



Child Protection & Safeguarding Policy

The child protection policy should complement and support a range of other policies and guidance including:

- Attendance Policy.
- Behaviour Management / Positive Behaviour Policy.
- Pastoral Care.
- Addressing Bullying Policy.
- Safe Handling.
- Special Educational Needs.
- First Aid and Administration of Medicines.
- Health and Safety Policy.
- Relationships and Sexuality Education.
- Intimate Care.
- E-Safety Policy.
- Educational Visits.
- Staff Code of Conduct.
- Whistle blowing.
- External Providers

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 <https://www.hazelwoodcollege.co.uk/>.

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Summary:

- Pastoral care in schools – DE ‘Safeguarding and Child Protection in schools’ (2017), updated (2024). This publication provides guidance to schools and others on their responsibilities in relation to child protection, including the action to be taken to enable cases of suspected abuse to be carefully considered and pursued. It also includes guidance on how complaints against school staff should be handled. The contents do not constitute, or purport to be, an authoritative interpretation of the law: that is exclusively a matter for others.
- Child Protection Support Service for Schools: School Governors Handbook Child Protection - Feb 2012 PDF 687KB. Revised October 2015, Updated Sep 2021
- This handbook will assist school governors in fulfilling their statutory responsibilities regarding their safeguarding role, to promote consistency and clarity of approach across all schools.

Additional Notes

Policy Number: 2014/4/4

History:

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Governors 09/04/2014.

Circulated to Parents for Comment

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December 2017 and 2018

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Circulated to BOG/All staff/parents via
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parent.

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Circulated to BOG/All staff/parents via
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parent.

Amended by Designated Teacher Dec
2024

Circulated to BOG/All staff/parents via
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2025

Circulated to BOG/All staff/parents via
school website, C2K, ParentMail/call
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1. INTRODUCTION – ETHOS & PRINCIPLES

The governors and staff of Hazelwood Integrated College School fully recognise the contribution it makes to safeguarding children. We recognise that all staff, including volunteers, has a full and active part in taking reasonable steps to ensure that the children feel safe and are protected from harm.

All staff and Governors believe that our school should provide a caring, positive, safe, and stimulating environment which promotes the social physical and emotional development of the individual child.

Our policy applies to all staff, governors and volunteers working in the school. The purpose of the procedures set out in this policy is to safeguard and protect our pupils by ensuring that every adult who works in our school – teachers, non-teaching staff and volunteers – has clear guidance on the action which is required where abuse or neglect of a child is suspected. The issue of child abuse will not be ignored by anyone who works in our school, and we know that some forms of child abuse are also a criminal offence. We also recognise that domestic violence may be a cause of a range of physical, emotional, and behavioural difficulties for children.

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 main elements to our policy:

1. The child or young person’s welfare is paramount.
2. The voice of the child or young person should be heard.
3. Parents are supported to exercise parental responsibility and families helped stay together.
4. Establishing a safe and stimulating environment in which children can learn and develop.
5. Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse
6. Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
7. Raising awareness of child protection issues and teaching children the skills needed to keep themselves safe.
8. Supporting pupils who have been abused in accordance with his/her agreed child protection plan.

2. THE SAFEGUARDING TEAM AT HAZELWOOD

(Chair) Acting Principal: Alix Jackson (Principal Máire Thompson)

Designated Teacher for Child Protection: Gavin McIlveen

Deputy Designated Teacher for Child Protection: Linda Drennan

Chair of Governors: Trevor Parkhill

Designated Governor for Child Protection Governance: Val Owens

This Safeguarding Team is a vehicle for ensuring effective co-ordination and co-operation between the key individuals responsible for safeguarding throughout the school.

The EA CPSS provides child protection training in relation to the specific responsibilities of each member of the team.

The responsibilities of the team should include:

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

ROLES AND RESPONSIBILITIES

All staff in a school, both teaching and support staff, have a responsibility to ensure the protection and welfare of children is paramount. This also extends to any volunteers accepted to work in the school during school hours when pupils are on the premises.

All Adults

It is the responsibility of **ALL** adults working in the school to record and report possible/disclosed abuse to the Designated Teacher. It is the responsibility of all adults to.

- Adopt safeguarding guidelines including the code of behaviour for staff.
- Act upon any concern, no matter how small it may seem, in accordance with the school's procedures.
- Promote safe practice and challenge poor or unsafe behaviour.
- Ensure all health and safety procedures are adhered to guidance and procedural documents that have been produced by the Department of Education (DE) and DoH.

Responsibilities of Board of Governors

The Education and Libraries (Northern Ireland) Order 2003 places a statutory duty on BoG to:

- Safeguard and promote the welfare of registered pupils.
- Have a written child protection policy.
- Specifically address the prevention of bullying in school behaviour management policies.

The Addressing Bullying in Schools Act (NI) 2016, places a statutory duty on BoG to record all incidents of alleged and confirmed bullying type behaviour involving registered pupils. To fulfil their responsibilities BoGs are obligated to acknowledge and work within the relevant.

All Governors should receive an element of safeguarding training as part of their induction with the Chair and Designated Governor for Child Protection undertaking full CPSS training.

All Governors should undertake refresher Child Protection training every term of office (four years). This training may be delivered by the Principal or DT with resources available from the EA CPSS.

Process BoG must ensure that:

- A Designated Governor for Child Protection is appointed.
- A DT and DDT are appointed in their schools.
- They have a full understanding of the roles of the DT and DDTs 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 Anti-Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
- The school ensures that other safeguarding policies, are reviewed at least every three 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.
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 (currently under review) and DE Circular 2013/01.

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.
- f 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 must 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 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.

The Designated Governor for Child Protection

The BoG will delegate a specific member of the governing body to take the lead in safeguarding/child protection issues to be able to advise the governors on:

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

The Principal

The Principal, as the Secretary to the BoG, will assist the BoG to fulfil 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 must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

The Designated Teacher for Child Protection

The role of the designated teacher is:

- To provide initial induction to all adults (before meeting pupils), and to deliver training to all school staff including support staff on the safeguarding and child protection policy
- Being available to discuss safeguarding/child protection concerns of any member of staff
- Responsibility for managing and keeping records 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
- Making referrals to social services or PSNI Public Protection Units where appropriate
- Developing effective links with relevant agencies and co-operating as required with their enquiries regarding child protection matters including attendance at case conferences.
- Liaising with the Education Authority (Belfast) Designated Officers for Child Protection
- Keeping the school Principal informed
- The lead responsibility for the development and updating of the school's safeguarding and child protection policy
- Ensures parents receive a copy of the safeguarding and child protection policy every two years which alerts them to the fact that referrals may be made and the role of the school in this
- Promotion of a safeguarding ethos in the school
- Written annual reports to the Board of Governors regarding safeguarding and child protection
- Maintains all records pertaining to child protection in a secure location (accessed only by The Safeguarding Team as appropriate)
- Where a pupil on the child protection register changes school, the DT ensures that the Designated Teacher in the receiving school is informed of the child's circumstances and contact details of the child's Social Worker.
- Ensures where a child on the child protection register has missed two consecutive days from school, that the child's social worker is informed of the situation.
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs

Deputy Designated Teacher:

To support and share the duties of the Designated Teacher for Child Protection as appropriate.

Guidelines

- A confidential Record of Complaints of child abuse is kept securely.
- All students are informed of all avenues of communications within the College as detailed on Page 18.
- All students and staff are aware of who the designated and deputy designated teachers are.
- All parents are aware of and have access to the policy.
- All new staff will receive training and substitute staff will be made aware of procedures.
- The Record of Complaints will be viewed by the Chair of the Board of Governors annually.

Dissemination of the Policy

- Annual whole staff training
- Whole staff meetings/training on Wednesday afternoon.
- Pastoral meetings.
- Pastoral/Curriculum Council.
- School publications (via Newsletter, Prospectus and Summer Post).
- Bursar and Support Manager via interviews with support staff.
- SENCO via staff training for support and teaching staff.

3. DEFINITIONS OF HARM

Rationale

In the College we seek to protect our students by helping them learn about the risks of possible abuse, helping them to recognize unwelcome behaviours in others and acquire the confidence and skills they need to keep themselves safe.

Purpose

- 1) To inform staff and present and prospective parents of Child Protection Provision in Hazelwood College.
- 2) To protect the students in our care.

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

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

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

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

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

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 **Hazelwood Integrated College** are aware of and have therefore included them in our policy. Please see **Appendix 2**

Children with Increased Vulnerabilities

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

Signs and Symptoms of Abuse

The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (October 2024). **See Appendix 4**

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

Adult Safeguarding

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

- a) Personal characteristics and/or
- b) Life circumstances

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

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

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

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

We are committed to:

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

We will follow the procedures outlined in this policy when responding to concerns or disclosures of abuse relating to our students who are 18 years or over.

See **Appendix 2** for further information.

4 *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.

IF A PUPIL DISCLOSES TO A MEMBER OF STAFF

It takes courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the pupil know that they must pass the information on – staff are not allowed to keep secrets. The point at which they tell the pupil this is a matter for professional judgement. If they jump in immediately the pupil may think that they do not want to listen, if left until the very end of the conversation, the pupil may feel that they have been misled into revealing more than they would have otherwise.

How to Respond to a Child Who Makes a Disclosure

1. *Receive*

- Stay calm
- Listen to what the child is saying without displaying shock or disbelief
- Accept what the child is saying
- Be discreet

2. *Reassure*

- Reassure the child that they have done the right thing by talking to you, **do not make promises that you cannot keep** (e.g. everything will be alright now, I will stay with you)
- Do not promise confidentiality, staff have a duty to refer the matter to the designated teacher for child protection. Explain that you will need to talk to Mr McIlveen DT who will know what to do next.
- Do reassure and alleviate guilt if the child refers to it

3. *Respond*

- Respond to the child only as far as is necessary for you to establish whether you need to refer the matter to the designated teacher for child protection
- **Do ask open questions** (can you tell me what happened? Anything else you wish to tell me? Yes.)
- **Do not ask** closed questions (those that will evoke a yes/no response, e.g. Did _____ do this to you?). **Such questions invalidate evidence where a subsequent court action is necessary.**
- **Do not** criticise the perpetrator as the child may love that person
- Do explain what you will do next (talk with the designated teacher who will know how to get help)

4. *Record*

- Make notes as soon as possible after hearing what the child has said and write them up by completing a 'Note of Concern.'
- Staff **should not ask** the child to write an account of their disclosure for the record.
- Do not destroy these original notes
- Record the date, time place, people present and any noticeable non-verbal behaviour. Record the words the child used as much as possible. – If the child uses 'pet' words record those rather than translating them into 'proper' words. Any injuries or marks noticed can be depicted on a diagram showing position and extent.
- Record statements and observable things, rather than your interpretations and assumptions.
- Sign the record and hand it to the designated teacher

(All written records of concerns about children, even where there is no need to refer the matter immediately, are securely maintained, separate from the main pupil file, and in a locked location. Any notes of the discussion may need to be used in any subsequent court proceedings.

5. Refer

Concerns about possible abuse must be referred to the designated teacher as soon as possible within the working day. He will liaise with the principal in the decision-making process regarding possible referral to statutory services.

It is important to remember that the *person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred.* That is a task for the professional child protection agencies, following a referral from the designated teacher for child protection in the school.

If a pupil's conversation is overheard

The child's welfare is paramount, and that information can be shared, with or without consent, to protect a child.

An approach to the child who is the potential subject of concern is entirely appropriate – "I've noticed you seem quiet/someone mentioned you had been upset/is everything okay/is there anything you would like to tell me" – or any other gentle, non-threatening conversation opener will give the child the chance to talk.

A quiet word with the children who were overheard will give them an opportunity to clarify the situation. The staff member can then form an opinion based on the information received and decide on an appropriate course of action.

If the staff member is met with silence or denial that anything is wrong from all the children, in which case the decision on how to proceed will be based on the level of potential risk identified in the overheard conversation.

If a parent has a potential child protection concern within the school

In **Hazelwood Integrated College** 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/Year Head, 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 5**.

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

In **Hazelwood Integrated College** 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 1**) 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 6**

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

When a complaint about possible child abuse is made against a member of staff the principal (or the Designated Teacher if the principal is not available) must be informed immediately. If the complaint is against the principal, then the Designated Teacher should be informed, and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 7** will be followed.

If a concern is raised about possible child abuse by the Principal, the DT must be informed immediately. He/she will inform the Chairperson of the Board of Governors and together they will take appropriate advice from the Child Protection Support Services for Schools (Education Authority Belfast) and ensure the appropriate action is taken.

All allegations of a child abuse nature must be recorded in the hard backed and bound Record of Child Abuse Complaints book, which must be retained securely. A record of this should be placed on the relevant pupil's Child Protection File (DE Circular 2016/20 Child Protection: Record Keeping in Schools).

PROCEDURES FOR REPORTING SUSPECTED (OR DISCLOSED) CHILD ABUSE

The designated teacher for child protection (DT) is Mr McIlveen.

In his absence **the deputy designated teacher for child protection (DDT)** Mrs Linda Drennan will assume responsibility for child protection. On the rare occasion that neither DT nor DDT is in the school or unavailable then either Vice Principal should assume responsibility. If either Vice Principals are unavailable, then the Acting Principal Alix Jackson will assume responsibility for child protection.

If a child **makes a disclosure** to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, **the member of staff must act promptly.**

He/she should not investigate – this is a matter for social services – but should report these concerns immediately to the DT, discuss the matter with him/her, make full notes (signing and dating them), and hand the note to the DT.

The DT will discuss the matter with the principal as a matter of urgency to plan a course of action and ensure that a written record of decisions is made.

The DT, in consultation with the principal, 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 of significant harm, the school is obliged to make a referral to social services.** Unless there are concerns that a parent/guardian may be the possible abuser, the parents/guardians will be informed immediately.

The DT may seek clarification or advice and consult with The Child Protection Support Service for Schools (CPSSS) - Designated Officer for Child Protection at the Education Authority (Belfast), or a senior social worker before a referral is made. No decisions to refer a child to social services will be made without full consideration and on appropriate advice. ***The safety of the child is our priority.***

Where there are concerns about possible abuse of a child, the DT will inform:

- Social Services - using the regional UNOCINI framework (Understanding the Needs of Children in Northern Ireland) *
- Designated Officer for Child Protection the Education Authority (Belfast)

The UNOCINI referral will be made within 24 hours of the initial telephone referral to social services Gateway Team

(This will be done in an envelope marked 'CONFIDENTIAL - CHILD PROTECTION')

If any member of staff feels unsure about what to do if he/she has concerns about a child, or unsure about being able to recognise signs or symptoms of possible child abuse, he/she should talk with the DT.

Any member of staff may make a direct referral to children's social care if they genuinely believe independent action is necessary to protect a child.

It should be noted that the information given to members of staff about possible child abuse cannot be held 'in confidence'.

Should any adult in the school find themselves in the rare position of being the only adult remaining in the school and in need of immediate safeguarding advice, they should use the contacts in **Appendix 10** (in the given order) to seek help and support:

Notifying parents

The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively, and the DT will contact the parent in the event of a concern, suspicion, or disclosure.

However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from social services Gateway Team.

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

- Processed in a manner that ensures appropriate security of personal data. Each school should have a Records Management Policy.

While there is no specific legislation in respect of child protection records, schools should ensure that the principles of the requirements of the legislation, particularly the Children (Northern Ireland) Order 1995 and the Data Protection Act 2018, and guidance in DE Circular 2020/07 is adhered to.

- The school will keep accurate records of concerns expressed and the action, which has been taken. The records will aim to demonstrate accountability for decisions and actions taken. These will be maintained in a secure location, separately from the general records.
- It will be the responsibility of the Designated Teacher to ensure that such records are kept up-to-date and forwarded when a child moves school (in compliance with DE guidance).
- Only the Principal and the Designated/Deputy Designated Teachers will have access to child protection records.
- Files must not be removed from school premises except when taken to a case planning meeting or on foot of a court order. A record should be kept of when information is removed, by whom, for what purpose, and when it is returned.
- If information is held electronically, whether on a laptop or portable memory device all must be encrypted and appropriately password protected.

Circular 2016/20 provides a framework which is followed by the College for managing child protection records to demonstrate accountability for decisions and actions taken.

Supporting Vulnerable Children and Young people

Hazelwood Integrated College will endeavour to support the pupils who are exposed to risk of harm through supporting such pupils in accordance with his/her agreed protection plan.

Support for all pupils in the school in developing skills in self-protection and developing confidence will be afforded as follows:

- The content of the curriculum, particularly through Personal Development/Learning for Life and Work and Pastoral programmes
- The school ethos which promotes a positive supportive and safe environment that gives pupils a sense of being valued.

5 *Consent, Confidentiality, Information Sharing & Record Keeping*

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.

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway services and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld, then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case contact will be made with the local Adult Protection Gateway team to seek further advice. In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

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

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

Confidentiality and Information Sharing

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

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will follow DE guidance in determining what information

should be shared with the Designated Teacher in the receiving school.

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

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

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

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

If a pupil from our school attends an EOTAS provision, a member of the safeguarding team will share any child protection concerns they have with the DT in the centre. If child protection concerns arise when the pupil is attending an EOTAS provision the designated teacher in EOTAS will follow child protection procedures and will advise a member of the school's safeguarding team of the concerns and any actions taken. It is the responsibility of EOTAS staff to maintain their records in accordance with DE Circular 2020/07 Child Protection: Record Keeping in Schools and any subsequent updates.

In Hazelwood Integrated College we use the 'Child Protection Online Management System' (CPOMS) software as a means of record keeping for Child Protection and Safeguarding information and incidents. This software uses intelligent role-based access with 2-step authentication for all users. Access to this system is restricted to relevant staff only. The Designated Teacher provides training at the start of the school year to relevant staff.

6 *Recruiting and Vetting of Staff and Volunteers*

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

The selection and appointment process are the starting point for ensuring that only those who are suitable are employed to work near with children, in either a paid or unpaid capacity in our school.

In order that all reasonable steps are taken to employ and engage suitable staff to work with the children in our care we follow the guidance on pre-employment checking and safe recruitment practices provided by the Department of Education and have adopted the new arrangements for vetting and checking of staff prior to appointment or use as volunteers within the school:

- DE Circular 2006/06. Child Protection: Recruitment of People to Work with Children and Young People in Educational Settings
- DE Circular 2006/07. Child Protection: Employment of Substitute Teachers
- DE Circular 2006/08 Child Protection: Training Requirements for School Governors on Staff Recruitment and Selection Panels
- DE Circular 2006/09 Child Protection: Criminal Background Checking of Staff in Schools – Programme to Extend Coverage
- DE Circular 2006/25 Child Protection: Vetting of School Governors
- DE Circular 2008/03 Pre-Employment Checking of Persons to Work in Schools – New Arrangements
- DE Circular 2008/10 Employment of Substitute Teachers
- DE Circular 2012/19 Disclosure and Barring arrangements: change to pre-employment vetting checks for volunteers working in schools from 1 September 2012
- DE Circular 2013/01 Disclosure and Barring arrangements: Vetting Requirements for paid staff

Copies of these circulars are available on the DE website: www.deni.gov.uk. Click on 'Circulars.'

All staff – whether paid or unpaid – are inducted in our Safeguarding and Child Protection Policy prior to contact with the pupils in our school.

AccessNI Clearance DE Circular 2013/01 (currently under review) sets out vetting requirements for schools. In brief, the following groups must have an Enhanced Disclosure Certificate (EDC) from AccessNI before taking up post such as:

- All new paid teaching and support staff.
- Examination Invigilators.
- Counsellors
- Private contracted transport providers - named drivers.

7 Code of Conduct for all Staff - Paid or Unpaid

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

the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors. See **Appendix 8** for a sample staff Code of Conduct.

8 *The Preventative Curriculum*

We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults supportive friend an ethos of safeguarding and protection. 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)

The school community will therefore:

- Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem, and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.
- Throughout the school year child protection issues are addressed through class assemblies and form tutor notice boards which provides advice and displays child helpline numbers. Other initiatives which address child protection and safety issues: School visitors e.g. fire fighters, PSNI, outside agencies such as Women's Aid etc.
- Establish and maintain an ethos where children feel secure, are encouraged to talk, and are listened to.
- Ensure all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Follow the curriculum for Personal Development and Pastoral Programmes- which equips children with the skills they need to stay safe from harm and to whom they should turn for help if the need arises.

- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that pupils understand the difference between acceptable and unacceptable behaviours towards themselves and others.
- Liaison with other agencies that support the pupil such as Social Services, Gateway, Education Welfare Service, Educational Psychology, PSNI, EOTAS and relevant professionals and voluntary agencies.

9. MONITORING AND EVALUATION

The Safeguarding Team at Hazelwood Integrated College school will review this policy annually, or in the event of a change of legislation, or following an incident when the policy will be evaluated as to its effectiveness. Any necessary changes will be made considering any lessons learnt. 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: **October 2025**

Signed:

Trevor Pakkiri MBE

Chair of Governors

[Signature]

Acting Principal

Joan M'Gloren.

Designated Teacher



Appendix 1

HAZELWOOD

INTEGRATED COLLEGE

CONFIDENTIAL

NOTE OF CONCERN

Child Protection Record — *Reports to Designated Teacher (Mr Gavin McIlveen)*

Name of student: _____ **Form Class:** _____

Date and Time of Incident/disclosure: _____

Circumstances of incident/disclosure:

Nature and description of concern:

Parties involved, including any witnesses to an event and what was said or done and by whom:

Action taken at the time:

Details of any advice sought, from whom and when:

Any further action taken:

Written report passed to Designated Teacher: ☐ Yes ☐ No

If 'No' state reason:

Date and time of report to the Designated Teacher:

Written note from staff member placed on student's Child Protection file: ☐ Yes ☐ No

If 'No' state reason:

The Designated Teacher is to record and place all written notes on student's Child Protection file.

Name of staff member making the report: _____

Signature of staff member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____

APPENDIX 2

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

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

Any child under the age of eighteen, male or female, can be a victim of CSE. Although younger children can experience CSE, the average age at which concerns are first

identified is 12-15 years of age. Sixteen- and seventeen-year-olds, although legally able to consent to sexual activity can also be sexually exploited.

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

Statutory Responsibilities

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

Domestic and Sexual Abuse

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

Domestic Abuse is:

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

Sexual Abuse is:

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

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

Operation Encompass



We are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical, and psychological harm. Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium, and long-term effects of domestic abuse.

As an Operation Encompass school, when the police have attended a domestic incident and one of our pupils is present, they will contact the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the designated teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

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

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

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

Children Who Display Harmful Sexual Behaviour

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

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

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive, or violent. Healthy sexual behaviour will generally have no need for intervention; however, consideration may be required as to appropriateness within a school setting.

Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. If the behaviour is considered to be more serious advice from the EA CPSS should be sought

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

Normal sexual behaviour will generally have no need for intervention; however, consideration may be required as to appropriateness within a school setting.

Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. However, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA Child Protection Support Service (CPSS) may be required. The CPSS will advise if contact with PSNI or Social Services is required.

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

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

Online safety

Online safety means acting and staying safe when engaging in the online world. It is wider than simply internet technology and includes electronic communication via text

messages, making comments on social media posts, social environments, and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

The overall strategic direction for child safety online is the [**Keeping Children and Young People Safe: An Online Safety Strategy**](#), published in February 2021. It sets out the Northern Ireland Executive's ambition that all children and young people enjoy the educational, social, and economic benefits of the online world, and that they are empowered to do this safely, 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 Hazelwood Integrated College have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

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

Sharing Nudes and Semi-Nudes

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

Sharing nudes and semi-nudes between individuals in a relationship

As adults we can question the wisdom of this, but the reality is that children consider this to be normal and often the result of a child's natural curiosity about sex and their exploration of relationships. As a consequence, engaging in the taking or sharing of nudes and semi-nudes may not always be in a 'harmful' context. Nonetheless, staff must be aware that an image can be shared non-consensually, or a child can be groomed, tricked, or coerced into sending nude and semi-nude images. Clearly pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual Specific Types of Abuse Specific Types of Abuse 50 51 relationship) and in these cases you should contact local PSNI on 101 for advice and guidance. Please be aware that, while offences may technically have been committed by

the child/children involved, the matter will be dealt with sensitively and considering all the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a child from seeking help if they feel entrapped by the misuse of sexual images. Advice should be sought from CPSS.

Sharing an Inappropriate Image with an Intent to Cause Distress

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

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

Adult Safeguarding

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

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

The main forms of abuse are:

Physical abuse

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

Sexual Violence and Abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-

penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background, or sexual orientation.

Psychological/Emotional Abuse

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

Financial Abuse

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

Institutional Abuse

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

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

Appendix 3 - Children with Increased Vulnerabilities

- **Children With a Disability**

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

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

- **Children With Limited Fluency in English**

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.

- **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 schools are expected to cover issues relating to relationships and sexuality, including those affecting LGB&T children and young people.

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

As a staff working with young people from the LGBTQ+ community we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **Residential Settings**

Children in the above settings are particularly vulnerable to abuse. We will ensure that

staff are appropriately vetted and trained in accordance with DE guidance.

- **Work Experience, School Trips and Educational Visits**

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE 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.

APPENDIX 4 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 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.

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.

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 Adolescent

The following indicators relate specifically to the adolescent:

- recurrent urinary tract infections.
- pregnancy, especially where the information about or the identity of the father is vague or secret or where there is complete denial of the pregnancy by the girl and her family.
- sexually transmitted infections.

Possible behavioural indicators include:

- repeated running away from home.

- sleep problems - insomnia, recurrent nightmares, fear of going to bed or overdressing for bed.
- dependence on alcohol or drug
- suicide attempts and self-mutilation.
- hysterical behaviour, depression, withdrawal, mood swings
- vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity
- eating disorders — e.g. anorexia nervosa and bulimia
- low self-esteem and low expectation of others
- persistent stealing and /or lying.
- sudden school problems - taunting, lack of concentration, falling standard or work etc.
- fear or abhorrence of one particular individual.

Emotional Abuse

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 overanxious to please.
- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

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

- making a child a scapegoat within the family

Neglect

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

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

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

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

Recognition of Neglect

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

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

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

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

Child

Health presentation indicators include:

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

Emotional and behavioural development indicators include:

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

Family and social relationship indicators include:

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

Consideration should be given as to whether an adolescent mental health assessment is required.

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)

Children with Disability

In recognising child abuse, all professionals should be aware that children with 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 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

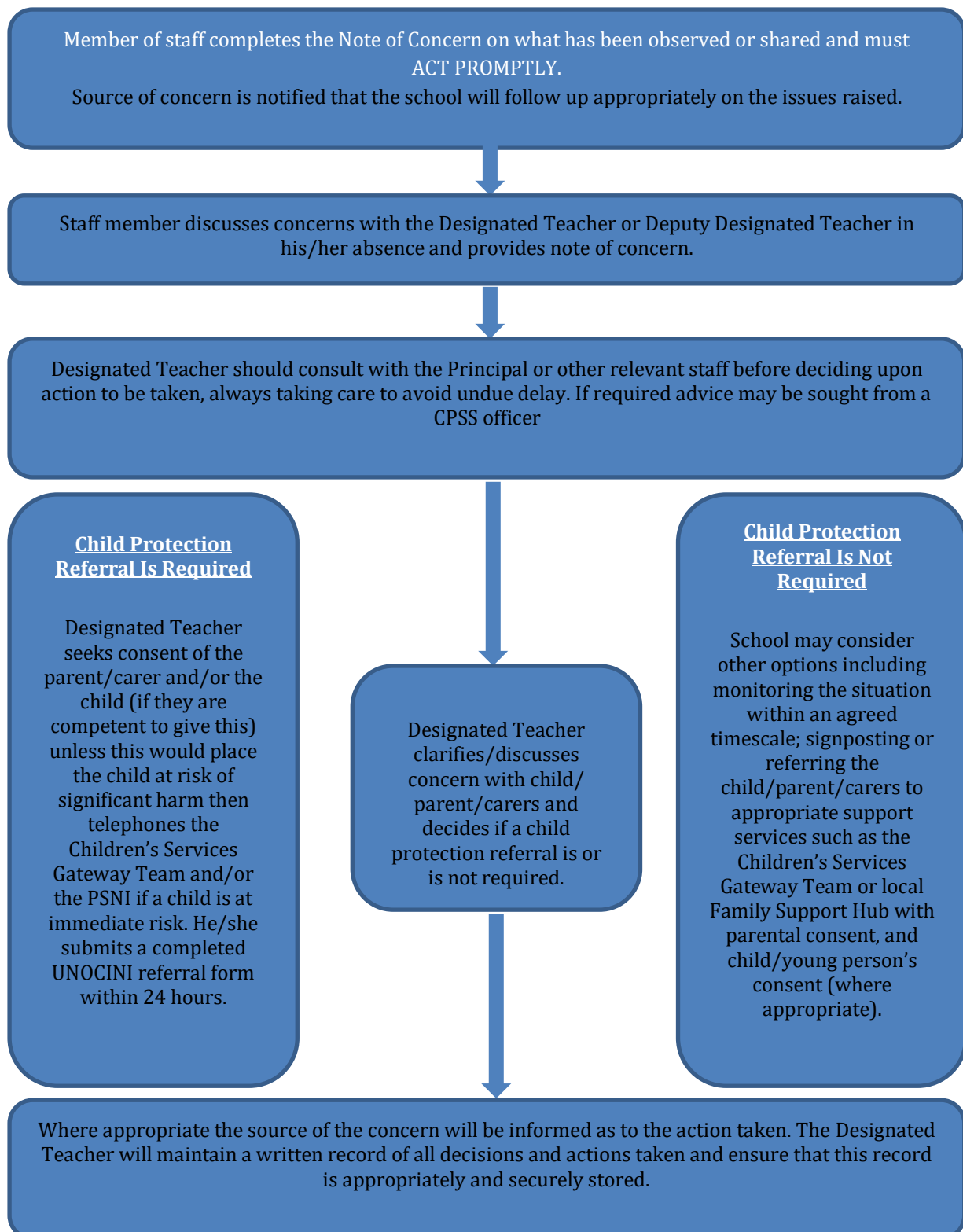
- unemployment
- no income/poverty
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently.
- debt
- large family

Appendix 5 - HOW A PARENT/CARER CAN RAISE A CHILD PROTECTION CONCERN

Where a parent/carer has a safeguarding/child protection concern they can follow the guide:

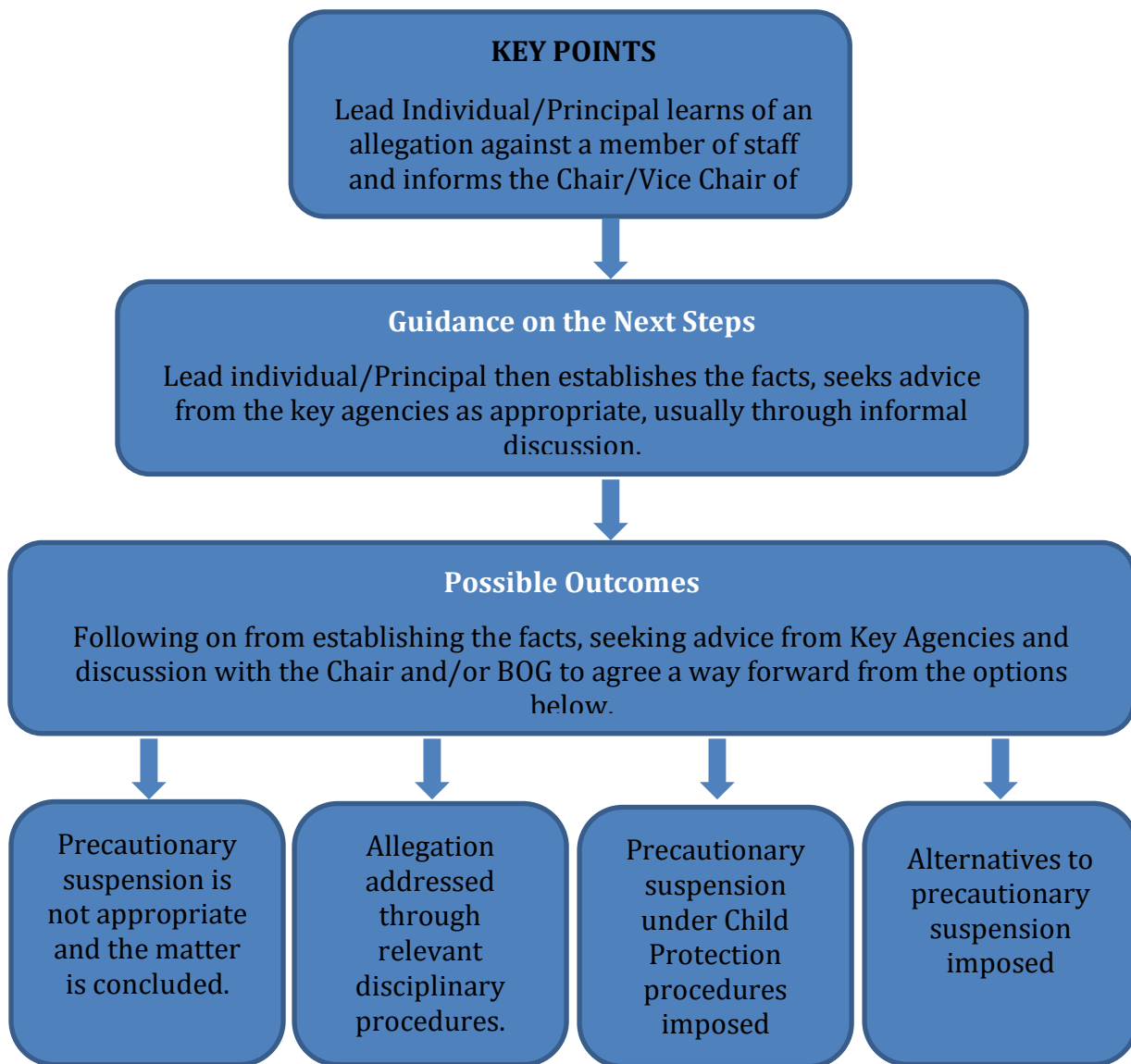


APPENDIX 6 - Procedure Where the School Has Concerns, or Has Been Given Information, about Possible Abuse by Someone Other Than a Member of Staff



APPENDIX 7

Dealing with Allegations of Abuse against a Member of Staff



APPENDIX 8 - CODE OF CONDUCT FOR ALL STAFF

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. External service providers such as sports coaches, music tutors and counsellors are provided with a Code of Conduct for External Providers who must complete and return Appendix 1 to Gavin McIlveen along with a copy of an Access NI Certificate.

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

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 and sexual relationships with current pupils are not permitted and may lead to criminal conviction.
- 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.

1.3 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.

2. Private Meetings with Pupils

3.1 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 volunteers 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 9 - GUIDELINES FOR VOLUNTEERS & VISITORS

Volunteers have an important and beneficial role in supporting the work of teachers and other support staff in Hazelwood Integrated College in contributing, by their efforts and initiative, to the life of the school.

Who is a Volunteer?

A volunteer is an individual who, subject to the satisfactory procedures below, either.

1. Assumes unpaid duties in a school on a regular basis on more than two occasions or is engaged by the school to accompany or assist in school visits or trips: residential activities or to undertake coaching in sports activities.

Formal arrangements as to selection and vetting should not be required for volunteers who are involved outside school hours and who do not have unsupervised contact with pupils. These would include fund raisers, people using school premises for meetings etc.

Use of Volunteers

There are three main categories into which the use of volunteers might be grouped and to which guidance will apply:

- During school hours involving direct contact with Pupils
- Outside school hours involving direct contact with pupils
- During school hours but not usually involving direct contact with Pupils

Recruiting and Selecting Volunteers

The school may canvass for volunteers or people may come forward to help at their own initiative. In many cases potential volunteers may already be known to the school. Others may come forward from the local community. Engagement of volunteers is only undertaken with agreement of the Board of Governors.

Initial Appraisal

As a minimum requirement all potential volunteers are asked to provide the following information:

- personal details
- qualifications and previous work with children
- a declaration as to whether they have been investigated by Social Services for child protection
- agree to a criminal record being carried out
- provide the name of two referees who are not family members or members of staff in the school
- attend an interview with the school Principal with proof of identity

No individual will be admitted to the school as a volunteer until these basic steps have been completed and the results assessed.

Accepting Volunteers

Where the previous procedures have been followed as appropriate, and the school is satisfied that:

- the volunteer is a suitable person to have contact with the children and has the character, skills, and experience to support the work of the school in a voluntary capacity.
- well defined and worthwhile activities have been identified for the volunteer to undertake, and he/she is competent to undertake them.
- the school will notify the individual that he/she has been accepted for voluntary duties in the school.

The use of Volunteers

These are the fundamental principles observed when using volunteers:

- the purpose of the volunteer is to assist staff, whether teaching or non-teaching. They are not used as substitutes either to cover activities normally undertaken by paid staff who are absent, or to release such staff to undertake other duties:
- volunteers only work under the supervision and guidance of paid staff and these arrangements should be such as to minimise the opportunities for direct, unsupervised, access to children.
- volunteers are not placed in a position of sole responsibility for the security of children, premises, or equipment.
- volunteers should understand the tasks they are to undertake and receive appropriate training to enable them to perform these.
- volunteers are only allocated duties after consultation and agreement with the teacher or other member of staff with whom the volunteer will be closely involved. Teachers are not placed under any pressure to accept a volunteer in their classroom.
- volunteers are not afforded access to records or other information relating to staff or pupils. An exception might be made where a child has a medical or other condition of which all those working with the pupil should be made aware, and where agreement of the parent has been sought.

Health and Safety Insurance

Volunteers are owed a duty of care under the requirements of Health and Safety Legislation. Hazelwood Integrated College therefore ensures that volunteers are treated no less favourably than paid employees in terms of the school's obligations under the legislation.

Duration

Where a volunteer's involvement is likely to be long term, the school advises the volunteer that he/she will be subject to a trial period, during which the principal monitors the volunteer's effectiveness in contributing to the life and work of the school.

Information and Training

The school ensures that the volunteer receives such information, guidance, preparation and where necessary, training to enable him/her to perform tasks effectively. As a minimum, volunteers are briefed on:

- the policy of the school and the management authority in relation to pastoral care and safeguarding/child protection, including its behaviour/discipline policy, including rewards and sanctions, and the extent of the volunteer's authority within it.
- Hazelwood Integrated College's Health and Safety Policy

Arrangements are made for the volunteer to have a formal line of communication with the designated teacher for Child Protection for reporting issues of concern or the welfare of the children in the school.

Visitors to Schools

Visitors to schools, such as parents, suppliers of goods and services, to carry out maintenance etc. do not routinely need to be vetted before being allowed onto school premises. However, such visitors should be managed by school staff and their access to areas and movement within the school should be restricted as needs require.

Visitors will be:

- Met/directed by school staff/representatives.
- Signed in and out of the school, by school staff.
- Given restricted access to only specific areas of the school, if appropriate.
- Escorted by a member of staff/representative, where appropriate.
- Clearly identified with visitor/contractor passes.
- Given access to pupils restricted to the purpose of their visit.
- Cordoned off from pupils for health and safety reasons if delivering goods or carrying out building/maintenance or repairs.

Appendix 10 - Key Contacts

Should any adult in the school find themselves in the rare position of being the only adult remaining in the school and in need of immediate safeguarding advice, they should use the contacts below (in the given order) to seek that help:

Child Protection Support Service

The helpline number is 028 9598 5590 and operates from Monday to Friday from 9.00 am until 4.30 pm.

Duty Social Worker Gateway Team (Health & Social Care Trusts)

Gateway Teams Contact Number

Belfast 028 9050 7000

Northern 0300 1234 333

Out of Hours for All Areas 028 9504 9999

Regional Emergency Social Work Service (RESWS)

The RESWS provides an emergency social work response across Northern Ireland on an out of hours basis:

- 5.00pm to 9.00am weekdays
- 24 hours at weekends and bank holidays

Wherever you live in Northern Ireland, Out of Hours Social Workers can be contacted through one central telephone number (028) 0800 197 9995

PSNI The Central Referral Unit (CRU) based in Antrim Road PSNI Station is part of the Public Protection Unit and is the central referral point for child sexual and physical abuse allegations. The office is open Monday to Sunday 9.00am to 5.00pm including public holidays. Email cru@psni.police.uk