

*St. Oliver Plunkett Primary School*



*Safeguarding and Child Protection Policy*



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| <b>Date Policy Reviewed/Updated</b><br><i>(Operation Encompass and CPOMS)</i> | <b>August 2025</b>                 |
| <b>Signed:</b>  | <b>Designated Teacher</b>          |
| <b>Signed:</b>  | <b>Principal</b>                   |
| <b>Signed:</b>  | <b>Chair of Board of Governors</b> |
| <b>Review Date:</b>   | <b>August 2026</b>                 |

<https://www.stoliverplunkettprimary.org/>

### **Vision Statement**

St. Oliver Plunkett Catholic Primary School, rooted in the community it serves, is a centre of excellence in learning and teaching. It makes a difference to the lives of all children and their families through a holistic approach to education which is nurturing, innovative and creative.

### **Mission Statement**

Our mission is to serve the children, families and wider school community through delivering high quality learning and teaching across, all aspects of the curriculum, for all children, in a nurturing, positive environment.

We have high expectations for children and staff. We build confidence by providing opportunities for daily success and celebrate the achievements of all. Through a collegial approach to effective planning and delivery, we build trust, respect and enable the gifts and talents of children and staff to develop fully.

### **Introduction**

We, in St Oliver Plunkett Primary School have a primary responsibility for the care, welfare and safety of the children in our charge. All members of our school community are committed to safeguarding and staff take their responsibility seriously. In St Oliver Plunkett we all work towards creating a culture of mutual trust and respect, which is inclusive of all learners irrespective of race, religion/belief, political views, gender and sexual orientation. through which the best interests of the pupils entrusted to our care is of paramount importance.

The school's Safeguarding and Child Protection Policy is reviewed annually taking on board changes to guidance, procedure or legislation relating to safeguarding and child protection.

Training, advice and support is available from the Child Protection Support Service (CPSS) based in the Education Authority.

Parents receive a copy of the Safeguarding and Child Protection Policy at intake and every two years thereafter. This policy is not a stand-alone policy but operated in conjunction with a suite of policies.

As a Right's Respecting School the UN Convention on the Rights of the Child is at the heart of our planning, policies, practice and ethos. By taking these steps, we are helping improve well-being and develop every child's talents and abilities to their potential. A rights respecting school not only teaches about children's rights but also models rights and respect in all its relationships.

### **Operation Encompass**

We are an Operation Encompass school (as of May 2023). 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. Please see Appendix 8 for full Operation Encompass statement.

## **Aims of Safeguarding and Child Protection Policy**

- To promote a safeguarding and child protection ethos within St Oliver Plunkett school environment, ensuring that there is a culture of mutual trust and respect which contributes to the care, safety and well-being of our pupils.
- To ensure that all in St Oliver Plunkett community takes responsibility for protecting our pupils and ensure that those in key positions have a clear understanding of their roles in adhering to policies and procedures.
- To ensure that all in key positions have undergone initial CPSS training and refresher training.
- To ensure that the Designated and Deputy Designated Teachers cascade child protection training to the whole school.
- To ensure that a high priority is given to the delivery of a preventative education programme so that children can make informed choices in their lives so that they can protect themselves.
- To offer support to families and promote early intervention to meet the needs of our pupils.
- To ensure a culture in which our pupils feel safe, and that they are confident and secure talking to staff about matters that concern them, knowing that staff will listen to them, take them seriously taking into account their age and understanding.
- To treat pupils' and parents' concerns in a confidential manner, whilst recognising the need to take appropriate action as and when required in the best interests of the pupil.
- To ensure that all staff are familiar with St. Oliver Plunkett Code of Conduct for Staff. This extends to both teaching and non-teaching staff and volunteers. (See Appendix 9)
- To ensure Use of Safer School App by iNEQE Safeguarding group.

## **Keeping Our Pupils Safe**

We seek to protect our pupils by adopting a preventative education approach:

- Helping them learn about the risks of possible abuse through a tailored Personal Development Programme (PDMU), and Relationships and Sexuality Education lessons (RSE). Also, through the use of outside agencies e.g. NSPCC workshops for pupils and parents, Diocesan Advisors RSE programme.
- Helping them to recognise unwelcome behaviour in others and acquire the confidence, knowledge, understanding and skills they need to keep themselves safe.
- Keeping the school safe and being vigilant regarding strangers on the school site.
- Responding immediately and appropriately to any concerns regarding potential abuse.
- Implementing the safeguarding elements of the school's ICT Policy with particular attention given to Cyber Tiger the school's mascot promoting online safety.
- Use of Safer School App by iNEQE Safeguarding group.

## **Key Principles of Safeguarding and Child Protection**

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

The following principles form the basis of our Child Protection Policy:

- The child or young person's welfare is paramount.
- The voice of the child/young person should be heard.
- Parents are supported to exercise parental responsibility and families helped to stay together.
- Partnership – safeguarding is a shared responsibility.
- Prevention – the importance of preventing problems occurring or worsening through the introduction of timely support measures.
- Responses should be proportionate to the circumstances.

- Protection – children should be safe from harm.
- Evidence based and informed decision making- decisions and actions taken must be well informed.

### **Other Related Policies**

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

- Addressing Bullying
- Attendance
- Drugs
- Positive Behaviour Management
- Pastoral Care
- Safe Handling
- Staff Code of Conduct
- Complaints
- Educational Visits
- E-Safety
- First Aid and Administration of Medicines
- Health and Safety
- Intimate Care
- Records Management
- Relationships and Sexuality Education
- Special Educational Needs
- Use of Mobile Phones/Cameras
- Use of Reasonable Force/Safe Handling
- Whistleblowing

**These policies are available to parents on request from the school office. A number of the above policies are available on our school website <https://www.stoliverplunkettprimary.org/>**

### **The Safeguarding Team at St. Oliver Plunkett Primary School**

|   |                                      |
|---|--------------------------------------|
| <b>Designated Teacher for Child Protection</b>        | <b>Mr T McBride</b>                  |
| <b>Deputy Designated Teacher for Child Protection</b> | <b>Mrs F Hanna<br/>Mrs S Diamond</b> |
| <b>Online Safety Officer</b>                          | <b>Ms A McCabe</b>                   |
| <b>Principal</b>                                      | <b>Mrs B Niblock</b>                 |
| <b>Chair of Governors</b>                             | <b>Mrs K McNally</b>                 |
| <b>Designated Governor for Child Protection</b>       | <b>Fr. T Mc Aleese</b>               |

## **Roles and Responsibilities**

Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.
- A Designated and Deputy Designated Teacher are appointed in their schools.
- They have a full understanding of the roles of the Designated Teacher and Deputy Designated Teachers for Child Protection.
- Safeguarding and Child Protection training is given to all Staff and Governors including refresher training.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
- The school has an Addressing Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of children displaying or children experiencing bullying behaviour. See the Addressing Bullying in Schools Act (NI) 2016, DE Circular 2021/12.
- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- There is a code of conduct for all adults working in the school.
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 Changing to pre-employment vetting checks for volunteers working in schools.
- They receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- The school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2020/07 Child Protection: Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

## **The School Safeguarding Team**

As best practice, in the best interests of the children, and as a support for the Designated Teachers, the school should establish a Safeguarding Team. This team should include the Chair of the BoG, the Designated Governor for Child Protection, the Principal (as Chair), the DT and the DDT. The team may co-opt other members as required to help address specific issues, for example the SENCO, ICT Co-ordinator, etc. Where schools have employed an individual with social work qualifications/experience, the postholder may be included in the school safeguarding team. However, only teachers in schools can assume the safeguarding role and responsibilities of the Designated Teacher.

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

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

The responsibilities of the team should include:

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

## **Chair of Board of Governors**

The Chairperson of the BoG plays a pivotal role in creating and maintaining the safeguarding ethos within the school environment.

In the event of a safeguarding or child protection complaint being made against the Principal, it is the

Chairperson who must assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department (and relevant guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures.

The Chairperson is responsible for ensuring child protection records are kept and for signing and dating annually the Record of Child Abuse Complaints against staff members even if there have been no entries.

### **Designated Governor for Child Protection**

The BoG delegates a specific member of the governing body to take the lead in safeguarding/child protection issues in order to advise the governors on: -

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

### **The School Principal**

The Principal, as the Secretary to the BoG, will assist the BoG to fulfil its safeguarding and child protection duties, keeping them informed of any changes to guidance, procedure or legislation relating to safeguarding and child protection, ensuring any circulars and guidance from DE are shared promptly, and timely inclusion of child protection activities on the BoG meeting agenda. In addition, the Principal takes the lead in managing child protection concerns relating to staff.

The Principal has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school. This includes the appointment and management of suitable staff to the key roles of DT and DDT posts and ensuring that new staff and volunteers have safeguarding and child protection awareness sessions as part of an induction programme.

It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.

The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

### **Designated Teacher for Child Protection**

Every school is required to have a DT and DDT with responsibility for child protection. These are highly skilled roles developed and supported through a structured training programme, requiring knowledge and professional judgement on complex and emotive issues. The responsibilities involve:

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

## **Deputy Designated Teacher for Child Protection**

The role of the DDT is to work co-operatively with the DT in fulfilling his/her responsibilities.

It is important that the DDT works in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

Schools may have more than one DDT depending on their size, location, (e.g. split site schools) and the presence of an additional provision such as a nursery, learning support centre, speech and language unit, or boarding department.

St. Oliver Plunkett P.S has an additional Nurture Unit and three additional SPIM units for Foundation Stage, Key Stage One and Key Stage two respectively.

## **Other Members of School Staff**

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available.
- Teachers should complete the Note of Concern (**See Appendix 1**) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.
- **Staff should not** give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

## **Support Staff**

- If any member of the support staff has concerns about a child or staff member, they should report these concerns to the Designated Teacher or Deputy Designated Teacher if he/she is not available. A detailed written record of the concerns will be made and any further necessary action will be taken.

## **Parents**

**The primary responsibility for safeguarding and protection of children rests with parents who should feel confident about raising any concerns they have in relation to their child.**

Parents can play their part in safeguarding by informing the school:

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

**It is essential that the school has up to date contact details for the parent/carer.**

## **Definitions**

We use the following definitions taken from the Safeguarding and Child Protection in Schools. (Updated Sept 2024)

## **Safeguarding**

Safeguarding is the action we take to promote the welfare of children and protect them from harm. It is everyone's responsibility. Safeguarding is more than child protection. Safeguarding begins with preventative education and activities which enable young people to grow up safely and securely in circumstances where their development and well-being is promoted. It includes support to families

and early intervention to meet the needs of children and continues through to child protection, which refers specifically to the action that is undertaken to protect individual children or young people who are suffering or likely to suffer harm. In all matters relating to safeguarding and child protection procedures and policies, the best interests of the child must be the paramount consideration.

### **Child Protection**

Child Protection refers specifically to the activity that is undertaken to protect individual children who are suffering, or likely to suffer significant harm.

### **Child Abuse**

Child Abuse occurs in families from all social classes and cultures and in communities' agencies and organisations. Abusers come from all walks of life and all occupations and professions. Child Abuse can manifest in a number of ways and can involve a combination of the forms of abuse. Those working with children and young people must have an awareness and understanding of the nature and prevalence of different manifestations within their practice area.

## **CHILD PROTECTION DEFINITIONS**

### **Definition of Harm**

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

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

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

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

Harm can be caused by:

- Physical Abuse;
- Sexual Abuse;
- Emotional Abuse;
- Neglect; AND
- Exploitation.

**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.

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

**Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or

unloved and inadequate. It may include not giving a child the opportunity to express their views, deliberately silencing them, or ‘making fun’ of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

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

**Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, 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** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### **Specific Types of Abuse**

In addition to the types of abuse described above there are also some specific types of abuse that we in St. Oliver Plunket are aware of and have therefore included them in our policy. (see **Appendix 2**)

### **Children with Increased Vulnerabilities**

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

(see **Appendix 3**)

### **Signs and Symptoms of Abuse**

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

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

### **Adult Safeguarding**

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

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

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

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

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

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

See **Appendix 2** for further information.

## **Responding to Safeguarding and Child Protection Concerns**

### **Child Protection Procedures in St. Oliver Plunkett**

The purpose of the following procedures on Child Protection is to protect our pupils by ensuring that everyone who works in our school – teachers, non-teaching staff and volunteers – has clear guidance on the action which is required where abuse or neglect of a child is suspected or disclosed. The overriding concern of all caring adults must be the care, welfare and safety of the child and the welfare of each child is our paramount consideration. The problem of child abuse will not be ignored by anyone who works in our school, and we know that some forms of child abuse are also a criminal offence. We also recognise the impact on children of living with domestic abuse.

### **Procedures for Suspected (or Disclosed) Child Abuse**

The designated teacher for child Protection (DT) is Mr. McBride, Vice Principal. In his absence Mrs Hanna/Mrs Diamond (the Deputy Designated Teachers for Child Protection) will assume responsibility for Child Protection matters.

### **Where school has a concern, or has been given information about possible abuse by someone other than a member of staff. (See Appendix 6)**

In St. Oliver Plunkett Primary School if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff must act promptly and complete a Note of Concern (**see Appendix 1**). They will not investigate this matter but discuss these concerns with the Designated Teacher or with the Deputy Designated teacher. The guidance below details the immediate steps all staff should follow. The Designated Teacher will consult with the principal or other relevant staff, always taking care to avoid delay.

If required, advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, and/or their parent/carer.

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

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

The Designated Teacher will phone the Gateway Team and/or PSNI and will submit a completed UNOCINI referral form.

If the concern relates to a student teacher/volunteer over the age of 18, the Designated Teacher may discuss the concerns with the Trust Adult Safeguarding Team or the Team with responsibility for Vulnerable Adults which will assess the level of risk.

Where appropriate the source of the concern will be informed of the action taken.

For further detail please see **Appendix 6**

## How to respond to a child who makes a disclosure: -

### **1. Receive**

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

### **2. Reassure**

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

### **3. Respond**

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

### **4. Record**

- Make notes as soon as possible after hearing what the child has said and write them up.
- Do not destroy these original notes.
- Record the date, time, place, people present and any noticeable non-verbal behaviour.
- Record the words the child used as much as possible. If the child uses 'pet' words record those rather than translating them into proper words.
- Record any injuries or marks noticed can be depicted on a diagram showing position and extent.
- Record statements and observable things, rather than your interpretations and assumptions.
- Sign the record and hand it to the designated teacher.
- All written records of concerns about children, even when there is no need to refer the matter immediately must be stored in a secure place.

### **5. Refer**

- Concerns about possible abuse must be referred to the designated teacher as soon as possible within the working day.

The Designated Teacher will liaise with the Principal in the decision-making process regarding possible referral to statutory services. The School Child Protection Incident Record will be completed by the staff member. (see **Appendix 1**)

The Principal, in consultation with the Designated Teacher, will decide whether, in the best interests of the child, the matter needs to be referred to Social Services using Understanding the Needs of Children in Northern in Northern Ireland (UNOCINI) referral documentation. If there are concerns that the child may be at risk, the school is obliged to make a referral.

The Principal/Designated Teacher may seek clarification or advice and consult with the CCMS designated officer, Designated Officers for Child Protection at the EA 'Belfast Region' or Senior

Social Worker before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. The safety of the child is our first priority.

Where there are concerns about possible abuse, the Designated Teacher/Principal will inform:

- **The Social Services**

- A phone-call referral is followed within 24 hrs with written documentation using the regionally agreed format of Understanding the Needs of Children in Northern Ireland (UNOCINI)

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

**Where a Complaint has been made about Possible Abuse by a Member of Staff or a Volunteer (See Appendix 7)**

If a complaint about possible abuse is made against a member of staff, the Principal (or the Designated Teacher if she is not available) must be informed immediately and manages the response. 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 investigation by Social Services. The Chairperson of the Board of Governors will be informed immediately. Decision-making will be made jointly between the Principal and Chair of Governors.

If a complaint is made against the Principal, the Designated Teacher or his Deputy, if he is not available, must be informed immediately. He/she will inform the Chairperson of the Board of Governors and together they will ensure that the necessary action is taken. (see Appendix 7)

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

In St. Oliver Plunkett P.S, we aim to work closely with parents/carers in supporting all aspects of their child's developments and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner.

If a parent has a concern they can talk to the Class Teacher/Year Band Leader, the Designated or Deputy Designated Teacher for Child Protection or the Principal.

If they are still concerned, they may talk to the Chair of the BoG. At any time, a parent may talk to a social worker in the local Gateway team or the PSNI Central Referral Unit. Details of who to contact are shown in a flowchart. (see Appendix 5)

**Consent**

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

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

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

If consent is withheld, then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent.

In this case contact will be made with the local Adult Protection Gateway team to seek further advice. In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

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

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

### **Confidentiality and Information Sharing**

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

Where there have been, or are current, child protection concerns about a pupil who transfers to another school we will follow DE guidance in determining what information should be shared with the Designated Teacher in the receiving school.

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

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

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

If information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and appropriately password protected.

These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence.

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

## **CPOMS**

Since January 2024, all safeguarding records, notes of concerns, contact with parents, external agencies, and correspondence, are recorded on CPOMS. All teaching staff have active accounts, with three members of the Safeguarding Team, Principal, DT and DDT having Higher User Level.

### **Transfer of Child Protection Records**

- Under the Education (Pupil Records and Reporting) (Transitional) Regulations (NI) 2007, the Board of Governors (BoG) must arrange to transfer a formal record of a pupil's academic achievements, skills, abilities, and progress within 15 school days of the pupil transferring schools. This requirement does not include child protection records. However, if there have been or are current concerns about a pupil, the school should consider what information needs to be shared with the new school.
- Past safeguarding concerns and responses can be significant if concerns arise for the child later. The third data protection principle is crucial in deciding whether to transfer past concerns. If the information, whether current or historical, is deemed relevant, it should be shared.
- The Designated Teacher (DT) is responsible for ensuring that copies of relevant child protection records are transferred to the DT of the receiving school in the most secure and appropriate manner to minimize the risk of any data breach. When transferring child protection records electronically, such as to a receiving school, it should be done securely using C2K email addresses with restricted access. The data controller (the school transferring the records) is accountable for any data breach during the transfer. Once the receiving school acknowledges receipt of the record, they become responsible for it.
- If a child with safeguarding or child protection information leaves the school and the new school is unknown, the Education Welfare Service (EWS) at the EA must be notified to locate the child. Social Services must be informed immediately if the child has a Child Protection Plan or is a Looked After Child. The school must retain the child's child protection records and forward the relevant information to the receiving school once the child is traced.
- When a child on the Child Protection Register changes schools, the leaving school should inform the receiving school immediately and provide contact details for the social worker. The leaving school should destroy all child protection records supplied by Social Services, including case conference records, and inform the child's Case Coordinator in Social Services. The remaining child protection record should be copied, as relevant, to the new school. Advice can be sought from the Child Protection Support Service (CPSS) on what information is relevant. The receiving school should contact the child's social worker for relevant information. The leaving school can retain original copies of their own documents.
- It is good practice for the DT from the leaving school to discuss concerns directly with the DT from the receiving school before sending the child protection record.

### **Recruiting and Vetting of Staff and Volunteers**

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

### **Visitors to School**

Visitors to schools, such as parents, suppliers of goods services, to carry out maintenance etc. do not routinely need to be vetted before being allowed onto school premises. However, such visitors are managed by the office and caretaking staff and their access to areas and movement within the school is restricted. The school security system operates on all doors on a daily basis. All visitors must report to reception.

Visitors to school:

- Are met/directed by school staff
- Must sign in and out of the school using the Visitor's Book
- are given restricted access to specific areas of the school, where appropriate

- are escorted by a member of staff
- Clearly identified with visitor/contractor passes
- Access is restricted and related solely to the purpose of their visit
- If delivering goods or carrying out building/maintenance or repair tasks, their work must comply with health and safety regulations.

Pupils coming into school on work experience do not require Access NI clearance if they are fully supervised by school staff. The normal induction process will apply.

### **A Code of Conduct for all Members of Staff of St Oliver Plunkett Primary School – Paid or unpaid**

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors. All members of staff paid or unpaid, including external agencies undertake a Child Protection and Safeguarding Policy and Procedures Training, each year.

### **Preventative Curriculum**

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

In St. Oliver Plunkett P.S, we teach the pupils how to develop healthy relationships and how to make informed choices so that they can protect themselves.

A variety of age-appropriate programmes/initiatives are used to explore, discuss and support children's emotional health, wellbeing and safety.

- PDMU Programmes
- Relationship and Sexuality Education Lessons (RSE) taken from Flourish Programme
- UNICEF Rights, Respecting Schools – Class Charter
- CoreNI Year 1 to 7
- Monthly Pastoral Assemblies, including E-Safety (CyberTiger)
- External Supports e.g. NSPCC
  - Diocesan Year 7 Programme - Inside Out
  - HIP Psychology
  - School Health
  - Fire Service
  - Police Service

In St. Oliver Plunkett P.S, we seek to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection, through our curriculum. The safeguarding of children is an important focus in the school's personal development programme and is addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build confidence, self-esteem and personal resiliencies of the children so they can develop coping strategies and can make positive choices in a range of situations. Throughout the school year child protection issues are addressed through class assemblies. Safeguarding Posters are on display in classrooms, corridors and collection points for parents.

### **Use of Internet and Digital Technology**

We in St. Oliver Plunkett P.S promote the safe, healthy, acceptable and effective use of the Internet and other Digital Technologies (following DE guidance as set out in DE Circular 2013/25, Effective and Educational Uses of Mobile Digital Devices 2016/26, Online Safety 2016/27). We actively

promote safe and acceptable working practices for all staff and pupils which reassures parents that all relevant procedures are in place safeguarding all of the children. As we are living in a rapidly changing technological world we constantly keep children, staff and parents updated in relation to what is deemed safe/unsafe practices through School Website, Seesaw App, School social media (Facebook and Twitter), Training opportunities for whole school including parent assemblies and workshops. We use the Safer Schools NI app for teachers, parents, carers and pupils.

### **Children**

All children are given clear guidance with regard to the use of Internet and Digital Technology in school. They are made aware of the benefit of these technologies, but are also made aware of the dangers i.e. Use of school mascot Cyber Tiger- Cyber Bullying, giving personal details over the internet, knowing to talk to a trusted adult if they are concerned about something they hear and see over the internet etc. In our school we have an Online Safety Mascot and Programme – Cyber Tiger that delivers key and current messages. The school is an Online Safety enriched environment which impacts upon all areas of school life.

Children who bring a mobile phone to school must have written consent from their parent/carer. Children are informed that phones must be fully switched off, and left in the school office at the beginning of the day. Smart watches and other smart devices are NOT permitted in school. St. Oliver Plunkett P.S will not accept any liability for loss or damage to personal devices in school.

### **Staff**

Staff have participated in training and signed and agreed to an Acceptable Use Policy Agreement and an Acceptable Use of Social Media Policy Agreement for ICT provision in school.

An additional C2K Acceptable Use Policy for Managed Service laptops has also been signed by staff. If staff encounter inappropriate sites at any time they should report the matter to Mrs Niblock, Principal, or Mr McBide, Vice- Principal, immediately.

### **Parents**

Parents have had opportunities to access and receive training relating to online safety practices. Parents are aware of the designated Online Safety Officer – Ms McCabe, who regularly keeps online safety procedures up to date with current developments in the digital world. All parents and school members have been made aware of the Safer School App which is available to schools as a further safeguarding support tool.

At the beginning of the school year parents also give their written consent with regard to use of their children's photographs and moving images taken only on school devices. These are used for classroom displays, the school website, school social media platforms and local / regional media as well as written work being used for display purposes.

We recognise that parents /extended family members may on occasion wish to capture children's performance on digital devices during special events throughout the school year- Christmas Concerts, Assemblies, Sacramental Services, Sport's Day etc

Parents are informed that they are permitted to do so, and strongly advised that the footage taken is solely used with the best of intentions and in the best interests of the child. Online safety procedures must be adhered to as outlined on our school website.

<https://www.stoliverplunkettprimary.org/>

### **Extended Schools**

All planned activities are an extension of the current good practice that already exists in St. Oliver Plunkett P.S. All staff/coaches have been vetted and are appraised of the school's Safeguarding and Child Protection Policy and Procedures. The Extended School's Co-ordinator monitors and supervises all activities. Any concerns by staff are reported directly to Mrs.Niblock (Principal) or Mr. McBride (Designated teacher), and appropriate procedures ensue as detailed in the earlier section for disclosed (suspected) child abuse.

### **School Trips**

To ensure safety of children at all times, there are high levels of supervision on school trips, with a favourable adult-child ratio. Risk Assessments are conducted prior to any school trip. All volunteers who assist with educational trips are given a copy of the school's Safeguarding and Child Protection Policy/Code of Conduct so that they act in compliance when supporting the school. Staff are made aware of the importance of high levels of supervision required when children are off site. Particular attention is given to the additional needs children may have when spending a day off site i.e. inhalers, epi pens, blood sugar monitor etc.

All staff are advised of EA Belfast Regions 'Educational Visits Guidance 2017' Policy Document and all trips are compliant with the guidance set out within.

In the event of an emergency the lead member of staff on a given trip will make immediate contact with the Designated Teacher/Principal and school procedures will apply.

### **Monitoring and Evaluation**

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



**Appendix 1**  
**CONFIDENTIAL**

**Record of Concern**

**CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER**

|  |
|--|
| Name of Pupil:   |
| Class:   |
| 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 taken at the time:  |
| Details of any advice sought, from whom and when:  |
| Any further action taken:  |
| Written report passed to Designated Teacher:                      Yes:                      No:<br>If 'No' state reason: |
| Date and time of report to the Designated Teacher:   |

|  |
|--|
|  |
| Written note from staff member placed on pupil's Child Protection file |
| Yes                      No  |
| If 'No' state reason:  |
|  |

Name of staff member making the report: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Designated/ Deputy Designated Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

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

### **Statutory Responsibilities**

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

### **Domestic and Sexual Abuse**

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

### **Domestic Abuse is:**

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

### **Sexual Abuse is:**

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

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

### **Operation Encompass**

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

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

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

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

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

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

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

### **Children Who Display Harmful Sexual Behaviour**

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

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

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

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

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

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

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

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

### **Online safety**

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

The overall strategic direction for child safety online is the **Keeping Children and Young People Safe: An Online Safety Strategy**, published in February 2021. It sets out the Northern Ireland Executive's ambition that all children and young people enjoy the educational, social and economic

benefits of the online world, and that they are empowered to do this safely, knowledgably and without fear.

The Strategy recognises that the ever-changing and fast-growing online environment presents both extensive educational benefits as well challenges in terms of keeping children and young people safe from the dangers of inappropriate communication and content.

For further information see: [Online Safety Hub - Safeguarding Board for Northern Ireland \(safeguardingni.org\)](http://safeguardingni.org)

We in St. Oliver Plunkett P.S have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and will be energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

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

### **Sharing Nudes and Semi-Nudes**

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

### **Sharing nudes and semi-nudes between individuals in a relationship**

As adults we can question the wisdom of this, but the reality is that children consider this to be normal and often the result of a child's natural curiosity about sex and their exploration of relationships. As a consequence, engaging in the taking or sharing of nudes and semi-nudes may not always be in a 'harmful' context. Nonetheless, staff must be aware that an image can be shared non-consensually, or a child can be groomed, tricked or coerced into sending nude and semi-nude images. Clearly pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual Specific Types of Abuse Specific Types of Abuse 50 51 relationship) and in these cases you should contact local PSNI on 101 for advice and guidance. Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all the circumstances and it is not necessarily the case that they will end up with a criminal record. It is important that particular care is taken in dealing with any such cases. Adopting scare tactics may discourage a child from seeking help if they feel entrapped by the misuse of sexual images. Advice should be sought from CPSS

### **Sharing an Inappropriate Image with an Intent to Cause Distress**

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

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

## **Adult Safeguarding**

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

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

### **The main forms of abuse are:**

#### **Physical abuse**

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

#### **Sexual Violence and Abuse**

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding<sup>6</sup>. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

#### **Psychological/Emotional Abuse**

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

#### **Financial Abuse**

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

#### **Institutional Abuse**

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

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

failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

## **Appendix 3**

### **Children with Increased Vulnerabilities**

#### **Children With a Disability**

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

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

#### **Children With Limited Fluency in English**

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

#### **Pre-School Provision**

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

#### **Gender Identity Issues and Sexual Orientation**

Schools should strive to provide a happy environment where all young people feel safe and secure. All pupils have the right to learn in a safe and secure environment, to be treated with respect and dignity, and not to be treated any less favourably due to their actual or perceived sexual orientation. DE requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. It is via this policy that schools are expected to cover issues relating to relationships and sexuality, including those affecting LGB&T children and young people.

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

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

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

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

## **APPENDIX 4**

### **Signs and Symptoms of Child Abuse**

This section contains information for all professionals working with children and families and is not an exhaustive list. The following pages provide guidance only and should not be used as a checklist.

The first indication that a child is being abused may not necessarily be the presence of a severe injury. Concerns may become apparent in a number of ways e.g.

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing conversation by the child, or his parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents.
- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding.
- by a child not thriving or developing at a rate which one would expect for his age and stage of development.
- by the observation of a child's behaviour and changes in his behaviour.
- by indications that the family is under stress and needs support in caring for their children.
- by repeat visits to a general practitioner or hospital.

There may be a series of events which in themselves do not necessarily cause concern but are significant, if viewed together. Initially the incident may not seem serious but it should be remembered that prompt help to a family under stress may prevent minor abuse escalating into something more serious.

It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s). Staff should familiarise themselves on 'attachment theory' and its implications for assessing the bond between parents and their children.

#### **Suspicious should be raised by e.g.**

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem
- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)
- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
- evidence of domestic violence
- parents with mental health difficulties, particularly of a psychotic nature
- evidence of parental substance abuse

Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

#### **Parental Response to Allegations of Child Abuse Which Raise Concern**

Parents' responses to allegations of abuse of their child are very varied. The following types of response are of concern:

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.

- parents may seek to minimise the severity of the abuse or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.
- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

### **Physical Abuse**

Children receive bumps and bruises as a result of the rough and tumble of normal play. Most children will have bruises or other injuries, therefore, from time to time. These will be accidental and can be easily explained.

It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.

Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.

If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.

A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

### **Recognition of Physical Abuse**

#### **a) Bruises + Soft Tissue Injuries**

Common sites for accidental bruising depend on the developmental stage of the child. They include:

- forehead
- crown of head
- bony spinal protuberances
- elbows and below
- hips
- hands
- shins

Less common sites for accidental bruising include:

- Eyes
- Ears
- Cheeks
- Mouth
- Neck
- Shoulders
- Chest
- Upper and Inner Arms
- Stomach
- Genitals
- Upper and Inner Thighs
- Lower Back and Buttocks
- Upper Lip and Frenulum

- Back of the Hands.

#### **Non-accidental bruises may be:**

- frequent
- patterned, e.g. finger and thumb marks
- in unusual positions, (note developmental level and activity of the child).

Research on aging of bruises (from photographs) has shown that it is impossible to accurately age bruises although it can be concluded that a bruise with a yellow colour is more than 18 hours old. Tender or swollen bruises are more likely to be fresh. It is not possible to conclude definitely that bruises of different colours were sustained at different times.

#### **The following should give rise to concern e.g.**

- bruising in a non-mobile child, in the absence of an adequate explanation
- bruises other than at the common sites of accidental injury for a child of that developmental stage
- facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children.
- soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation.
- a torn upper lip frenulum (skin which joins the lip and gum).
- patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back.
- ligature marks caused by tying up or strangulation.

Most falls or accidents produce one bruise on a single surface, usually a bony protuberance. A child who falls downstairs would generally only have one or two bruises. Children usually fall forwards and therefore bruising is most usually found on the front of the body. In addition, there may be marks on their hands if they have tried to break their fall.

Bruising may be difficult to see on a dark-skinned child. Mongolian blue spots are natural pigmentation to the skin, which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children whose parents are darker skinned.

#### **b) Eye Injuries**

##### **Injuries which should give cause for concern:**

- black eyes can occur from any direct injury, both accidental and non-accidental. Determining how the injury occurred is vital, therefore; bilateral "black eyes" can occur accidentally as a result of blood tracking from a very hard blow to the central forehead (Injury should be evident on mid-forehead, bridge of nose). It is rare for both eyes to be bruised separately, accidentally however and at the same time.
- sub conjunctival haemorrhage
- retinal haemorrhage.

#### **c) Burns and Scalds**

##### **Accidental scalds often:**

- are on the upper part of the body
- are on a convex (curved) surface
- are irregular
- are superficial
- leave a recognisable pattern.

**It can be difficult to distinguish between accidental and non-accidental burns. Any burn or**

**scald with a clear outline should be regarded with suspicion e.g.**

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

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

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

**d) Fractures**

The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain, and it is very difficult for a parent to be unaware that a child has been hurt. In infants, rib and metaphysical limb fractures may produce no detectable ongoing pain. However, It is very rare for a child aged under one year to sustain a fracture accidentally, but there may be some underlying medical condition, e.g. brittle bone disease, which can cause fractures in babies.

The most common non-accidental fractures are to the long bones in the arms and legs and to the ribs. The following should give cause for concern and further investigation may be necessary:

- any fracture in a child under one year of age
- any skull fracture in children under three years of age
- a history of previous skeletal injuries which may suggest abuse
- skeletal injuries at different stages of healing
- evidence of previous fractures which were left untreated.

**e) Scars**

Children may have scars from previous injuries. Particular note should be taken if there is a large number of scars of different ages, or of unusual shapes or large scars from burns or lacerations that have not received medical treatment.

**f) Bites**

Bites are always non-accidental in origin; they can be caused by animals or human beings (adult/child); a dental surgeon with forensic experience may be needed to secure detailed evidence in such cases.

**g) Other Types of Physical Injuries**

- poisoning, either through acts of omission or commission
- ingestion of other damaging substances, e.g. bleach
- administration of drugs to children where they are not medically indicated or prescribed
- female genital mutilation, which is an offence, regardless of cultural reasons
- unexplained neurological signs and symptoms, e.g. subdural haematoma

## **h) Fabricated or Induced Illness**

Fabricated or induced illness, previously known as Munchausen's Syndrome by Proxy, is a condition where a child suffers harm through the deliberate action of the main carer, in most cases the mother, but which is attributed to another medical cause.

It is important not to confuse this deliberate activity with the behaviour and actions of over-anxious parents who constantly seek advice from doctors, health visitors and other health professionals about their child's wellbeing.

There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings.

**(R v Cannings (2004) EWCA Criml (19 January 2004)).**

### **The following behaviours exhibited by parents can be associated with fabricated or induced illness:**

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.
- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

### **There are a number of presentations in which fabricated or induced illness may be a possibility. These are:**

- failure to thrive/growth faltering (sometimes through deliberate withholding of food.)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions.
- pyrexia (high temperature).
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen).
- apnoea (stops breathing).
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent 'accidental' overdoses (especially in very young children).

### **Concerns may arise when:**

- reported symptoms and signs found on examinations are not explained by any medical condition from which the child may be suffering.
- physical examination and results of medical investigations do not explain reported symptoms and signs.
- there is an inexplicably poor response to prescribed medication and other treatment.
- new symptoms are reported on resolution of previous ones.
- reported symptoms and/or clinical signs do not occur when the carers are absent
- over time the child is repeatedly presented to health professionals with a range of signs and symptoms.

- the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.

It is important to note that the child may also have an illness that has been diagnosed and needs regular treatment. This may make the diagnosis of fabricated or induced illness difficult, as the presenting symptoms may be similar to those of the diagnosed illness.

### **Sexual Abuse**

Most child victims are sexually abused by someone they know, either a family member or someone well known to them or their family. In recent years there has been an increasing recognition that both male and female children and older children are sexually abused to a greater extent than had previously been realised.

There are no 'typical' sexually abusing families. Children who have been sexually abused are likely to have been put under considerable pressure not to reveal what has been happening to them. Sexual abuse is damaging to children, both in the short and long term.

Both boys and girls of all ages are abused, and the abuse may continue for many years before it is disclosed. Abusers may be both male and female.

It is important to note that children and young people may also abuse other children sexually.

Children disclosing sexual abuse have the right to be listened to and to have their allegations taken seriously. Research shows it is rare for children to invent allegations of sexual abuse and that in fact they are more likely to claim they are not being abused when they are.

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused. Some indicators take on a greater, or lesser, importance depending upon the child's age.

### **Recognition of Sexual Abuse**

Sexual abuse often presents in an obscure way. Whilst some child victims have obvious genital injuries, a sexually transmitted infection or are pregnant, relatively few children are so easily diagnosed. The majority of children subjected to sexual abuse, even when penetration has occurred, have on medical examination no evidence of the abuse having occurred.

The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present, but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together.

**The following list is not exhaustive and should not be used as a check list.**

#### **Pre-School Child (0-4years)**

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

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

### **Possible behavioural indicators include:**

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.
- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

### **Primary School Age Children**

#### **In addition to the above there may be other behaviour especially noticeable in school:**

- poor peer group relationships and inability to make friends.
- inability to concentrate, learning difficulties or a sudden drop in school performance.
- reluctance to participate in physical activity or to change clothes for physical education, games or swimming.
- unusual or bizarre sexual themes in child's art work or stories.
- frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child's school performance.
- unusual reluctance or fear of going home after school.

### **The Adolescent**

#### **In addition to the physical indicators previously outlined in the preschool and pre-adolescent child, the following indicators relate specifically to the adolescent:**

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

### **Possible behavioural indicators include:**

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

- fear or abhorrence of one particular individual.

### **Emotional Abuse**

Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.

Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on a child's development.

The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.

An emotionally abused child may be subject to constant criticism and being made a scapegoat, the continuous withholding of approval and affection, severe discipline or a total lack of appropriate boundaries and control. A child may be used to fulfil a parent's emotional needs.

The potential of emotional abuse should always be considered in referrals where instances of domestic violence have been reported.

### **Recognition of Emotional Abuse**

Whilst emotional abuse can occur in the absence of other types of abuse, it is important to recognise that it does often co-exist with them, to a greater or lesser extent.

### **Child Behaviours associated with Emotional Abuse**

Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms may suggest emotional abuse they are not necessarily pathognomic of this since they often can be seen in other conditions.

#### **Possible behaviours that may indicate emotional abuse include:**

- serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc.
- marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying.
- persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction.
- physical problems such as repeated illnesses, severe eating problems, severe toileting problem.
- extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.
- very low self-esteem, often unable to accept praise or to trust and lack of self-pride.
- lack of any sense of pleasure in achievement, over-serious or apathetic.
- over anxiety, e.g. constantly checking or over anxious to please.
- developmental delay in young children, and failure to reach potential in learning.

### **Parental Behaviour Associated with Emotional Abuse**

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

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love

- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

### **Neglect**

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

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

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

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

### **Recognition of Neglect**

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

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

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

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

### **Child**

**Health presentation indicators include:**

- non-organic failure to thrive (growth faltering)
- poor weight gain (improvement when away from the care of the parents)
- poor height gain
- unmet medical needs
- untreated head lice/other infestations

- frequent attendance at 'accident and emergency' and/or frequent hospital admissions
- tired or depressed child, including a child who is anaemic or has rickets
- poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding).

**Emotional and behavioural development indicators include:**

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

**Family and social relationship indicators include:**

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

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

**Parents**

**Lack of emotional warmth indicators include:**

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

**Lack of stability indicators include:**

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

### **Issues relating to providing guidance and setting boundaries indicators include:**

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

### **Social Presentation**

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

### **Health**

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

### **Home and Environmental Conditions**

#### **The following home and environmental conditions should be considered:**

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

### **Impediments to ongoing assessment and appropriate multidisciplinary support**

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

## **(Hammersmith & Fulham Inter-Agency Procedures 2002)**

When staff become aware of any of the above features they should review the case with their line manager.

### **Children with Disability**

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

### **Recognition of Abuse of Children with Disability**

#### **Recognition of abuse can be difficult in that:**

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

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

### **Risk Factors Associated with Child Abuse**

A number of factors may increase the likelihood of abuse to a child. The following list is not exhaustive and does not preclude the possibility of abuse in families where none of these factors are evident.

#### **Child**

- poor bonding due to neo-natal problems
- attachment interfered with by multiple caring arrangements
- a 'difficult' child, a 'demanding' baby
- a child under five years is considered to be most vulnerable
- a child's name or sibling's names previously on the Child Protection Register
- a baby/child with feeding/sleeping difficulties
- birth defects/chronic illness/developmental delay.

#### **Parents**

- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- slow jealousy and rivalry with the child
- expect the child to meet their needs
- unrealistic expectations/rigid ideas about child development
- history of mental illness in one or both parents
- history of domestic violence
- drug and alcohol misuse in one or both parents of the child
- frequent changes of carers
- history of aggressive behaviour by either parent
- unplanned pregnancy
- unrealistic expectations of themselves as parents.

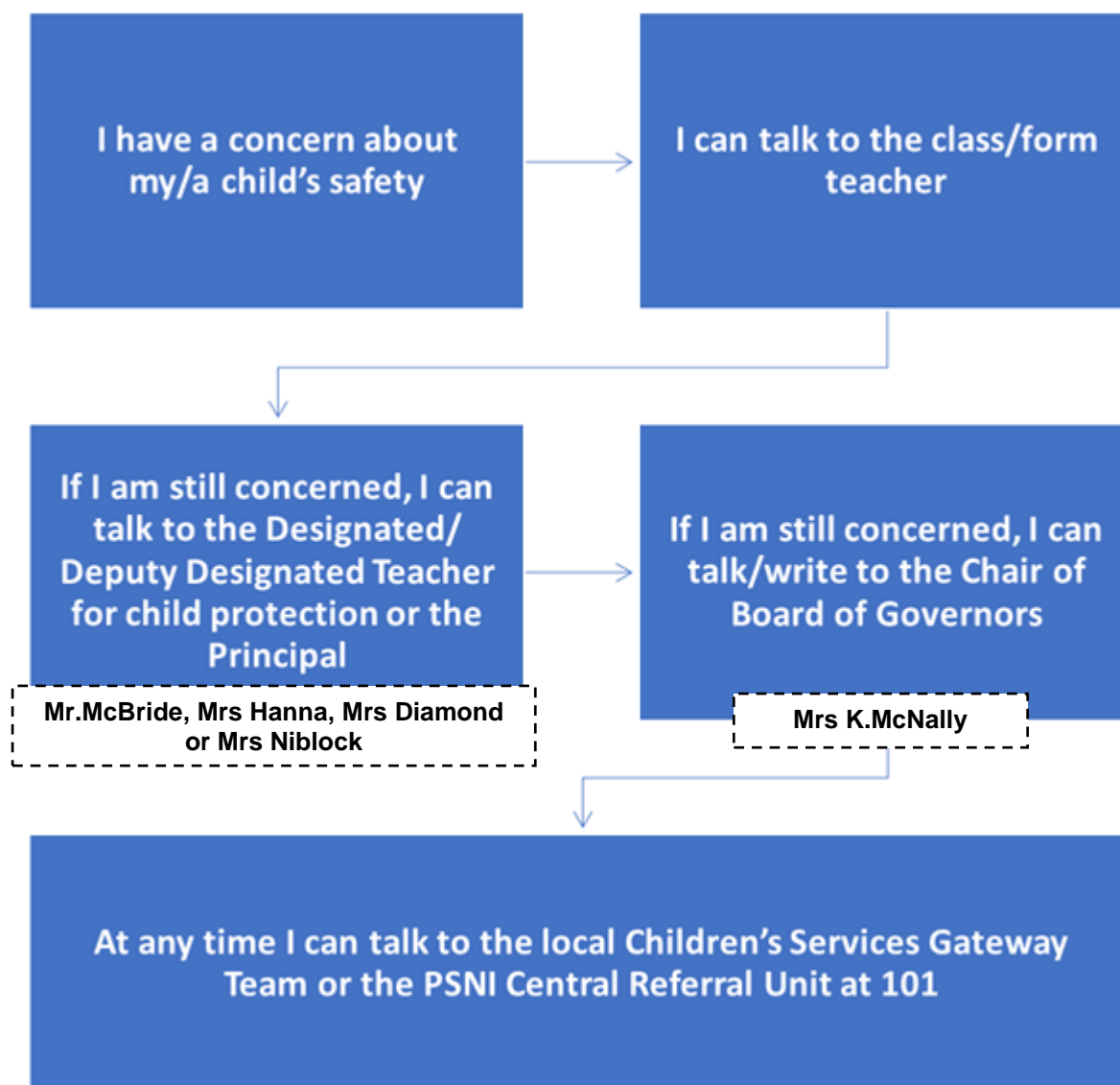
#### **Home and Environmental Conditions**

- unemployment
- no income/poverty
- poor housing or overcrowded housing

- social isolation and no supportive family
- the family moves frequently
- debt
- large family

## APPENDIX 5

### If a Parent has a potential Child Protection Concern within the school

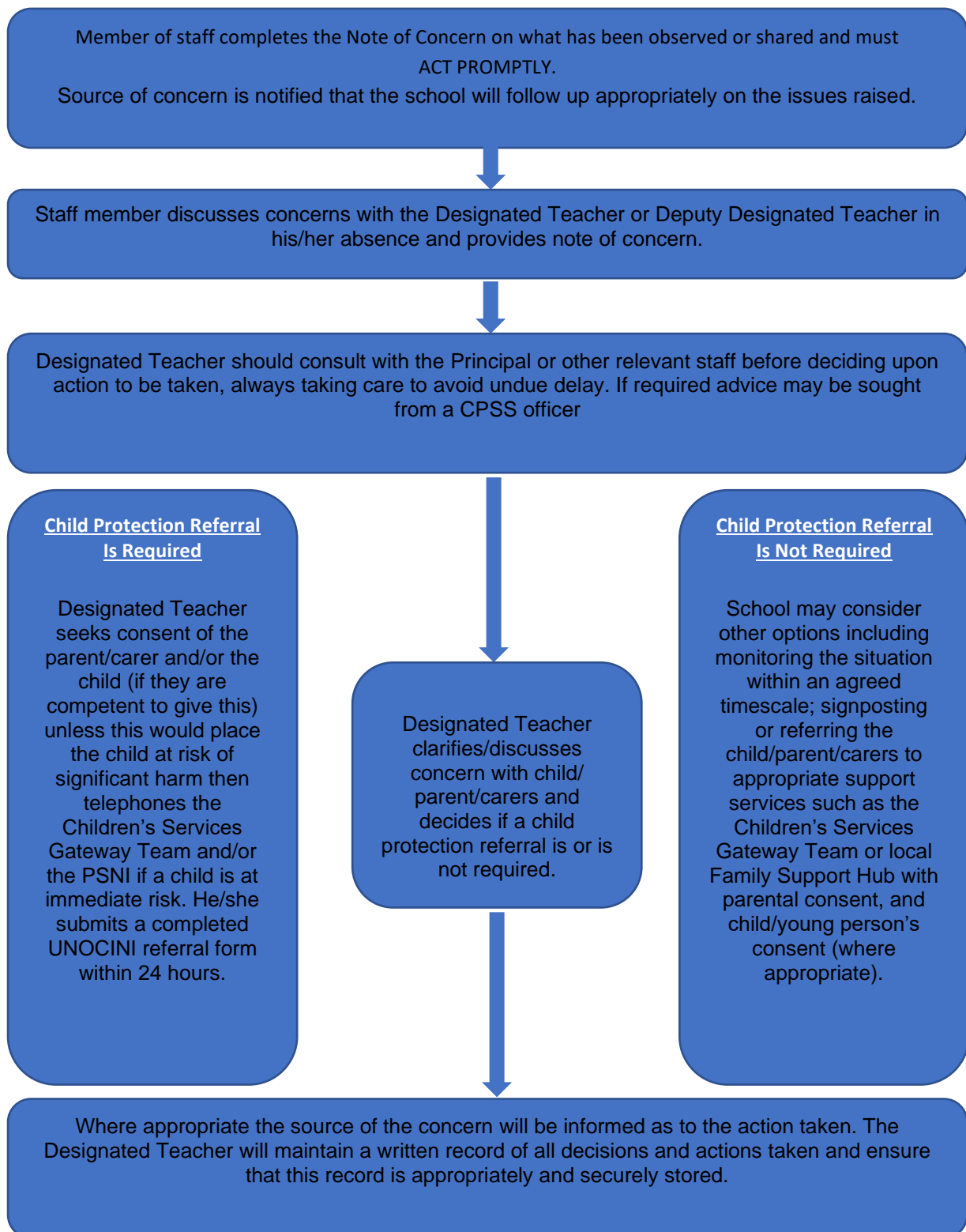


If you have escalated your concern as set out in the above flowchart and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the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

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

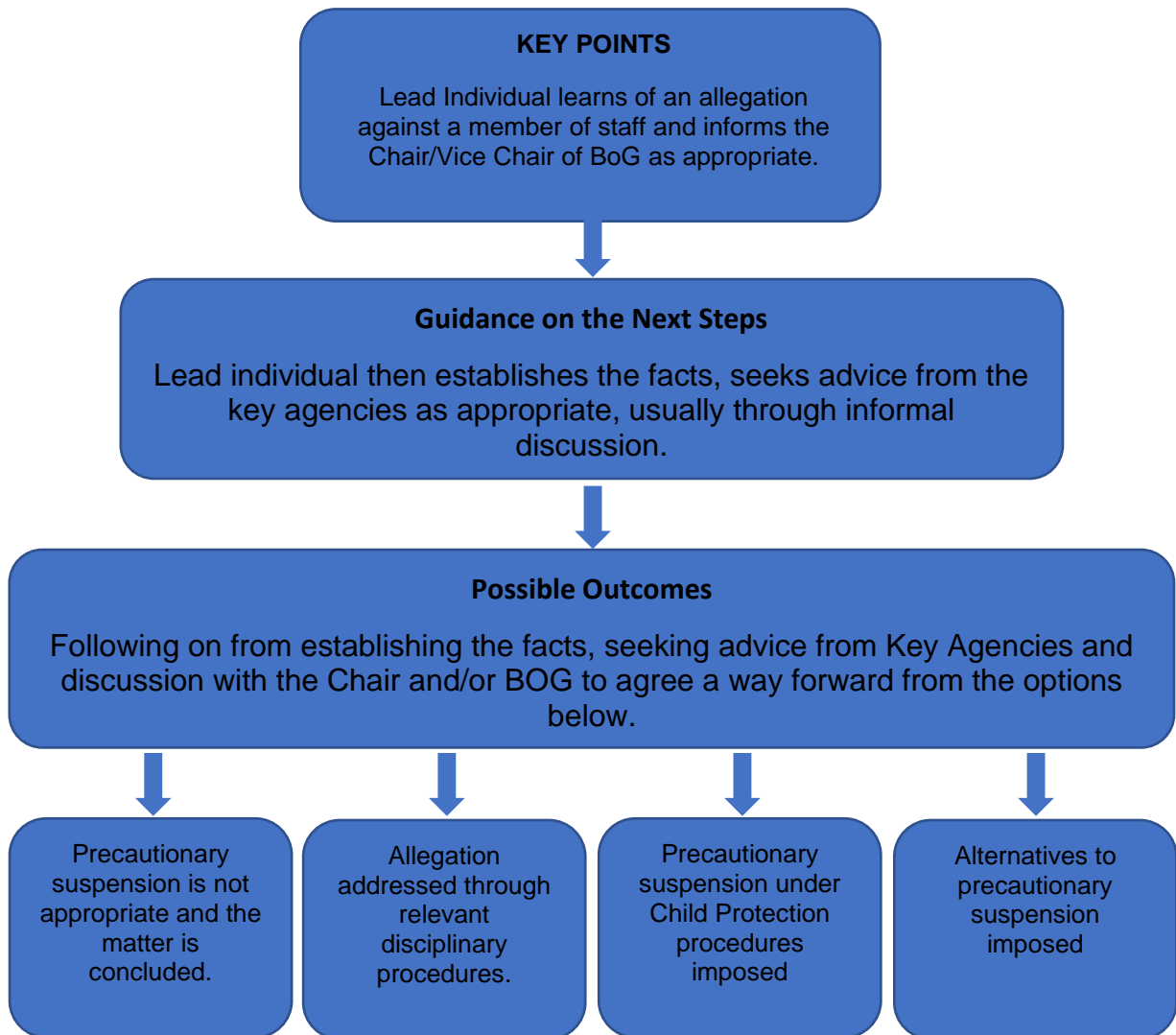
## APPENDIX 6

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



## APPENDIX 7

### Dealing with Allegations of Abuse against a Member of Staff



## **Appendix 8**

### **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](#).

Appendix 9

**St. Oliver Plunkett Primary School Belfast  
Staff Code of Conduct**



|                  |                |
|------------------|----------------|
| Date:            | September 2025 |
| Date for review: | September 2026 |

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## **1. Introduction**

St. Oliver Plunkett Primary School Belfast is committed to upholding the highest professional standards amongst all staff. These Staff Guidelines reflect our Catholic ethos and the values we promote within our school community. They are intended to support staff in maintaining a safe, respectful, and professional environment for pupils, colleagues, and the wider school community. (Annex C, DENI Safeguarding and Child Protection in Schools, updated September 2024)

## **2. Scope and Principles**

- These guidelines apply to all staff and volunteers at the school.
- They provide a framework for professional conduct and behaviour.
- They are not contractual but serve as a reference for expected standards.
- Staff are expected to uphold the reputation of the school at all times, both during and outside working hours.

## **3. Setting an Example**

- Staff must model high standards of behaviour and language.
- Avoid inappropriate or offensive language at all times.
- Avoid situations that may lead to allegations of misconduct.
- Private meetings with pupils should only occur in open, visible environments, preferably with another adult present.
- Familiarise and comply with all school policies and procedures.
- Staff must comply with statutory requirements in relation to issues such as discrimination, health and Safety, and data protection.

## **4. Relationships and Attitudes**

- Treat pupils with respect and dignity at all times.
- Avoid sarcasm, humiliation, or discriminatory behaviour.
- Staff should behave professionally; be fair and courteous; Liaise with colleagues to ensure consistency for pupils; Have respect for school property.
- Staff should take responsibility for the behaviour and conduct of pupils in the classroom and elsewhere on school premises.
- Staff must be familiar with communication channels with parents/carers, and school procedures for communicating with external agencies.
- Respect the rights and opinions of others.
- All staff have a duty to safeguard pupils from abuse and exploitation.
- Report concerns to the Designated Teacher (Mr. T McBride or Deputy Designated Teachers (Mrs. F Hanna and Mrs. S Diamond).
- Complete risk assessments where appropriate.
- Please see school's Safeguarding Policy for more details.

## **5. Relationships with Pupils**

- Declare any relationships with pupils outside school (e.g., family, tutoring).
- Maintain professional boundaries at all times.

## **6. Pupil Development**

- Support pupil well-being and development in line with school policies.
- Collaborate with colleagues and external agencies as needed.

## **7. Physical Contact with Pupils**

- To avoid misinterpretation, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.
- Staff should be cognisant of DE guidance on the use of reasonable force, *Towards a Model Policy in Schools on Use of Reasonable Force* (Circular 1999/09)

### **8. Honesty and Integrity**

- Maintain high standards of honesty and integrity in your work, including the handling of money and school property/facilities.
- Declare significant gifts to the Principal, (this does not apply to small tokens from pupils or parents e.g. at the end of the year).
- Avoid giving personal gifts to pupils.

### **9. Conduct Outside of Work**

- Avoid conduct that could damage the school's reputation, or that of any member of the school community.
- Advice should be sought from the principal when considering work outside of school.

### **10. E-Safety and Internet Use**

- Use technology responsibly and in line with the Acceptable Use Policy.
- Do not engage in inappropriate use of social media.
- Do not name the school as your place of work personal social media platforms.
- Use only school-authorized communication channels with pupils.
- Staff must not engage with parents/carers through private messages or individual comments on the Seesaw app.

### **11. Confidentiality**

- Do not use confidential information for personal advantage.
- Share information only on a need-to-know basis.
- Report safeguarding concerns without delay and ensure information is shared **only** with a member of the safeguarding team.
- Do not promise confidentiality to pupils, or request pupils to do the same.
- Treat concerns about adults as confidential and report them appropriately.

### **12. Staff Uniform Guidelines**

- Dress in a professional and appropriate manner.
- Avoid clothing that is offensive, revealing, or contains political slogans.
- Sportswear should only be worn on designated PE days.