

2017

Moneyrea Primary School and Nursery



CHILD PROTECTION POLICY

C Floyd

Designated Teacher

Moneyrea Primary School and Nursery

Policy and Procedures on Child Protection

Our primary responsibility is for the care, welfare and safety of the pupils in our charge (UN Convention on the rights of the Child 1991). We will endeavour to provide a caring, supportive and safe environment, valuing each individual pupil and encouraging each child to learn and develop to his or her full potential.

One way in which we care for our pupils is by teaching them, through our Pastoral Care Programme, how to keep safe by helping them to recognise unwelcome behaviour in others and to acquire the confidence and skills they need to deal with such circumstances (Safeguarding and Child Protection in Schools 2017: supersedes Circular 1999/10 Pastoral Cares in School Child Protection).

The school has adopted an agreed policy in respect of bullying.

The purpose of the school Policy for Child Protection is to protect our pupils by ensuring that everyone who works in our school – teachers, non-teaching staff and volunteers – have clear guidance on the action, which is required, where abuse or neglect of a child is suspected.

All adults working with the children in our school will be issued with an agreed Code of Conduct, as set out in Appendix 1. All visitors will be issued with a summarised version Appendix 1.1

The Code of Conduct will specify procedures for dealing with:

1. Physical contact
2. Intimate Care
3. First Aid – Sickness/Accident or Injury
4. Changing for PE/Games/Swimming

Vetting Procedures

The Safeguarding Vulnerable Groups (NI) Order 2007, provides the legislative framework for the establishment of a Disclosure and Barring

Service. All teachers are subject to appropriate vetting procedures when entering employment (DE Circular 2013/01 (updated September 2015)).

From the 1st August 2008 all substitute teachers must be booked on line via NISTR (Circular 2008/10)

All paid non-teaching staff require an Enhanced Disclosure Certificate (EDC) from AccessNI, before taking up post. (See Appendix 2). The level of supervision must meet the statutory standard (Circular 2012/19).

Volunteers who work unsupervised are also required to obtain an EDC. A volunteer who works under supervision does not require a EDC.

Training

The Principal, Designated Teacher, Deputy Designated Teacher, undergo initial and subsequent refresher training (every three years) in Safeguarding and Child Protection. After initial training the Designated Governor and Chairperson of the Board of Governors should have refresher training completed during each term in office. This is delivered by the Child Protection Support Service for Schools. All other staff, teaching and non-teaching, receive induction training and then refresher training at least every two years within school from the Designated Teacher.

A copy of the Child Protection Policy will be issued to every member of staff each time it is reviewed and amended.

Awareness in the school community

Children are made aware, at the beginning of each school year, of whom they can speak to if they have concerns or worries, as outlined in Appendix 3. These posters will be displayed, with information on a prominent display board in the school.

Parents will also be made aware of whom they should contact if they are worried about a child's safety:

The name of the designated teacher in charge of Child Protection will be displayed in the reception area and parents will be notified at the beginning of each school year on the procedures which they should take (see Appendix 3.1). Parents will also be issued with a summarised version of the Child Protection Policy at the beginning of each school year (see Appendix 9)

Child Protection will be a standing item on each Board of Governors' meeting.

Definitions of Child Abuse

Below is the definition from the 'Area Child Protection Committees' Regional Policy and Procedures' (April 2005):

'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 significant risk of harm because of abuse or neglect by a parent, carer or other with a duty of care towards the child.'

The DENI publication, 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)' states:-

'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 at more 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 happen outside of the family environment.'

'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)' also defines five categories of abuse:-

Neglect

'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

'Physical abuse is deliberately 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.'

Sexual Abuse

'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

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

Exploitation

'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, engaging 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.'

Domestic Violence and Abuse

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

Stopping Domestic and Sexual Violence and Abuse in Northern Ireland;
A Seven Year Strategy - March 2016

Incidents of Domestic Violence will be reported to Social Services/PSNI as per the school's referral procedures.

Female Genital Mutilation (FGM)

'Multi-agency Practice Guidelines: Female Genital Mutilation (DFP 2014)' states:

'FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.'

The school will follow the procedures outlined in the above guidelines if FGM or proposed FGM is disclosed or suspected.

Possible Indicators of Abuse/Neglect

The following illustrations outline common indicators of abuse and neglect. These signs are not a checklist; indeed many of them could have other explanations.

Physical Abuse

Physical Indicators

- **Unexplained bruises or burns particularly if they are recurrent.**
- **Human bite marks, welts or bald spots.**
- **Unexplained lacerations, fractures or abrasions.**
- **Untreated injuries.**

Behavioural Indicators

- **Self destructive tendencies.**
- **Improbable excuses given to explain injuries.**
- **Persistent runaway**
- **Aggressive or withdrawn**
- **Fear of returning home.**
- **Reluctant to have physical contact**
- **Clothing inappropriate to weather - worn to hide part of the body**

Neglect

Physical Indicators

- Constant hunger
- Poor state of clothing and/or personal hygiene
- Untreated medical problems
- Emaciation/distended stomach
- Constant tiredness

Behavioural Indicators

- Tiredness, listlessness
- Lack of social relationships
- Compulsive stealing, begging or scavenging
- Frequently absent or late
- Low self-esteem

Emotional Abuse

Physical Indicators

- Sudden speech disorder
- Signs of mutilation
- Signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness)
- Wetting and/or soiling
- Attention seeking behaviour
- Poor peer relations

Behavioural Indicators

- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Reluctance for parent liaison
- Fear of new situations
- Persistent runaway
- Inappropriate emotional responses to painful situations

Sexual Abuse

Physical Indicators

- Soreness or bleeding in the genital or anal areas or in the throat
- Torn, stained or bloody underclothes
- Chronic ailments such as stomach pains or headaches
- Difficulty in walking or sitting
- Frequent urinary or yeast infections
- Venereal diseases
- Unexplained pregnancies

Behavioural Indicators

- Be chronically depressed/
- suicidal.
- Inappropriately seductive or precocious
- Sexually explicit language
- Low self-esteem, self-devaluation, lack of confidence
- Recurring nightmares/fear of the dark
- Outbursts of anger/hysteria
- Overly protective to siblings

Disclosure of Abuse

If a child makes a disclosure to a member of staff or a staff member has cause for concern, or information is received giving rise for concern about a child's welfare, the member of staff must act promptly, applying the 5 "R"s.

- **Receive**
- **Reassure**
- **React**
- **Record**
- **Report** (see Appendix 4.1)

The member of staff will not investigate – but will report these concerns to the Designated Teacher, Mrs. C. Floyd. In her absence Deputy Designated Teacher, Miss. J. Daly will assume responsibility. In her absence, the Principal, Mr. R. Greer will assume responsibility for child protection.

It is important that the staff member is sympathetic and supportive towards the child that makes a disclosure. He/she should always believe what the child is saying – research has shown that children rarely fabricate allegations of sexual abuse.

- The staff member should remain calm and reassuring - children who have been abused often have low self-esteem and may withdraw if they detect signs of doubt etc.

STAFF SHOULD NOT DISPLAY SIGNS OF SHOCK OR DISBELIEF

- The staff member should listen carefully. He/she should never ask leading questions, attempt to cross-examine the child, impose the adult's own assumption or press for evidence. e.g. "What did he do next?" Instead language such as "Tell me what happened." is more neutral and appropriate.
- The staff member must never promise to keep secret anything that the child has disclosed, as he/she is duty bound to act on any concerns.

- Confidentiality is paramount. The Designated Teacher will only disclose to others what is deemed necessary and on a 'needs to know' basis.
- Rough notes (factual only) should be made as soon as possible after the disclosure-

ORIGINAL NOTES SHOULD NEVER BE DESTROYED

- The staff member should prepare a detailed report on an Allegation or Suspicion of Abuse form (Appendix 5) including:

The date, time, place, and actual words used by the child and any unusual non-verbal behaviour.

It is not the responsibility of teachers or any member of staff to carry out investigations into suspected or reported abuse. They simply seek discreet clarification or listen to disclosures by the child and pass on any concerns.

The designated teacher will discuss the matter with the principal as a matter of urgency to plan a course of action and ensure a written record is made (see Sample UNOCINI form Appendix 6).

All such records will be kept in a secure locked location.

The principal, in consultation with the designated teacher, will seek clarification or advice and consult with Alison Casey or Colum Boal (EA Child Protection Officers) before a referral is made. They will then decide whether, in the best interests of the child, the matter needs to be referred to Social Services. A decision to refer to Social Services will only be made when appropriate advice has been sought.

If there are concerns that the child may be at risk, the school is obliged to make a referral.

The rights of a parent to know that there will be a referral to Social Services is paramount. However, if it is deemed that a parent/carer may

be the abuser permission to contact Social Services is not required and should not be sought due to the added risk to the child.

The safety of the child is our first priority.

If a complaint about possible abuse is made against a member of staff, the Principal or designated teacher, if he/she is not available, must be informed immediately.

The above procedures will apply unless the complaint is about the designated teacher.

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

If a complaint is made against the Principal, the designated teacher (or her deputy, if she/he is unavailable) must be informed immediately. She will inform the Chairman of the Board of Governors and together they will ensure that the necessary action is taken.

Record Keeping

Record keeping needs to be completely transparent, made with the best interests of the child paramount at all times.

All observation notes kept by teachers, with regards to Child Protection issues, should be passed to the Designated Teacher on a regular basis. See Appendix 7 for Teacher's Safeguarding and Child Protection Record⁴. These will be kept in individually named files within the secured Child Protection drawer.

All pupil records must be kept until a former pupil is 30 years of age. When a child is transferring to another school, original documentation needs to be kept with copies being forwarded on. Teacher notes should not be passed on to another school.

Records should only be passed to the Designated Teacher of a forwarding school.

Attendance at Child Protection Case Conferences and Core Group Meetings

The Principal, Designated Teacher or class teachers may be invited to attend Child Protection Case Conferences and/or core group meetings convened by the Health and Social Care Trust. They will be asked to provide a written report and to make an oral contribution to the conference/meeting. Teaching staff are also required to express their views as to whether a child's name should be placed / removed from the Child Protection 'At Risk' Register. Feedback from conferences /meetings will be disseminated to relevant staff on a "need to know" basis.

Self-Harm and Suicide

The delivery of The Personal Development and Mutual Understanding aspect of the curriculum helps pupils build the resilience required to deal with the many challenges and disappointments they will face in today's world.

In addition, the Pastoral Care Policy outlines a whole school approach to fostering good pupil-teacher relationships, good peer relationships and positive behaviour management which can help pupils increase their positive mental health and wellbeing thus making them less susceptible to anxiety, depression, self-harm and suicide.

The presence of a number of risk factors, however, may increase the vulnerability of a young person to self-harm or suicidal tendencies.

Knowledge of risk factors and protective factors is not always enough to help identify pupils who may be at risk of self-harm or suicide. Teachers have a key role to play in being able to identify warning signs of potential suicidal thoughts or behaviours.

Warning Signs:

- Ideas and themes of depression, death and suicide
- Writing about suicide
- Speaking about suicide
- Art work about suicide
- Threats and statements of intent
- Negative changes in mood and marked emotional instability
- Positive changes in mood and calmness
- Significant grief or stress
- Withdrawal from relationships
- Physical symptoms with emotional cause
- Preoccupation with a known suicide
- Life threatening risk taking behaviour
- Unexpected reduction in academic performance

Bullying (see policy)

Bullying is a highly distressing form of peer abuse and is not tolerated in our school. (ELB (NI) Order 2003 Article 19). The staff is aware of the possibility that bullying may occur and will take immediate steps to stop it happening, to protect and reassure the victim and to discipline the bully. Parents of both victim and bully will be contacted where bullying has occurred. (See Anti-Bullying Policy).

Parents are asked to encourage their children to tell a teacher if they feel that they are being bullied. This allows staff to deal with situations quickly and efficiently.

Reported incidents of bullying will be recorded on a Record of Complaint About Bullying (see Appendix 8).

Internet/Photographic and E-mail Permission (see policy)

A signed permission slip is obtained from each child's parent/guardian before they are permitted to use the school internet, e-mail or have photographs taken. This signed permission slip also ensures that parents are responsible for informing school of any change of circumstance which may affect the above. These forms are kept with the pupils' current teacher and passed on each year.

It is imperative that pupils are not familiar with teacher passwords as they would have access to pupil files and possibly matters of a sensitive nature.

Social Networking (see policy)

Teachers need to be aware of the danger of social networking. No personal site is secure and any photograph or information, once posted, is open for anyone to view. It is important never to be open to misinterpretation or have one's professionalism doubted. Staff should never 'be a friend' with a pupil, and should be discouraged from 'befriending' parents on a social network site.

Mobile Phones (See policy)

Almost all mobile phones have cameras, current guidance suggests that:

- schools should ensure that pupils' mobile phones are handed to class teachers during school hours
- staff should use mobile phones with caution during school hours with particular reference to the camera
- staff should not use their phone to photograph pupils
- staff should not text a pupil

APPENDICES

- Appendix 1 Code of Conduct**
- Appendix 1.1 Summarized Code of Conduct**
- Appendix 1.2 Record of intimate care**
- Appendix 1.3 Administration of Medicines**
- Appendix 2. Access NI record**
- Appendix 3 Who children can contact if worried or concerned**
- Appendix 3.1 Procedure for parents if concerned about a child**
- Appendix 4 Responding to a disclosure**
- Appendix 4.1 The 5 Rs**
- Appendix 5 Allegations or Suspicion of Abuse form**
- Appendix 6 Sample UNOCINI FORM**
- Appendix 7 Teacher's Safeguarding and Child Protection Record**
- Appendix 8 Record of Complaint About Bullying**
- Appendix 9 Summary of Child Protection Policy**

Appendix 1

Code of Conduct

Physical Contact with Pupils

As a general principle, staff are advised not to make unnecessary physical contact with their pupils.

It is unrealistic and unnecessary, however, to suggest that staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this.

Staff should never touch a child who has clearly indicated that he/she is, or would be uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm.

Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.

Following any incident where a member of staff feels that his/her actions have been, or may be misconstrued, a written report of the incident will be submitted immediately to the principal.

Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of an individual child.

All children should be encouraged to be independent regarding their own toileting (unless specific special needs have been indicated). Nevertheless, every child has the right to be treated with dignity and respect and personal privacy should the need for intimate care arise.

Guidelines have been developed to safeguard both children and staff.

If a child, accidentally, wets or soils pants:

- a) Staff should attend to the child in a room with visual access or with an open door.
- b) Two classroom assistants will be responsible for changing the child. One will remain outside the door while the other assists the child, where necessary.
- c) In the case of extreme soiling, where a child may need a bath, the parent/carer will be contacted to take the child home. If parent/carer is unavailable procedure will be as b) above.
- d) Disposable gloves will always be accessible to staff.

To ensure not only the safety of our pupils, but also that of our staff a Record of Intimate Care should be completed for all above incidences. This is kept in the office with the Accident Book. (see Appendix 1.2)

Intimate Care Policy and Guidelines Regarding Children (EA)

First Aid and Administration of Medicines

Staff who have to administer First Aid should ensure, wherever possible, that this is done in the presence of another child or adult.

Disposable gloves should be worn when dealing with blood.

Staff will administer First Aid, where possible, or alternatively send for assistance.

Sickness

If a child complains of feeling unwell in the classroom the teacher will:

- a) Find out from the child the nature of the problem eg. headache, earache etc.
- b) Observe and if condition continues or deteriorates contact parent to take child home.
- c) Ensure that the child is always supervised while waiting for a parent.

If a child is physically or feels physically sick the teacher will:

- a) Send them immediately to the toilet accompanied by another pupil (Yr5-7) or by a classroom assistant (Yr1-4).
- b) Contact parent, as above.

Accident or Injury

If the child has an accident in the classroom/Dining Hall which may require emergency treatment the teacher will:

- a) Send for a member of staff trained in First Aid ie. Mrs. Floyd or Miss Daly, while remaining with the injured child.
- b) The First Aider will assess the injury, administer First Aid where appropriate and contact the parent where necessary.
- c) If necessary contact will be made to the ambulance service without delay.
- d) In the case of a head injury, parents must be notified regardless of the severity.

If a child has an accident in the playground or playing fields during break, lunch-time or a PE activity a member of staff will:

- a) Send an older child (prefect) into school for assistance.
- b) Assess the extent of the child's injury and carry out First Aid procedures as outlined above.

All accidents must be recorded in the Accident Book (secretary's office)

First Aid Equipment

Contents of the First Aid box will be checked and replenished regularly. All staff are made aware of its location.

'Action Plans' displayed in the staff room and in relevant classrooms, for children, whom we've been advised, may need specific emergency First Aid for allergies etc.

All necessary medication will also be readily available in both of these areas.

Administration of Medicines

All medicines must be clearly labelled with medicine type, dosage and name of pupil. Parents must give signed permission for teachers to administer medicines (see Medicine Administration form, Appendix 1.3). Teachers are not obliged to administer medicine (particularly where the correct administration is crucial).

Pupils who have emergency action plans will have their action plan displayed:

- in a secure place in the classroom
- in the staff room

Emergency medical kits/medicines will be kept in a secure place in the classroom and also in the staff room, if appropriate.

Changing for PE/Games

Yr1/2: Children will change in the classroom with the teacher and classroom assistant available to help.

Yr3: Boys and girls will change in the classroom.
A classroom assistant will be available to assist if necessary.

Yr4: Boys and girls will change in the classroom.
A classroom assistant will be available if necessary.

Yr5-Yr7 children will go to designated classrooms to change:

Yr5 and Yr6 boys	Yr5 room
Yr5 and Yr6 girls	Yr6 room
Yr7 girls	ASC
Yr7boys	Yr7 room

Swimming

The Yr5 - 7 children will use, when available, group changing facilities at Avoniel Leisure Centre for swimming instruction.

When possible a classroom assistant will travel with each class to help with any practical matters which may arise.

A female teacher or classroom assistant should be available to assist and help the girls, when needed. A male attendant will be asked to help the boys if necessary.

If a child with special needs is swimming and requires close supervision, the designated classroom assistant should be available on a one to one basis.

Appendix 1.1



Moneyrea Primary School and Nursery



CODE OF CONDUCT FOR VISITORS

Welcome to our school. During your visit it is important that you comply with the following Code of Conduct in respect of Safeguarding and Child Protection:

- Please sign in and out of the building;
- Report to the secretary before entering the building;
- Wear a visitors' pass as provided by the secretary;
- Please stay within the areas that are necessary for your visit;
- Smoking, consuming alcohol or any illegal substance is prohibited at all times;
- Avoid any use of inappropriate language;
- Do not engage in conversation with pupils, unless this is part of your work at the school;
- If you hear the fire alarm sound, report to the fire assembly point in the main playground, so that you can be accounted for;
- Familiarize yourself with the fire safety exits and route;
- If you are working with children/pupils lead them to safety and inform a member of school staff so that numbers/registers can be checked;
- Do not take/use images of pupils/students unless approved to do so;
- Do not leave equipment unattended;
- Do not use mobile phones in the presence of pupils;
- Computers are not to be used by visitors, unless you are approved to do so;
- You will be expected to comply with the school's confidentiality policy;

Any safeguarding or child protection concerns or disclosures must be reported immediately to the designated teacher, Mrs Floyd (Yr2) or the Principal, (Mr Greer).

Revised: September 2017

Appendix 3

If you are worried ...



talk to your teacher or
Mrs Floyd, or phone
CHILDLINE on

0800 1111

Appendix 3

If you are worried about something in school or at home, you can talk to Mrs Floyd (Yr2).



Child Protection Teacher

Appendix 3.1

Moneyrea Primary School and Nursery

Child Protection - Raising a Concern

If I have a concern about a child's safety or well-being:

1. I can talk to my child's class teacher.
2. If I am still concerned, I can talk to Mrs Christine Floyd, who is the Designated Teacher for Child Protection (Tel : 02890 448443)
3. If I am still concerned, I can talk to the Principal, Mr Roy Greer.
4. If I am still concerned, I can talk to, or write to the Chairman of the Board of Governors, Mr Peter Moore, c/o Moneyrea Primary School, marking the envelope *Private and Confidential*.
5. One of the above named persons will aim to report back to you as soon as possible and within one week of a concern being raised.
6. **At any time**, I can talk to a social worker through the Gateway Service (Tel : 90 507000 – office hours, Mon - Fri), if not available, in an emergency phone 028 95 049 999 or the PSNI Public Protection Unit (Tel. Police exchange 101).

Please note confidentiality cannot be guaranteed, as the needs of the child must come first. However, only those people who need to know will be informed.

Christine Floyd
Designated Teacher for Child Protection

29 August 2017

Appendix 4

Responding to a Disclosure

Summary of what to do when you have a concern

RECEIVE

- Listen to what a child says but do not ask leading questions except to show that you have understood.
- Do not promise that information will be kept secret.

REASSURE

- Ensure that the child is reassured that he/she will be safe and their interests come first.

RESPOND

- Only to ensure that the child is safe and secure.
- Explain what you have to do next and to whom you have to talk.

RECORD (Appendix 7)

- Make a note of what you have seen or heard and the date and time.
- Record words used by the child and any noticeable behaviour or marks.
- Record statements and observable things - not your interpretations.

REPORT

- Report to the Designated Teacher or Deputy Designated Teacher as soon as you have any concern for a child.

Appendix 4.1

RESPONDING TO A DISCLOSURE...

RECEIVE

REASSURE

REACT

RECORD

REPORT

Appendix 5

Allegation or Suspicion of Abuse Form

Name of Alleged Victim	
Age	
Class Teacher	
Parents' names	
Home Address	
Date of allegation	
Time	
Person bringing allegation	
Is the person making the allegation the victim or a person passing on their own concerns or passing on those of a third party? Record Details	
Dates, times of specific incidents	
Record any physical, behavioural, emotional signs of abuse	
Has the child been spoken to? Record details	

Have the parents been contacted? Record details	
Has anybody been alleged to be the abuser?	
Has anyone else been consulted? Record details	
Signed: Date:	

Appendix 6 UNOCINI

Surname:		ID No.	Soscare
Forename:			
Known As:		HCN:	
Address:		Previous Address:	
Postcode:		Previous Postcode:	
Telephone No:		Locality: 1=BT – Belfast Central	
Mobile No:			
Date of Birth:		Gender	Male
GP Name:		GP Tel No:	
GP Address:		GP Email Address:	
GP Postcode:			
School Name:		School Tel No:	
School Address:		School Postcode:	
Does the Child have a Disability? Yes	If Yes, What Disability: (& source of diagnosis)	Other Special Needs:	
Nationality:	1=Austrian	Ethnic Origin:	B=Bangladeshi
Religion:	1=Church of Ireland	Country of Origin:	AAFG=AFGHANISTAN
Language Spoken:	1=Albanian	Communication Support:	Yes
Interpreter <input type="checkbox"/>	Signer <input type="checkbox"/>	Document Translator <input type="checkbox"/>	

Section 2a: Referrer's Details**Name of Referrer:****Designation:****Address:****Date of Referral:** 11/05/2015**Postcode:****Contact Details:****Section 2b: Reason for Referral****Section 2c: Immediate Actions****Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)?** Yes

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

	Member 1	Member 2	Member 3	Member 4
Last Name:				
Alternative Last Name:				
First Name:				
Telephone No:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:	1=Albanian	2=Arabic	3=Bengali	4=British Sign Language
Nationality:	1=Austrian	2=Belgian	3=British	4=Bulgarian
Communication Support:	<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
Last Name:				
Alternative Last Name:				
First Name:				
Address:				
Postcode:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:	1=Albanian	2=Arabic	3=Bengali	4=British Sign Language
Nationality:	1=Austrian	2=Belgian	3=British	4=Bulgarian
Communication Support:	<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

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Section 4b: Referral Consent

Child(ren) / Young Person(s)

Are all the children in the family aware the referral is being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do all the children in the family consent to the Referral being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If NO, please explain

Parent/ Carer

Are Parents/ Carers of all the children/ young people are Referral has been made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

Do they consent to the Referral being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If NO, please explain

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

Agency and Contact Details

Health Professional:

Name:

Role:

Tel No:

Email:

Health Professional:

Name:

Role:

Tel No:

Email:

Health Professional:

Name:

Role:

Tel No:

Email:

Health Professional:

Name:

Role:

Tel No:

Email:

Appendix 7



Safeguarding and Child Protection Record of Concern



This form is to be maintained by the class teacher should any ongoing concerns about the well-being of a pupil during the course of the year.

This record should be reported to the Designated Child Protection Teacher if the teacher considers that the issue has more serious implications.

Child's Name : _____

Year : _____

Date	Brief Details	Action taken	Initials

Appendix 8



Record of a Complaint About Bullying



Pupil: _____ Yr ____

Details of Complaint
Action Taken
Parents informed Y/N
Outcome of Monitoring and Review
Person Dealing with Complaint Date
Principal Date

Appendix 9



Moneyrea Primary School & Nursery Unit



Summary of Policy and Procedures on Child Protection

At Moneyrea our primary responsibility is for the care, welfare and safety of the pupils in our charge.

The purpose of having a Policy for Child Protection is to protect our pupils by ensuring that everyone who works in our school, teachers, non-teaching staff and volunteers, have clear guidance on the action, which is required, where abuse or neglect of a child is suspected.

Consequently, all school staff will receive child protection training during each school year. A full copy of the Child Protection Policy will be issued to every member of staff each time it is reviewed and amended, and is available to parents on request.

As adults working with children in the Education Sector, we are legally bound to take action on all allegations of abuse or neglect.

All teachers are subject to appropriate vetting procedures when entering employment and all non-teaching staff and volunteers in our school are screened by Access NI.

A Code of Conduct within the policy will specify procedures for staff when dealing with:

1. Physical contact
2. Intimate Care
3. First Aid – Sickness/Accident or Injury
4. Changing for PE/Games/Swimming

Children are made aware, at the beginning of each school year, to whom they should speak if they have concerns or worries, and a poster is displayed, with relevant NSPCC information at a prominent position in the school.

The name of the designated teacher in charge of Child Protection (Mrs. Floyd) is displayed in the reception area and in each classroom.

Concerns Procedure for Parents

I have a concern about my/or another child's safety or wellbeing. What should I do?

1. I can talk to the class teacher
2. If I am still concerned, I can talk to the designated teacher for child protection (Mrs. C. Floyd) or if the D.T. is not available, the deputy designated teacher, (Miss J Daly).
3. If I am still concerned I can talk to the Principal.
4. If I am still concerned, I can talk/write to the Chairman of the Board of Governors, Mr P Moore, via the school address or office.

Important Contact Numbers:

Childline 0800-1111

Gateway Team Belfast Trust (Social Services) 90 507000



I _____ (please print), acknowledge that I have received a summary of MPS and Nursery Unit Child Protection Policy.

Signed _____

School Year 2017/18

