections
- pain on urination
- semen in vagina, anus, external genitalia
- difficulty in walking or sitting
- torn, stained or bloody underclothes or evidence of clothing having been removed and replaced
- psychosomatic symptoms such as recurrent abdominal pain or headache.

Possible behavioural indicators include:

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.

- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

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

Recognition of Neglect

Neglect is a chronic, persistent problem. The concerns about the parents not providing "good enough" care for their child will develop over time. It is the accumulation of such concerns which will trigger the need to invoke the Child Protection Process. In cases of neglect, it is important that details about the standard of care of the child are recorded and there is regular inter-agency sharing of this information. It is important to remember that the degree of neglect can fluctuate, sometimes rapidly, therefore ongoing inter-agency assessment and monitoring is essential. The assessment of neglect should take account of the child's age and stage of development, whether the neglect is severe in nature and whether it is resulting in, or likely to result in, significant impairment to the child's health and development. The following areas should be considered when assessing whether the quality of care a child receives constitutes neglect.

Child

Health presentation indicators include:

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

Emotional and behavioural development indicators include:

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

Family and social relationship indicators include:

- high criticism/low warmth
- excluded by family
- sibling violence
- isolated child

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

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

Parents

Lack of emotional warmth indicators include:

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

Lack of stability indicators include:

- frequent changes of partners
- poor family support/inappropriate support
- lack of consistent relationships
- frequent moves of home
- enforced unemployment
- drug, alcohol or substance dependency
- financial pressures/debt
- absence of local support networks, neighbours etc.

Issues relating to providing guidance and setting boundaries indicators include:

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

Social Presentation

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

Health

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

Home and Environmental Conditions

The following home and environmental conditions should be considered:

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

Impediments to ongoing assessment and appropriate multidisciplinary support

- failure to see the child
- no ease of access to whole house
- fear of violence and aggression
- failure to seek support and advice or consultation, as appropriate, from line manager
- failure to record concern and initial impact
- inability to retain objectivity
- unwitting collusion with family
- failure to see beyond conditions in the home
- child's view is lost
- geographical stereotyping
- minimising concern
- poor networking amongst professionals
- inability to see what is/is not acceptable
- familiarity breeding contempt; and
- failure to make connections with information available from other services.

(Hammersmith & Fulham Inter-Agency Procedures 2002) When staff become aware of any of the above features they should review the case with their line manager.

Children with Disability

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

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

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

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

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 15

Children with Increased Vulnerabilities

- **Children With a Disability**

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

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

- **Children With Limited Fluency in English**

Children whose first language is not English/Newcomer pupils should be given the opportunity to express themselves to a member of staff or other professional with appropriate language/communication skills, especially where there are concerns that abuse may have occurred. DTs and other relevant school staff should seek advice and support from the EA's Intercultural Education Service if necessary. All schools should create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

- **Pre-School Provision**

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

- **Gender Identity Issues and Sexual Orientation**

Schools should strive to provide a happy environment where all young people feel safe and secure. All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity, and not to be treated any less favourably due to their actual or perceived sexual orientation. DE requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. It is via this policy that we cover issues relating to relationships and sexuality. As a staff we will support pupils to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **School Trips and Educational Visits**

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