

# **POLICY ON CHILD PROTECTION**

## **MISSION STATEMENT**

The Child Protection Programme at Acorn Integrated Primary School, seeks to support the child's development in ways which foster security, confidence and independence. It is viewed as central to the well-being of the individual and is, therefore, an intrinsic part of all aspects of the curriculum.

## **AIMS**

\*To enhance children's

1. self esteem
2. self confidence
3. assertiveness
4. communication skills
5. personal safety

by developing skills to make informed choices.

\*To ensure that staff and pupils are able to recognise abuse of power.

\*To ensure that staff are well-informed about Child Protection issues.

\*To ensure that staff are well-informed about school procedures for reporting concerns.

\*To ensure that staff are aware of their duty of care and their responsibility to report concerns.

\*To provide for effective communication between children, teachers, parents and other adults working with children.

\*To develop co-operation with statutory agencies.

## **MEANS**

Means by which the policy will be put into effect

\*By providing an environment within the school and classroom in which every child is valued as a member of the community.

\*By allowing a variety of opportunities for class and group discussion of thoughts and feelings in an atmosphere of trust, acceptance and tolerance.

\*By identifying a range of people to whom children can turn to share concerns and discuss problems.

\*By developing awareness and skills of personal safety.

\*By monitoring children's physical, emotional, social, intellectual and behavioural development.

\*By promoting staff awareness of types and indicators of child abuse and neglect, the appropriate response to the child, knowledge of procedures for reporting concerns and their statutory responsibilities.

\*By informing staff of the importance and nature of appropriate record keeping and report writing, and the need to make a clear distinction between factual reporting and personal opinion.

\*By informing parents of the school's child protection policy.

\*By establishing regular contact with appropriate agencies.

# PROCEDURE FOR REPORTING AN INCIDENT OF CHILD ABUSE

Child makes a disclosure to teacher or teacher has concerns about child either as a result of one observation or many observations over a period of time. Teacher should make notes of what was said or observed and must **ACT PROMPTLY**.



Teacher refers matter to designated teacher, discusses it with designated teacher and makes full notes.



Designated teacher meets with Headteacher (or in headteacher's absence, senior teacher) to plan course of action. He/she ensures that a written record is made.

Headteacher/Designated teacher must contact:

- Social Services
- NELB Designated Officer
- Chairperson of Board of Governors - indicating that it is a Child Protection issue
- complete referral forms

If there is any doubt about whether to take further action, advice is available from:

NEELB designated officer;  
Advisory Teacher for Child Protection;  
Social Services;  
School Doctor;  
Education Welfare Officer;  
NSPCC.

When seeking such advice names should not be given. One is simply making an enquiry.

**At Acorn we have a Safeguarding team who are responsible for promoting the welfare of the children in our care. This team is made up of a designated teacher, a deputy designated teacher and a designated governor.**

**The Designated Teacher is: Mrs Sharon McIlmail**

(All matters must be referred to the above in the first instance)

(In the absence of the above)

**The Deputy Designated Teacher is: Mrs Anna Rolloos**

**The Designated Governor is: Mrs Denise Ferguson**

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**The Deputy Designated Governors is: Dr Adrian Gregory**

## **DEFINITIONS OF ABUSE**

Children may be abused by a parent, a sibling, another relative, a carer (i.e. a person who has actual custody of a child, such as a foster parent or a staff member in a residential home), an acquaintance or a stranger, who may be an adult or a young person. The abuse may be the result of a deliberate act or of failure on the part of a parent or carer to act or to provide proper care, or both. The abuse may take a number of forms including:-

### **Neglect:**

The actual or likely persistent or significant neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or persistent failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development including failure to thrive.

### **Physical Abuse:**

Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child.

### **Sexual Abuse:**

Actual or likely sexual exploitation of a child. The involvement of children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles.

### **Emotional Abuse:**

Actual or likely persistent or significant emotional ill-treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child. All abuse involves some emotional ill-treatment. This is where it is the main or only form of abuse.

*\* From the Children (Northern Ireland) Order 1995, Guidance and Regulations, Volume 6, "Co-operating to Protect Children".*

### **Grave Concern:**

While strictly speaking not a form of abuse but a category of registration of abuse, this term covers children where situations do not currently fit any of the four categories above but where social and medical assessments indicate that they are at significant risk of above. These could include situations where another child in the household has been harmed or the household contains a known abuser.

## **RECOGNISING ABUSE**

Detection of abuse is seldom straightforward and rarely clear cut. It is important, therefore, as a teacher/classroom assistant seeing children over long periods, you may notice physical and behavioural indicators which may be evidence of abuse. It is important that you can recognise these signs and symptoms. **None of the indicators, either singly , or in any combination prove conclusively that a child has been abused.**

### **Physical Abuse**

#### **Physical Indicators**

Unexplained bruises - in various stages of healing - grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained / untreated burns, especially cigarette burns or immersion burns (glove like in appearance); unexplained fractures; lacerations or abrasions; bruising on both sides of the ear - (symmetrical bruising should be treated with suspicion); injuries occurring in a time pattern e.g. every Monday.

#### **Behavioural Indicators**

Self destructive tendencies; aggressive towards other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; comes to school early or stays late as if afraid to be at home; clothing inappropriate to weather - to hide part of body; Violent themes in art work or stories.

### **Neglect**

#### **Physical Indicators**

Looks very thin, poorly or sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents especially burns.

#### **Behavioural Indicators**

Tired or listless (falls asleep in class); steals food; compulsive stealing; begging from class friends; withdrawn; lacks concentration; misses school medical; reports that no carer is at home; low self-esteem; persistent non-attendance at School; exposure to violence including unsuitable videos.

## **Emotional Abuse**

### **Physical Indicators**

Well below average in height and weight; “failing to thrive” poor hair and skin; alopecia; swollen hands and feet; recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness); extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).

### **Behavioural Indicators**

Apathy and dejection; inappropriate emotional responses to painful situations; rocking/head-banging; inability to play ; indifference to separation from family; indiscriminate attachment ; reluctance for parental liaison; fear of a new situation; chronic runaway; attention seeking/needing behaviour; poor peer relationships.

## **Sexual Abuse**

### **Physical Indicators**

bruises, scratches, bite marks or other to breasts, buttocks, lower abdomen or thighs, bruises or bleeding in genital or anal areas; torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches; difficulty walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games; anorexia/gross over-eating.

### **Behavioural Indicators**

What the child tells you; withdrawn; chronic depression; excessive sexual precociousness; seductiveness; children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal; overly concerned for siblings; poor self-esteem; self devaluation; lack of confidence; peer problems; lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in school work or behaviour; inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children’s art work or stories; vulnerability to sexual and emotional exploitation; promiscuity; exposure to pornographic material.

## **Indicators of Sexual Abuse by Child or Young Person**

### **Background**

Previous therapy;  
witnessed family violence;  
abused (including physical, emotional, sexual and neglect);  
parental loss;  
feels persecuted, by parents, by system;  
substance abuse.

### **Behaviour**

Inappropriate sexual contact with another child e.g. fondling, simulated sexual acts;  
exhibitionism;  
voyeurism;  
obscene calls;  
stealing underwear;  
uninvolved with peer groups in acceptable social ways;  
isolated;  
no social activities e.g. youth club;  
obsessive interest in pornographic material;  
lack of empathy for others.

## **ABUSE CARRIED OUT BY CHILDREN AND YOUNG PEOPLE**

When abuse of a child is alleged to have been carried out by another child or young person, it is important that the appropriate Child Protection procedures are followed in respect of both the victim and the alleged abuser.

Most cases of physical or emotional ill-treatment within school may be dealt with in accordance with the school's policy on bullying, except in the most serious cases where statutory agencies and/or Educational Psychology Service may be involved.

The problem of sexual abuse by children and young people is increasingly being recognised. When sexual activity takes place and there is lack of consent, lack of equality (e.g. size, intellectual capability, strength or age) or coercion, then it is sexual abuse.

An abusing child is often an abused child.

## **ABUSE CARRIED OUT BY A MEMBER OF STAFF**

If a member of staff is suspected of child abuse the head teacher must be informed immediately by the person who suspects. It is then the head teacher's duty to notify the N.E.E.L.B. and the social services. The Chairperson of the Governors should also be informed.

## **ABUSE CARRIED OUT BY THE HEADTEACHER**

If it is the head teacher who is suspected, the staff member who is aware of the possible offence, must report it to the designated teacher who will report it to the N.E.E.L.B., and the Chairperson of the Governors. It is then the N.E.E.L.B's responsibility to notify the Social Services.

### **N.B. Need for Constant Vigilance**

Abuse can occur inside and outside the family. Many child abusers cultivate an image of respectability and may appear to be extremely co-operative with schools and other agencies.

They may foster a belief that such a person could not be an abuser.

Paedophiles will plan and infiltrate social groups, work or voluntary organisations, where they can have access to children.



# **ROLE OF THE DESIGNATED TEACHER**

## **Organisation and Administration**

- Maintain a Child Protection Register.
- Bring the N.E.E.L.B. Child Protection Guidelines and AIPS Child Protection Policy and Procedures to the attention of all who work in the school.
- Make new staff, on appointment, aware of the Guidelines and AIPS Policy and Procedures.
- Inform appropriate staff about children in their care who are on the Child Protection Register, while maintaining as much confidentiality as is possible at all times.
- Liaise with the head teacher when a case of child abuse, or a suspected case, occurs.
- With the consent of the principal contact the relevant Social Services personnel about a case or suspected case of child abuse.
- Attend training courses in child protection and regularly organise similar training for colleagues.
- Be thoroughly familiar with N.E.E.L.B. guidelines.

## **THE ROLE OF THE HEADTEACHER**

The head teacher's role in child protection is of central importance and while day-to-day child protection matters may be delegated to the designated teacher the head teacher still retains responsibility. It is important therefore that the role of designated teacher is clearly understood. A referral to Social Services should be made following consultation between the designated teacher and the head teacher or acting head teacher.

## **Advice**

When the designated teacher comes to the headteacher with an incident to be referred he/she may want to talk to someone before initiating the referral procedures. Advice is available from:

NEELB CPSSS - 02894482223

Education Welfare Officer:- Phyllis Lewis Ph 028 9085 4826

Social Services:(Duty Social Worker) Children's Services, Ellis Street Ph 028 93315114

NSPCC:- Ph 0800 800 500

School Doctors:- Dr. C Bailey, Whiteabbey Hospital Ph 028 9086 5181

School Nurse:- Dawn Lyttle, Carrickfergus Health Centre. Ph 028 9331 5800

Gateway team- 0300 1234 333

**When seeking advice DO NOT name a child. A child should only be named at the referral stage.**

## **THE ROLE OF THE BOARD OF GOVERNORS**

The Board of Governors must ensure that the school has a child protection policy in place and that staff implement the policy. The Board of Governors should be aware of child protection issues and the implications for schools.

It may not be in the interests of children who are the subject of child protection investigations and allegations, to make the details of such investigations and allegations known to the entire Board of Governors.

The head teacher and deputy head will inform the Chairperson of the Board of Governors when an incident occurs. Confidentiality is crucial and information should only be passed on a 'need to know' basis.

## **THE ROLE OF THE NEELB DESIGNATED OFFICER**

The Designated Officer has responsibility for co-ordinating board policy and action on child protection in consultation with other statutory agencies. This includes monitoring and following up all child protection referrals, reviewing board guidelines and advice and organising in-service training on child protection issues.

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The Designated Officer is responsible for maintaining close links with the other agencies involved in child protection. The officer is available at all times to advise and assist schools on matters of child protection.

The Designated Officer represents the NEELB on the North Eastern Area Child Protection Committee and on other relevant bodies and meets with parents and other interested groups on matters related to child protection.

## **THE ROLE OF THE EDUCATION WELFARE OFFICER**

Education Welfare Officers have always been involved in child protection work and have been a source of advice and support to schools. The Education Welfare Officer is sometimes in a position to add some family background to a school's knowledge of a child.

Education Welfare Officers are available to assist and advise schools and because of their close contacts with families and schools there should be close liaison with designated teachers as required.

In some special circumstances Education Welfare Officers make referrals on behalf of schools. Head teachers and designated teachers may confer with Education Welfare Officers if they are unsure of how to act.

An Education Welfare officer to whom a disclosure is made within school, must consult the school's designated teacher and agree as to who will make the referral.

When the E.W.O. or Educational Psychologist is the first to identify an abuse problem it is their responsibility to inform the head teacher and the NEELB. The NEELB will be responsible for contacting the social services.

## **THE ROLE OF SOCIAL SERVICES**

*Social Services and N.S.P.C.C. are agencies charged with responsibility for child protection.*

If the Social Services find out about child abuse first, it is their duty to inform the school and provide them with all relevant details. It will then be the school's responsibility to pay particular attention to the attendance and development of all such children and to report any cause for further concern, to social services. The Social Services must in turn inform the school of any termination of a court order or change in status or placement of the child. If such a child moves school the head teacher shall be responsible for informing Social Services who will then ensure that the needed information is passed on to the new school.

## **WHAT HAPPENS FOLLOWING A REFERRAL?**

Once a referral has been made, Social Services and the Police will hold a strategy discussion within 24 hours. This can be done by telephone. The purpose of the discussion is to:-

- examine the available information about the child and family.
- plan the investigation.
- agree the role of each agency.
- agree the extent of joint investigation.

Decisions should be reached on the initial action to be taken, by whom and when, and the arrangements for reporting back. Schools should be informed of the outcomes of the discussion. School staff should keep a written record of plans and agreements made with other agencies, including those agreed by telephone.

Join Investigations by Statutory Agencies.

Specially trained social workers and police officers from CARE (Child Abuse and Rape Enquiry) teams carry out a joint investigation in order to minimise the trauma for a child. Repeated interviewing can be a further abuse of a child. The police focus on criminal investigation and Social Services on child protection. However, both agencies work on the principle that the child's interests are paramount.

Statutory agencies ie Social Services Gateway team and the police will carry out any investigation. **It is not the role of any member of school staff to investigate nor to contact the child's family on a referral.** Contact with a family should only be made after agreement with the statutory agencies.

Schools should be kept informed of decisions made by other agencies and the head teacher should feel free to make contact with other agencies.

If a child protection case conference is convened this should be held not later than 15 days after initial referral to Social Services. The head teacher will be invited and should attend or send an appropriate member of staff. Schools should be represented at all Child Protection Case Conferences of school age children from the school whether or not the school made the initial referral.

The purpose of the case conference is to exchange information and plan together. Its function is to decide whether or not to place a child's name on the Child Protection Register, to draw up a written protection plan and to identify a core group to implement the protection plan. Schools should be notified when a child's name is placed on the Register, similarly they should be notified when a name is removed from the Register.

These decisions should be arrived at by unanimous or majority agreement. Any dissent should be recorded.

A case co-ordinator will be identified from Social Services and will have responsibility for co-ordinating and developing the multi-agency protection plan, and who provides a focus for communication within the core group and with other professionals.

It will be the responsibility of individual agencies to implement the parts of the plan relating to them and to communicate with the key worker and others as necessary.

At the initial Case Conference, the timing of the review, within three months, will be agreed. Any appropriate professional can ask for a case review to be convened earlier than this, should there be cause for concern.

## **REPORTS**

Reports prepared for Child Protection Conferences should focus on the child's educational progress and achievements, attendance, behaviour, participation, relations with other children, and, where appropriate, the child's appearance.

If relevant, reports should include what is known about the child's relations with his/her family and the family structure.

Reports should be objective and based on evidence. They should distinguish between fact, observation, allegation and opinion. Reports may be made available to the child's parents at the Child Protection Conference.

If a school cannot be represented at the Case Conference, a written report should be sent. In the initial stages reports may be restricted at a school's request.

