

2024 - 2025

# CHILD PROTECTION AND SAFEGUARDING POLICY



# CHILD PROTECTION/SAFEGUARDING POLICY FOR ABBEY COMMUNITY COLLEGE

## OTHER RELEVANT POLICIES:

This policy should be read in conjunction with the following policies:

- Positive Behaviour
- Anti-Bullying
- Use of Reasonable Force/Safe Handling
- Special Educational Needs
- Online Safety
- Parental Complaints Procedure
- Attendance
- Pastoral Care
- First Aid and Administration of Medicines
- Health and Safety Policy
- CPOMS Policy

## SUMMARY:

The purpose of this policy is to outline the principles of Child Protection/Safeguarding. The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance "Pastoral Case in School - Child Protection" (DENI Circular 99/10) and the 'Area Child Protection Committees' Regional Policy and Procedures (2005).

## ADDITIONAL NOTES:

Policy Number:

Circulars:

Child Protection and Safeguarding Circulars provided by the Department of Education can be found at <https://www.eani.org.uk/taxonomy/term/541>



## HISTORY:

Policy updated: May 2024

By: Mrs C McNaghten  
Designated Teacher for Child Protection and Safeguarding

Designated Governors for Child Protection/Safeguarding – Dr Hazel Edwards, Mrs A Douglas and Susan Gilliland

Emailed to Board of Governors:

Discussed at Board of Governors:

Circulated to staff:

To be reviewed: Annually/ June 2025

# 1. CHILD PROTECTION/SAFEGUARDING ETHOS

We in Abbey Community College have a responsibility for the Pastoral Care, general welfare and safety of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching, should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within our school

## 2. PRINCIPLES

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance "Pastoral Care in Schools - Child Protection" (DENI Circular 99/10) and the Area Child Protection Committees' Regional Policy and Procedures (2005).

The following principles form the basis of our Child Protection/Safeguarding Policy.

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

## 3. OTHER RELEVANT POLICIES

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

- Positive Behaviour
- Anti-Bullying
- Use of Reasonable Force/Safe Handling
- Special Educational Needs
- E-Safety
- Parental Complaints Procedure
- Attendance

- Pastoral Care
- Staff Code of Conduct
- First Aid and Administration of Medicines
- Health and Safety Policy

These policies are available to parents and any parent wishing a hard copy should contact the School Principal or visit the school website at [www.abbeycommunitycollege.co.uk](http://www.abbeycommunitycollege.co.uk)

## **4. THE SAFEGUARDING TEAM**

The following are members of the schools safeguarding team

- Designated Governors for Child Protection/Safeguarding – Dr Hazel Edwards, Mrs A Douglas and Susan Gilliland
- Principal
- Designated Teacher - Mrs C McNaghten
- Deputy Designated Teachers – Mr D Laney and Mr S Smyth
- School Social Worker - Mr D Sloan

## **5. ROLES AND RESPONSIBILITIES**

### **5.1 THE CHAIR OF THE BOARD OF GOVERNORS**

The Chair of the Board of Governors must:

- Ensure that a safeguarding ethos is maintained within the school environment
- Ensure that the school has a Child Protection/Safeguarding Policy in place and that staff implement the policy
- Ensure that Governors undertake appropriate Child Protection/Safeguarding and recruitment & selection training provided by the EA Child Protection/Safeguarding Support Service for Schools, the EA Governor Support and Human Resource departments
- Ensure that a Designated Governor for Child protection/Safeguarding is appointed
- Assume lead responsibility for managing any complaint/allegation against the School Principal
- Ensure that the Board of Governors receive termly updates and a full written annual report in relation to Child Protection/Safeguarding activity

### **5.2 THE DESIGNATED GOVERNORS FOR CHILD PROTECTION/SAFEGUARDING**

The Designated Governor will provide the Child Protection/Safeguarding lead in order to advise the Governors on:

- The role of the designated teachers
- The content of Child Protection/Safeguarding 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

### **5.3 THE BOARD OF GOVERNORS**

Board of Governors must ensure:

- That the school has a Child protection/Safeguarding Policy in place and that staff implement the policy;
- Relevant Child protection/Safeguarding training is kept up-to-date by at least one governor and a record kept of the same;
- That confidentiality is paramount. Information should only be passed to an entire Board of Governors on a need-to-know basis.

### **5.4 THE PRINCIPAL**

The Principal must ensure that:-

- DENI Circulars are implemented within the school
- That a designated teacher and deputy are appointed
- That all staff receive Child Protection/Safeguarding training
- That all necessary referrals are taken forward in the appropriate manner
- That the Chairman of the Board of Governors (and the Board of Governors) is kept informed
- That Child Protection/Safeguarding activities feature on the agenda of the Board of Governors meetings (termly updates & annual report)
- That the school Child Protection/Safeguarding policy is reviewed annually and that parents and students receive a copy of this policy at least once every 2 years.
- That confidentiality is paramount, information should only be passed to the entire Board of Governors on a need to know basis.

### **5.5 THE DESIGNATED TEACHER (AND DEPUTIES)**

The designated teacher and deputies must:-

- Avail of training so that they are aware of duties, responsibilities and role
- Organise training for all staff (whole school training)
- Lead in the development of the school's Child Protection/Safeguarding Policy
- Act as a point of contact for staff (and parents)
- Assist in the drafting and issuing of the summary of our Child Protection/Safeguarding arrangements for parents
- Make referrals to Social Services (Gateway team) or PSNI Public Protection Unit where appropriate
- Liaise with Education Authority designated officers for Child Protection/Safeguarding
- Maintain records of all Child Protection/Safeguarding concerns
- Keep the School Principal informed
- Provide written annual report to the Board of Governors regarding Child Protection/Safeguarding

## **5.6 STAFF - THE CLASS TEACHER / CLASSROOM ASSISTANTS / ANCILLARY STAFF / CARETAKERS/ BOXING CLUB STAFF/ NRC**

Staff see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse.

The staff member must:

- Refer concerns to the Designated/deputy teacher for Child Protection/Safeguarding at Abbey Community College
- Listen to what is being said and support the child
- Act promptly
- Make a concise written record of a child's disclosure using the actual words of the child
- Keep the Designated Teacher informed through the written "Note of Concern" proforma (**Appendix 6**) about poor attendance and punctuality, poor presentation, changed or unusual behaviour, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about student abuse or serious bullying, concerns about home conditions
- Avail of whole school training and relevant other training regarding safeguarding children

**DO NOT GIVE CHILDREN A GUARANTEE OF TOTAL CONFIDENTIALITY REGARDING THEIR DISCLOSURES**  
**STAFF ARE NOT TO INVESTIGATE**

## **5.7 THE PARENTS/GUARDIANS**

Parents/guardians should play their part in Child Protection/Safeguarding by:

- Telephoning the school on the morning of their child's absence, or sending in a note on the child's return to school, so as the school is reassured as to the child's situation;
- Informing the school whenever anyone, other than themselves, intends to pick up the child after school;
- Letting the school know in advance if their child is going home to an address other than their own home;
- Informing the school if their child is receiving support from an external organisation such as Social Services or CAMHS;
- Familiarising themselves with the School's Pastoral Care, Anti Bullying, Positive Behaviour, E-Safety and Child Protection/Safeguarding Policies;
- Reporting to the office when they visit the school;
- Raising concerns they have in relation to their child with the school.

## 6. WHAT IS CHILD ABUSE?

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child.

We use the following definitions:

**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.

**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.

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

**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 nonpenetrative 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.

**Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

### **Child Sexual Exploitation (CSE)**

CSE is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Any child under the age of 18 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. Young males can also be victims of CSE.

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**

While CSE is not a specific criminal offence, it does encompass a range of sexual offences and other forms of serious criminal misconduct.

The Sexual Offences (NI) Order 2008 provides for a number of offences that between them could enable prosecution of all cases of CSE.

The Children (NI) Order 1995 and the Child Abduction (NI) Order 1985 can also be used in cases where children are going missing as part of the exploitation.



## Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed and established school procedures.

In the UK, FGM has been a specific criminal offence since the Prohibition of Female Circumcision Act 1985. The Female Genital Mutilation Act 2003 replaced the 1985 Act. The Department issued Multi Agency Practice Guidelines on FGM to all Principals, DTs, BoG and the CPSS in July 2014 and FGM is included as part of Child Protection training.

FGM is a complex issue with many men and women from practising communities considering it to be normal to protect their cultural identity. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases are thought to take place between the ages of five and eight, putting children in this age bracket at highest risk.

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.

## Domestic and Sexual Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse Strategy (2016) defines domestic and sexual violence and abuse as follows:-

Domestic Violence and Abuse:

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

Sexual Violence and Abuse :

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

Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

Schools will receive relevant information to help safeguard students at risk from domestic abuse through MARAC. MARAC stands for Multi-Agency Risk Assessment Conference. It is a short focused meeting and the aim is to increase the safety and well-being of the adults and children who have been exposed to domestic abuse.

## **SIGNS AND SYMPTOMS OF ABUSE - SEE APPENDIX 1**

### **Forced Marriage**

Where Designated Teaching staff are made aware or have a reasonable suspicion that a child attending Abbey Community College is being forced into marriage we will be mindful of the following in relation to a child:

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

Advice and support will be sought in such circumstances from the Education Authority's Designated Officer for Child Protection and where appropriate a referral will be made to the statutory agencies.

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

### **Harmful Sexualised Behaviour**

When abuse of a child is alleged to have been carried out by another child, the procedures outlined in **Appendix 3** of this policy will be followed. It is important in such situations to distinguish between behaviours which are experimental in nature and those that are harmful.

Advice and support will be sought in such circumstances from the Education Authority's Designated Officer for Child Protection and where appropriate a referral made to the statutory agencies. In all such cases a risk assessment will be undertaken, and an individual behaviour support and safety plan identified. Appropriate support services will also be provided for the children involved. - **DE Circular 2016/05 subject Children Who Display Harmful Sexualised Behaviour.**

## **Self Harm and Suicide**

*'It is most helpful to consider self-harm as a continuum, ranging from behaviour which has a strong suicidal intent (for example, some kinds of overdose) to behaviour which is intended to help the person stay alive (such as cutting)'*

**John Coleman 2004 - Teenage Suicide and Self-Harm Training Pack for Professionals**

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

Where a student expresses thoughts of self-harm or discloses that they have self-harmed, Designated Teaching staff will contact the parents and advise them to take their child to their GP for assessment. A protecting life letter will be sent by the school following the phone call.

When a student expresses suicidal ideation parents will be notified and asked to collect the young person to take their child to their GP for assessment. Emergency treatment should be sought in instances of a suicide attempt.

**Appendix 4a** outlines the Designated Teacher Checklist

## **7. PROCEDURES FOR MAKING COMPLAINTS IN RELATION TO CHILD ABUSE**

### **7.1 HOW A PARENT/GUARDIAN CAN MAKE A COMPLAINT**

At Abbey Community College we aim to work closely with the parents/guardians in supporting all aspects of the 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 or the Principal/Designated teacher for Child protection/Safeguarding. If they are still concerned they may talk to the Chair of the Board of Governors or the Designated Governor. At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Public Protection Unit. Details of who to contact are shown in the **flowchart in Appendix 2**.

### **7.2 WHERE THE SCHOOL HAS CONCERNS OR HAS BEEN GIVEN INFORMATION ABOUT POSSIBLE ABUSE BY SOMEONE OTHER THAN A MEMBER OF THE SCHOOL STAFF**

Where staff become aware of concerns or are approached by a child they should not investigate – this is a matter for the Social Services – but should report these concerns immediately to the designated teacher, discuss the matter with her and make full notes. These notes or records should be factual, objective in nature and include what was seen, said, heard or reported, the place and time of who was present and should be given to the designated teacher. The person who reports the incident must treat the matter in confidence.

The designated teacher may need to seek discreet preliminary clarification from the person making the complaint or giving the information or from others who may have relevant information. The designated teacher may also consult with the Education Authority's designated officer for Child protection/Safeguarding or Social Services before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice.

The consent of the parent/carers and/or the young person (if they are competent to give this) will normally be sought prior to making a referral to Social Services. 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.

Where consent of the parent/carers and/or the young person is sought to make a referral to Social Services we will explain at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement to making the referral. In circumstances where the consent of the parent/carer and/or the young person 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.

Where there are concerns about possible abuse and a referral needs to be made the designated teacher will contact the Single Point of Entry. She will also notify the Education Authority's designated officer for Child protection/Safeguarding. A UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form will also be completed and forwarded to the single point of entry team with a copy sent to the EA designated officer for Child Protection/Safeguarding.

This procedure with names is shown in **Appendix 3**.

The following are guidelines for use by staff should a child disclose concerns of a Child Protection/Safeguarding nature.

**This procedure with names and contact numbers is shown in Appendix 2.**

The following are guidelines for use by staff should a child disclose concerns of a Child Protection/Safeguarding nature.

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### DO'S

- Do listen to what the child says.
- Do assure the child they are not at fault.
- Do explain to the child that you cannot keep it a secret.
- Do document exactly what the child says, using his/her exact words.
- Do remember not to promise the child confidentiality.

### DON'TS

- Don't ask leading questions.
- Don't put words into the child's mouth.
- Don't ignore the child's behaviour.
- Don't remove any clothing.

### **7.3 WHERE A COMPLAINT HAS BEEN MADE ABOUT POSSIBLE ABUSE BY A MEMBER OF THE SCHOOL'S STAFF**

If a complaint about possible child abuse is made against a member of staff, the Principal/Designated teacher (or the deputy designated teacher if she is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the Principal/Designated teacher)

If a complaint is made against the Principal/Designated teacher the Chairperson of The Board of Governors will be informed and he/she will ensure that necessary action is taken.

Where the matter is referred to the Social Services the member of staff may be removed from duties involving direct contact with pupils (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities). The Chairman of the Board of Governors will also be informed immediately.

Where an allegation is made against a member of staff and is pursued either as a formal referral or under the agreed disciplinary procedures for teacher's, a detailed record of the complaint, signed by the Principal, shall be retained on the child's file and the file of the member of staff concerned. An entry will also be made in the school's Record of Child Abuse Complaints.

If, as a follow up, of a subsequent investigation by one of the investigating agencies, the member of staff concerned is totally exonerated, the record on the file of the member of staff concerned shall be expunged, and the entry in the school's Record of Child Abuse Complaints deleted or struck through.

However, where disciplinary investigation or action is undertaken in the context of Child protection/Safeguarding, all details relating to the complaint and disciplinary sanction shall be maintained on the teachers file for a period of 5 years. The record on the child's file should be noted accordingly, and should be maintained indefinitely in case there should be subsequent complaints. In all other cases, the record on both the child's file and the staff member's file should be maintained indefinitely

The school's record of Child Abuse complaints will be made available to the Board of Governors/Management Committee at least annually.

This procedure with names is shown in **Appendix 4**.

### **7.4 WHERE A COMPLAINT HAS BEEN MADE ABOUT POSSIBLE ABUSE BY A VOLUNTEER**

Any complaint about the conduct of a person working in the school in a voluntary capacity should be treated in the same manner as complaints against a person who is on the school's staff, and the above procedures followed. If the Principal has any concern that a child may be at risk, the services of the volunteer should be terminated immediately.

## 7.5 NOTIFYING PARENTS OF A CONCERN

The school will normally seek to discuss any concerns about a student with their parents. This must be handled sensitively, and the Designated Teacher, Deputy Designated Teacher or School Social Worker will contact the parent in the event of a concern, suspicion or disclosure, if and when appropriate.

When a student is 16 and older the Gillick competency and Fraser guidelines may be used to balance the need to listen to children's wishes with the responsibility to keep them safe. If the Designated Teacher, Deputy Designated Teacher or School Social Worker has information disclosed regarding a student's welfare and it is perceived that the student's life may be at risk they will consider, and seek advice, regarding informing parents/guardians.

The Fraser guidelines apply to advice and treatment relating to contraception and sexual health. The Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Designated Teaching staff should always encourage a child to tell their parents or carers about the decisions they are making. **Appendix 10** looks at how this could be applied in practice.

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 CPSS or the Gateway.

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.

## **8. ATTENDANCE AT CHILD PROTECTION/SAFEGUARDING CASE CONFERENCES AND CORE GROUP MEETINGS**

The Designated Teacher/Deputy Designated Teacher/School Social Worker or Principal may be invited to attend an Initial and/or Review Child Protection/Safeguarding Case Conference or Core Group meeting convened by the Trust and where possible a school representative will be in attendance. A written report will be provided for these meetings and will be compiled after discussion with relevant staff. Feedback will be given to staff under the 'need to know' principle on a case-by-case basis. Children whose names are on the Child protection/Safeguarding Register will be monitored in line with what has been agreed in each child's protection plan.

## **9. CONFIDENTIALITY AND INFORMATION SHARING**

Information given to members of staff about possible child abuse cannot be held "in confidence". In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies and where physical or sexual abuse is suspected, a legal duty to report this. However, only those who need to know will be told.

## **10. RECORD KEEPING**

All Child protection/Safeguarding records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from any other file that is held on the child or young person.

If a complaint about possible child abuse is received by the school and is not referred to Social Services – or if it is referred and Social Services do not place the child's name on the Child Protection/Safeguarding Register – a record on the child's file will be permanently preserved and a confidential copy will be sent to any school to which the child subsequently transfers.

If the Social Services inform the school that a child's name has been placed on the Child Protection/Safeguarding Register, a record of this fact and associated documentation from Social Services will be maintained on the child's file while he or she continues to attend our school.



When the child's name is removed from the Child Protection/Safeguarding Register then all Social Services records will be destroyed and only the school records retained for permanent preservation. Should a child transfer to another school whilst their name is on the Child Protection/Safeguarding Register then we will inform the receiving school that his/her name is on the Register and the name of the child's Social Worker will be forwarded as well. All Social Services records held by us in relation to the child will then be destroyed. The schools own Child Protection/Safeguarding records in relation to the child will be held in secure and confidential storage for permanent preservation.

## **Appendix 6 – Example of Record-keeping Proforma**

# **11. VETTING PROCEDURES**

All staff including volunteers who are appointed to positions in the School are vetted in accordance with relevant legislation and Departmental guidance. DE Circular 2013/01 and DE Circular 2012/10

## **11.1 ACCESS NI CLEARANCE**

The following groups must have an Enhanced Disclosure Certificate (EDC) from AccessNI before taking up post:

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

## **11.2 VOLUNTEERS**

Volunteers who work unsupervised are required to have an Enhanced Disclosure Certificate (EDC). A volunteer who works under supervision is not required to obtain an EDC, however, it must be ensured that they are supervised at ALL times.

ALL volunteers, eg coaches, music tutors, school photographers etc, who are employed by others, have the necessary clearances in place.

## **11.3 VISITORS TO SCHOOLS**

Visitors to school, 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:

- Met/directed by school staff/representatives.
- Signed in and out of the school by school staff.
- If appropriate, be given restricted access to only specific areas of the school.
- Where possible, escorted by a member of staff/representative.

- Clearly identified with visitor/contractor passes.

Access to pupils restricted to the purpose of their visit. If delivering goods or carrying out building/maintenance or repair tasks their work should be cordoned off from pupils for health and safety reasons

## **12. 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. The school has a code of conduct for staff which is intended to assist staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct. It is not intended to detract from the enriching experiences children and young people gain from positive interaction with staff within the education sector.

**THE STAFF CODE OF CONDUCT IS A SEPARATE POLICY**

## **13. STAFF TRAINING**

Abbey Community College is committed to in-service training for its entire staff. Each member of staff will receive general training on Policy and procedures with some members of staff receiving more specialist training in line with their role and responsibilities. All staff will receive basic Child Protection/Safeguarding awareness training and annual refresher training. The Principal/Designated Teacher; Deputy Designated Teacher, Chair of the Board of Governors and Designated Governor for Child Protection/Safeguarding will also attend relevant Child protection/Safeguarding training courses.

When new staff or volunteers start at the school they are briefed on the school Child Protection/Safeguarding Policy and code of conduct and given a copy of the policy which includes what to do if you are worried that a child is being abused.

## 14. THE PREVENTATIVE CURRICULUM

Throughout the school year Child protection/Safeguarding issues are addressed through class assemblies and there is a permanent Child protection/Safeguarding notice board in the main corridor and relevant information in each resource area, which provides advice and displays child helpline numbers (**Appendix 7**). A flow diagram of how a parent may make a complaint is also on display.

Abbey Community College is committed to the pupils' emotional wellbeing providing guidance through the preventative curriculum on issues such as 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.

The use of "keeping safe messages" are widely used to denote the proactive promotion of positive emotional health and wellbeing of pupils within and across the broader school community. This is achieved by raising awareness of social, emotional, and health issues, developing the confidence, resiliencies and coping skills of pupils, and in offering early intervention when pupils are experiencing certain difficulties.

With the preventative curriculum pupils have the opportunity to:

- Explore the qualities of relationships including friendship, for example, conditions for healthy relationships, types of relationships, healthy boundaries and gender issues in relationships.
- Develop coping strategies to deal with challenging relationship scenarios, for example, sibling rivalry, caring for relatives, domestic violence, teenage rebellion, child abuse, sexism, change in family circumstances, coping with rejection, loneliness and loss.
- Develop strategies to promote personal safety, for example, responding appropriately to different forms of bullying, abuse, physical violence, developing safe practice in relation to the internet, getting home, understanding and managing risk, the place of rules and boundaries.

Outside agencies are often used to deal with controversial issues in a sensitive manner.

## 15. 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 make contact with the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the designated teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete online Operation Encompass training, 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 see The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022.

## 16. HOME VISIT PROTOCOLS

Home visits may also be made, by the School Social Worker, for a variety of reasons:

- To model positive interactions and or support parents with certain aspects of their child's behaviour at home that are impacting school life (attendance, behaviour, emotional well-being, etc.) and to help plan strategies to manage those behaviours.
- To inform parents of their child's progress and ways of supporting the child's attendance and learning.
- To promote parental engagement by making communication with the school more accessible and transparent.

For sensitive and confidential reasons such as child protection issues, the following procedures are important for all visits:

### **Before The Visit**

- Parents must be notified in advance of the visit by telephone. If parents do not wish to have a home visit this will be noted on SIMs as a strategy offered but was declined.
- Information on the benefits of home visits and an outline of what parents can expect during a visit should be explained to the family.
- A convenient time and place should be agreed upon. If a parent is unwilling to meet in their home, an alternative location i.e.: cafe / library is acceptable.
- Staff must be familiar with this Home Visit Protocols, alongside the Safeguarding Policy.
- **ALL** home visits **MUST** be authorized by the Line Manager or Principal
- School Social Worker to liaise with pastoral staff to establish whether a ratio of 2 is required to complete a home visit if there are safeguarding concerns identified or potential concerns with a member of staff entering the home alone.
- **A KEY SAFETY PHRASE** is established between the School Social Worker and their line manager, office staff and SLT. If the school social worker feels that they are in danger and are in need of immediate assistance but cannot specifically state this, they will state "Dinner's at six". The line manager will then alert emergency response authorities to attend the address.
- The person completing the visit should collect any relevant documentation, forms and resources, including: the phone number of family in case of running late/lost and identification for verification purposes.
- Ensure staff are well informed about the family ie: language spoken at home and religion and be sensitive to this. An interpreter should be booked as required.
- Home visits should not be completed after 2.00pm due to the potential concern of an incident occurring and staff to be notified
- Ensure the visit is logged on SIMs. This entry should include : The date, time and place of visit alongside the outcome and staff member that completed the visit.
- Ensure the staff member takes a fully charged mobile phone on the visit and have the Abbey Community College number saved into their contacts in the event the school needs to be contacted in an emergency situation.
- Staff should be friendly, relaxed and be prepared to be adaptable and flexible.
- Office staff and the Designated Teacher must be made aware when the staff member is leaving and returning to the building.

## During The Visit

- Staff should introduce themselves and show identification, and again explain the purpose of the visit.
- Staff should be professional at all times. If the School Social Worker does not know the answer to a question say that you will refer back to the school for further information, or refer parents directly to another agency.
- Discuss and complete **ALL** relevant forms with the parents. Assist the parents in completing the forms. It may be necessary to arrange an interpreter and therefore forms may need to be completed at a later date (if applicable)
- Promises of confidentiality should not be made. Any concerns within the household or conversations may have to be referred to external agencies.
- The School Social Worker should engage with the student and involve them in the process.
- **DO NOT ACCEPT** any alcohol, drugs or cigarettes offered by the parents/guardians.
- Do not stay too long and keep to the purpose of the visit.
- If you feel concerned about the safety of a home e.g. dangerous animals, evidence of substance misuse or unwelcome visitors, you **MUST NOT** enter the home or alternatively terminate the home visit immediately. The School Social Worker should contact Line Manager or colleague with the **KEY SAFETY PHRASE** if they require help.

## After The Visit

- If the School Social Worker is completing a visit leading into the end of school they should call the Designated Teacher to inform them that the home visit is complete and they have safely returned home.
- **DO NOT** discuss individual home visits with staff who are not involved with those particular children.
- A brief update should be given to pastoral staff upon the return to school to ensure that they are aware the visit has taken place. Any follow up requirements should be discussed at this time.
- Disclose any concerns or safeguarding issues to the Safeguarding Team, using the school's Safeguarding Policy.
- Complete the record of home visits by recording under initiatives on SIMs.

***Home visits will not be completed over the school holidays unless they are being attended within another statutory service such as the Educational Welfare Service.***

However, this should only be used in an emergency situation. During school holidays it is vital that young people are given the opportunity to 'switch off' and take time to relax, a visit from a member of school staff may not support this message no matter how supportive the intent of a visit.

## 17. MONITORING AND EVALUATION

Abbey Community College will update this Policy and procedures in the light of any further guidance and legislation as necessary and review it annually.

On-going evaluation will ensure the effectiveness of the Policy.

Date Policy Reviewed:

Signed:

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

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

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

# APPENDIX 1

## SIGNS AND SYMPTOMS OF ABUSE – POSSIBLE INDICATORS

### 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 (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday

#### ***Behavioural Indicators:***

Self-destructive tendencies; aggressive to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to school early or stays last 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 and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.

#### ***Behavioural Indicators:***

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



## EMOTIONAL ABUSE

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### ***Physical Indicators:***

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

### ***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 new situation; chronic runaway; attention seeking/needing behaviour; poor peer relationships.

## SEXUAL ABUSE

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### ***Physical Indicators:***

Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; bruises or bleeding in genital or anal areas; torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches; difficulty in walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games, showers; unexplained pregnancies where the identify of the father is vague; 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; over 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.

## **CHILD SEXUAL EXPLOTATION (CSE)**

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### ***Physical Indicators:***

Bruising  
Bite marks  
Change in personal hygiene  
Self-harm

### ***Behavioural Indicators:***

Acquisition of money, clothes, mobile phones etc without plausible explanation. Truanting/leaving school without permission. Persistently going missing or returning late. Receiving lots of texts/ phone calls prior to leaving. Change in mood - agitated/stressed. Appearing distraught/dishevelled or under the influence of substances Inappropriate sexualised behaviour for age. Collected from school by unknown adults or taxis. New peer groups. Significantly older boyfriend or girlfriend. Increasing secretiveness around behaviours. Low self-esteem.

# APPENDIX 2

## HOW A PARENT CAN MAKE A COMPLAINT



**At any time, I can talk to the local Children's Services Gateway Team or the PSNI Central Referral Unit at 02890259299**

### **STEP ONE**

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

### **STEP TWO**

I can talk to the Form Tutor/ Head of Year

### **STEP THREE**

If I am still concerned, I can talk to the Principal or the Designated Teacher for Child Protection/Safeguarding

### **STEP FOUR**

If I am still concerned, I can talk/write to the Chairperson of the Board of Governors or the Designated Governor for Child Protection/Safeguarding

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

# APPENDIX 3

## PROCEDURE WHERE THE SCHOOL HAS CONCERNS, OR HAS BEEN GIVEN INFORMATION, ABOUT POSSIBLE ABUSE BY SOMEONE OTHER THAN A MEMBER OF STAFF



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

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Staff member discusses concerns with the Designated Teacher or Deputy Designated Teacher in his/her absence and provides note of concern.

### Referral Required

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

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

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

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

### Referral not Required

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

# APPENDIX 4

## PROCEDURE WHERE A COMPLAINT HAS BEEN MADE ABOUT POSSIBLE ABUSE BY A MEMBER OF THE SCHOOL'S STAFF.



### KEY POINTS

Lead individual learns of an allegation against a member of staff and informs the Chair/Vice Chair of BoG as appropriate.

### GUIDANCE ON THE NEXT STEPS

Lead individual then establishes the facts, seeks advice from the key agencies as appropriate, usually through informal discussions.

### POSSIBLE OUTCOMES

Following on from establishing the facts, seeking advice from Key Agencies and discussion with the Chair and/or BoG to agree a way forward from the options below.

Precautionary suspension is not appropriate and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed.

Alternatives to precautionary suspension imposed.

# APPENDIX 4A

## DEPUTY/DESIGNATED TEACHER CHECKLIST

- Note of concern is signed and dated and all actions taken recorded including any statements from staff/students/parents.
- Note of concern is filed securely with the DT.
- CP Concern selected on Students file in SIMS with no detail added.
- Parents notified if appropriate and call recorded on SIMS and concern form.
- Appropriate support offered eg: counselling
- Referrals made to PSNI/Services completed and UNOCINI filed if applicable.

If the disclosure is self-harm

- All steps above.
- Student given help self-harm help sheet.
- Parent advised to bring student to the GP.
- Follow up with protecting life letter. The office have a copy of this.

In cases of Suicidal Idealisation

- All steps above.
- Ensure student is supervised until collection by a parent.

Designated teacher completes overview of students that have concerns filed.

# APPENDIX 5



Date

Dear \_\_\_\_\_

Following our recent conversation about \_\_\_\_\_, I would like to reassure you of our continued support. Counselling has been offered within the school setting and I recommend that \_\_\_\_\_ also has a consultation with his/her G.P.

If you have any further concerns, please do not hesitate to contact me.

Kind Regards

Mrs C McNaghten  
Designated Teacher for Child Protection and Safeguarding



This website will signpost 30 support agencies available in Northern Ireland  
<https://helplinesni.com>



0808 808 8000

## NOTE OF CONCERN

### CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil:	
Year Group:	
Date, 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 take at the time:**

**Details of any advice sought, from whom and when:**

Any further action taken:

Written report passed to designated teacher:

If 'No' state reason:

Yes  No

Date and time of report to the designated teacher:

Written note from staff member placed on pupil's child protection file:

If 'No' state reason:

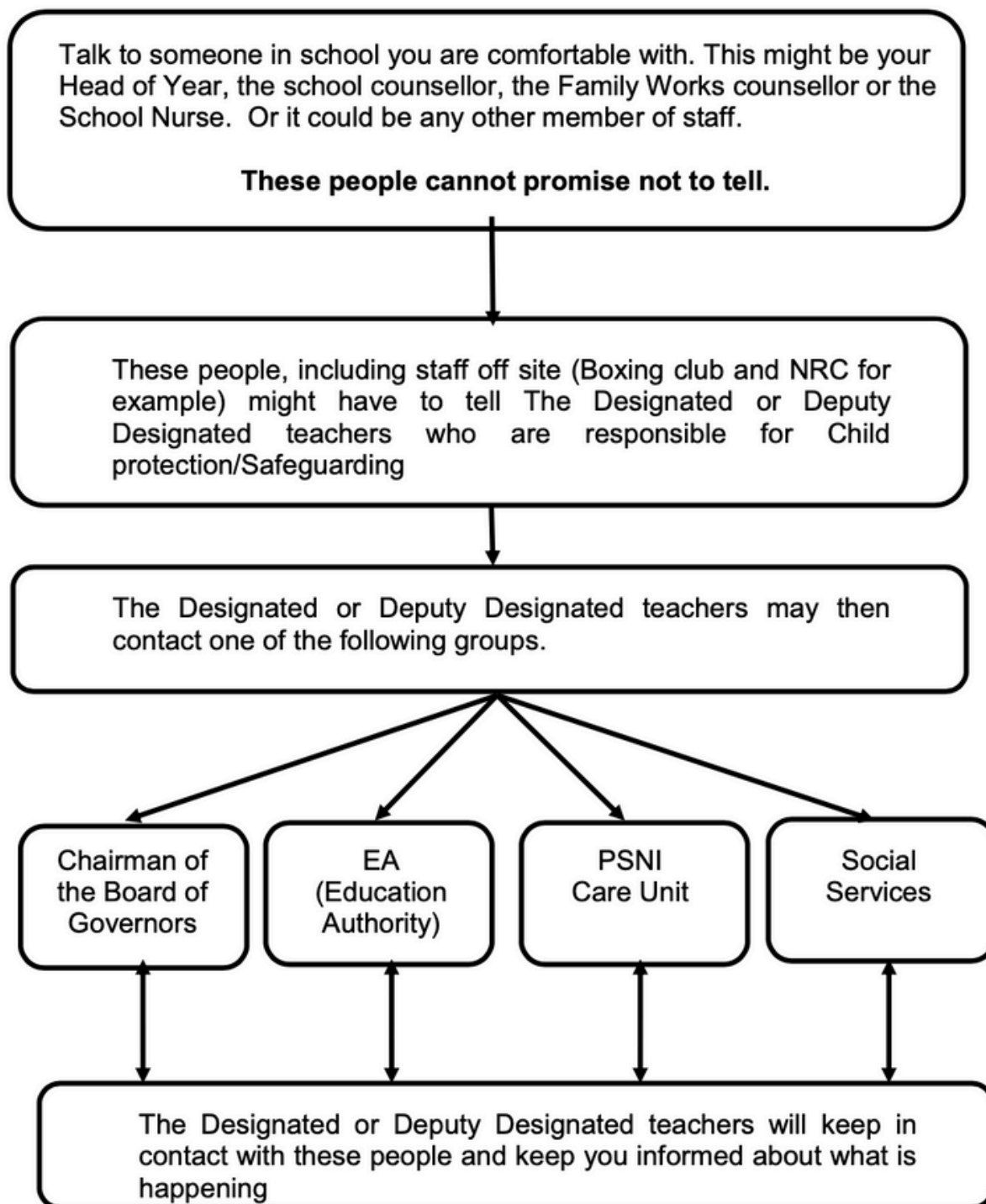
Yes  No

NAME	SIGNATURE	DATE
Name of Staff Member making the report:		
Name of Designated Teacher:		

# APPENDIX 7

## A PUPIL'S GUIDE TO CHILD PROTECTION/SAFEGUARDING PROCEDURES

### THIS IS WHAT TO DO IF YOU ARE WORRIED OR WANT TO TALK TO SOMEONE ABOUT CHILD ABUSE



You may prefer instead to contact childline 0800 11 11

# APPENDIX 8

Section 1: Child or Young Person's Details		
<b>Surname:</b>		<b>ID No.</b>
<b>Forename:</b>		
<b>Known As:</b>		<b>HCN:</b>
<b>Address:</b>		<b>Previous Address:</b>
<b>Postcode:</b>		<b>Previous Postcode:</b>
<b>Telephone No:</b>		<b>Locality:</b>
<b>Mobile No:</b>		
<b>Date of Birth:</b>		<b>Gender</b>
<b>GP Name:</b>		<b>GP Tel No:</b>
<b>GP Address:</b>		<b>GP Email Address:</b>
<b>GP Postcode:</b>		
<b>School Name:</b>		<b>School Tel No:</b>
<b>School Address:</b>		<b>School Postcode:</b>
<b>Does the Child have a Disability?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, What Disability:</b> (& source of diagnosis)	<b>Other Special Needs:</b>
<b>Nationality:</b>		<b>Ethnic Origin:</b>
<b>Religion:</b>		<b>Country of Origin:</b>
<b>Language Spoken:</b>		<b>Communication Support:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Interpreter</b> <input type="checkbox"/>	<b>Signer</b> <input type="checkbox"/>	<b>Document Translator</b> <input type="checkbox"/>



### Section 3a: Primary Carers & Other Household Members (Incl. non-family members)

	Member 1	Member 2	Member 3	Member 4
<b>Last Name:</b>				
<b>Alternative Last Name:</b>				
<b>First Name:</b>				
<b>Telephone No:</b>				
<b>Mobile No:</b>				
<b>Date of Birth:</b>				
<b>Relationship to Child/ YP:</b>				
<b>Language Spoken:</b>				
<b>Nationality:</b>				
<b>Communication Support:</b>	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

### Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)

	Other 1	Other 2	Other 3	Other 4
<b>Last Name:</b>				
<b>Alternative Last Name:</b>				
<b>First Name:</b>				
<b>Address:</b>				
<b>Postcode:</b>				
<b>Mobile No:</b>				
<b>Date of Birth:</b>				
<b>Relationship to Child/ YP:</b>				
<b>Language Spoken:</b>				
<b>Nationality:</b>				
<b>Communication Support:</b>	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

## Section 4a: Summary of Referrer's Previous Involvement

## Section 4b: Referral Consent

### Child(ren) / Young Person(s)

Is the Child(ren) / Young Person(s) subject to this referral aware the referral is being made? Yes  No

Does the Child(ren) / Young Person(s) consent to the Referral? Yes  No

If NO, please explain

### Parent/ Carer

Is the Parents/ Carers aware that Referral has been made? Yes  No

Do they consent to the Referral? Yes  No

If NO, please explain

**Section 5: Additional Information: Agencies Currently Working with Child or Young Person**

**Agency and Contact Details**

**Name:**

**Role:**

**Tel No:**

**Email:**

**Name:**

**Role:**

**Tel No:**

**Email:**

**Name:**

**Role:**

**Tel No:**

**Email:**

**Name:**

**Role:**

**Tel No:**

**Email:**



# APPENDIX 10

## APPLYING GILLICK COMPETENCE AND FRASER GUIDELINES

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

When the school staff are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them.

### GILLICK COMPETENCE

Gillick competency applies mainly to medical advice but it is also used by practitioners in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it.
- is seeking confidential support for substance misuse
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, special educational needs, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If the Designated teaching staff don't think a child is Gillick competent or there are inconsistencies in their understanding, they should seek consent from their parents or carers before proceeding.

The child's safety and wellbeing is paramount.

When staff are assessing Gillick competency if they have any concerns about the safety of the young person they should check whether previous child protection concerns have been raised, and explore any factors that could put them at risk of abuse.

## **FRASER GUIDELINES**

The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the staff member to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

Designated teaching staff should always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

Designated teaching staff must always share child protection concerns with the relevant agencies, even if a child or young person asks you not to.

**Source of information - NSPCC**



**BRIDGE ROAD,  
NEWTOWNABBHEY,  
BT37 0EA**

**T. (028) 9086 7431  
F. (028) 9085 4945**

**BELIEVE    ACHIEVE    SUCCEED**