

Safeguarding and Child Protection Policy

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1. CHILD PROTECTION ETHOS

At St Oliver Plunkett Primary School, the welfare, safeguarding, and protection of every child in our care are paramount. We fulfil this duty of care by fostering a secure, supportive, and inclusive learning environment where each pupil is valued for their unique gifts and encouraged to reach their full potential. All staff—both teaching and support—are fully trained to recognize indicators of potential harm and are bound by local child protection protocols. This policy outlines the clear actions and internal referral procedures required whenever a child protection concern arises

2. KEY PRINCIPLES

Our Safeguarding and Child Protection Policy is grounded in the UN Convention on the Rights of the Child and enshrined in statutory frameworks, including the Children (Northern Ireland) Order 1995, *Co-operating to Safeguard Children and Young People in Northern Ireland* (2017/2024), DE Circular 2017/04 (*Safeguarding and Child Protection in Schools*), and the SBNI Core Child Protection Policy and Procedures (2017).

The following key principles underpin all safeguarding practices at St Oliver Plunkett Primary School:

- **Paramountcy of Child Welfare:** The best interests and welfare of the child are the overriding considerations in every decision.
- **Child-Centred Approach:** The voice, views, and experiences of the child or young person are actively heard, respected, and central to our actions.
- **Support for Families:** We work to empower parents in exercising parental responsibility, providing early support to keep families safely together wherever possible.
- **Partnership & Multi-Agency Working:** Safeguarding is a shared responsibility; we commit to robust multi-disciplinary and inter-agency collaboration to protect and support pupils.
- **Proportionate & Evidence-Informed Responses:** Actions and interventions are timely, evidence-based, fair, and strictly proportionate to the identified level of risk or harm.
- **Prevention & Protection:** We proactively identify risks to prevent harm before it occurs, while acting swiftly to protect children when concerns arise.
- **Confidentiality & Information Sharing:** Information is handled respectfully, maintaining confidentiality for pupils, parents, and staff, and shared strictly on a need-to-know basis when required to safeguard a child's welfare

Adult Safeguarding

For further information see: https://www.health-ni.gov.uk/publications/adult-safeguarding-preventionand-protection-partnership-key-document Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

We are committed to:

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

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

2.1 Policy Rationale

The purpose of this policy is to provide clear, structured guidance for all at St Oliver Plunkett Primary School—including teaching staff, support staff, governors, temporary employees, and volunteers—on the required actions whenever child abuse or neglect is suspected or disclosed. The school ensures that all staff, regardless of contract type or hours worked, are fully informed of child protection issues and understand their individual responsibilities.

The care, welfare, and safety of every child in our school are paramount. Safeguarding concerns will never be ignored. All members of the school community recognize their duty to protect pupils from harm and acknowledge that child abuse in any form is unacceptable, with certain forms constituting criminal offenses that require immediate, formal intervention.

3. OTHER RELEVANT 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 Type Behaviour
- 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 and any parent wishing to have a copy should contact the School office or visit the school website at https://www.stoliverplunkettprimary.org/

4. THE SAFEGUARDING AND CHILD PROTECTION TEAM AT ST. OLIVER PLUNKETT P.S.

Chair of Board of Governors	Ms Brenda Davison
Designated Governor for Child Protection	Fr Tony McAleese
Principal	Mrs Barbara Niblock
Designated Teacher	Mr Tom McBride
Deputy Designated Teachers	Mrs Frances Hanna and Miss Amy McCabe

5. ROLES AND RESPONSIBILITIES

The School Safeguarding Team

As best practice, in the best interests of the children, and as a support for the Designated Teachers, our school has established a Safeguarding Team. This team includes 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.

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.

5.1 The Designated Teacher and Deputy Designated Teacher(s)

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 before they commence their role

• Being available to discuss safeguarding or child protection concerns of any member of staff

• Responsibility for record keeping of all child protection concerns.

• Ensuring staff are aware that Notes of Concern should be completed using the template provided in DE circular 2020/07

• 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.
There are two Deputy Designated Teachers within St Oliver Plunkett Primary School; Mrs Hanna and Miss McCabe.

5.2 Principal
• As secretary to the Board of Governors, assist in fulfilling its safeguarding and child protection duties
• Ensure the Board of Governors are kept fully informed of all developments relating to safeguarding including changes to legislation, policy, procedures, DE circulars, inclusion of Child Protection on the termly meeting agenda
• To manage allegations / complaints relating to school staff
• To establish and manage the operational systems for safeguarding and child protection.
• To appoint and manage Designated Teacher/Deputy Designated Teachers who are enabled to fulfil their safeguarding responsibilities
• To ensure safe and effective recruitment and selection including awareness of safeguarding and child protection for new staff and volunteers
• Ensure that parents and pupils receive a copy or summary of the Child Protection policy at intake and at a minimum every 2 years
• Ensure that the Designated Teachers have protected time to carry out this important role effectively, and that those chosen to fulfil the role are selected based on the skills and knowledge required.

5.3 Board of Governors
• A Designated Governor for Child Protection is appointed
• A Designated and Deputy Designated Teacher are appointed in their school
• They have a full understanding of the roles of the Designated 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 Type Behaviour Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
• The school ensures that other safeguarding policies are reviewed at least every 3 years, or as specified in relevant guidnace
• There is a code of conduct for all adults working in the school
• All school staff and volunteers are recruited and vetted, in line with DE Circulars

• 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.

5.4 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.

5.5 Designated Governor for Child Protection
Advises 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.

5.6 Other Members of School Staff

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection (Mr. McBride) or to the Deputy Designated Teachers (Mrs Hanna or Miss McCabe) if Mr McBride is not available.
- Class teachers and Year Heads 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

5.7 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.

5.8 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

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

6. CHILD PROTECTION DEFINITIONS

6.1 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
- 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.

Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

6.2 Signs and Symptoms of Abuse

Please refer to Appendix 1 – **Signs and Symptoms of Abuse**, taken from the SBNI Regional Core Policies and Procedures guidance. https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-andneglect.pdf

6.3 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. (**Appendix 2)**

6.4 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)

7. RESPONDING TO SAFEGUARDING AND CHILD PROTECTION CONCERNS

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering or are likely to suffer significant harm.

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

In St Oliver Plunkett we aim to work closely with parents/guardians 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 4)**

7.2 Where school has concerns or has been given information about possible abuse by someone other than a member of staff.

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 7**), 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, 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. Where appropriate the source of the concern will be informed of the action taken.

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.

For further details please see **Appendix 5.**

7.3 Where a complaint has been made about possible abuse by a member of the school's staff or a Volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 6.**

7.4 How to respond to a child who makes a disclosure

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

Receive

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

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 (Mrs Hanna or Miss McCabe) who will know what to do next.
Do reassure and alleviate guilt if the child refers to it.

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)

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.

Refer

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

8. CONSENT, CONFIDENTIALITY, INFORMATION SHARING and RECORD KEEPING

8.1 Consent

Prior to making a referral to Social Services the consent of the parent/carers 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.

8.2 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)

8.3 Record Keeping

In accordance with DE guidance we must consider and develop 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 St. Oliver Plunkett Primary School are stored securely and only the Designated Teacher/Deputy Designated Teacher 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.

8.4 CPOMS

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

9. SAFE RECRUITMENT PROCEDURES

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.

All staff and volunteers are required to complete a police check form, which is passed to ACCESSNI, the vetting service of the PSNI. Official external educational support personnel are vetted by their institution. Students being hosted in St. Oliver Plunkett Primary School are vetted by their third-level institutions. Visitors are not left unsupervised in the company of pupils. These procedures are to ensure that those people who work in, or become part of the school community at any time, do not represent a threat to the health and well-being of our pupils.

10. CODE OF CONDUCT FOR ALL STAFF - PAID OR UNPAID

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff, external facilitators and volunteers are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors. *The school's Code of Conduct is available on request.*

11. THE 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 we teach the pupils how to develop healthy relationships and how to make informed choices so that they can protect themselves.

In St. Oliver Plunkett, we seek to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is 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.

Throughout the school year, child protection and safeguarding issues are addressed through class and key stage assemblies. Child Protection posters with relevant information, are permanently displayed in each resource area. Other initiatives which address child protection and safety issues include: use of the Grow in Love programme and the RSE Flourish scheme. Some further safeguarding issues are addressed by school visitors e.g. Fire Service, PSNI Community Policing Service, NSPCC, School Nurses, Educational Visits, etc.

12. MONITORING AND EVALUATION

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination 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.

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13. APPENDICES

APPENDIX 1
SIGNS AND SYMPTOMS OF ABUSE

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

1.1 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/her parents or friends
- by overhearing conversation by the child, or his/her parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his/her parents
- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his/her age and/or level of understanding
- by a child not thriving or developing at a rate which one would expect for his/her age and stage of development
- by the observation of a child's behaviour and changes in 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.

1.2 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.

1.3 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.

1.4 Suspicions should be raised if there is evidence of, for example;

- 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

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

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.

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 interagency 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.

Health presentation indicators may include:	**Emotional and behavioural development indicators may 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).	• 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 may 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

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. Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on their development. The parents' physical care of the child, and their 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/her parents to determine if they are nurturing and appropriate. 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.

Physical presentation indicators may include:

• Under-protection or over-protection which has a significant negative impact on a child's development
• Developmental delay
• Repeated illnesses, severe toileting problems
• Eating disorders- anorexia nervosa and bulimia
• Sleep problems

Emotional and behavioural development indicators may include:

• Serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc
• Marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, lying
• Persistent relationship difficulties, eg extreme clinginess, intense separation reaction
• Physical problems, such as repeated illnesses, severe eating problems, severe toilet problems
• Symptoms of self- destructive behaviour – self harming, suicide attempts, engaging in drug or alcohol abuse
• Low self- esteem and low expectation of others, unable to accept praise or to trust
• Extremes of self- stimulatory behaviours head banging, comfort seeking, masturbation
• Sudden school problems- poor concentration, falling standards
• Over serious, apathetic, no sense of pleasure in achievement
• Over anxiety, e.g. constantly checking, or over anxious to please
• Developmental delay in young children, failure to reach potential in learning

Family and social relationship indicators may include:

• extreme emotions and behaviours towards the child including criticism, negativity, hostility etc.
• fostering extreme dependency in the child
• harsh disciplining, inconsistent disciplining, use of emotional sanctions, e.g. withdrawal of love
• expectations and demands not appropriate to 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
• break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements
• 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

PHYSICAL ABUSE

Deliberately physically hurting a child. It might take a variety of forms including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

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.

COMMON SITES FOR ACCIDENTAL BRUISING (dependent on developmental stage)	**LESS COMMON SITES FOR ACCIDENTAL BRUISING (dependent on developmental stage)**
• Forehead • Crown of Head • Bony Spinal Protuberances • Elbows and Below • Hips • Hands • Shins	• 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
Physical presentation indicators may include: • Bruises and Soft Tissue Injuries • Eye Injuries • Burns and Scalds • Fractures • Scars • Bites • Poisoning • Ingestion of Substances • Female Genital Mutilation, which is an offence, regardless of cultural reasons. • Fabricated or induced illness • Untreated Injuries • Repeated Minor Injuries • Drugs administered to children when not medically indicated or prescribed	**Emotional and behavioural development indicators may include:** • Is wary of adults or of a particular individual • Is dressed inappropriately to hide bruises or other injuries • May be extremely aggressive or extremely withdrawn • Cannot recall how the injuries occurred or gives inconsistent explanations

SEXUAL ABUSE

Sexual abuse occurs when others use and exploit children sexually for their own gratification or gain, or that of others. Sexual abuse may involve physical contact, including assault by penetration (E.g. rape or oral sex), or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include noncontact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities. It may be encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via e-technology).

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.

Physical presentation indicators may include:	**Emotional and behavioural development indicators may 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 • Difficulty in walking or sitting • Torn, stained or bloody underclothing, or evidence of clothing having been removed and replaced • Psychosomatic symptoms such as recurrent abdominal pain or headache	• Fear of a particular individual, place, or persons of a specific sex • Sleep problems, social isolation, reluctance to participate in physical activities, e.g. Swimming, PE • Poor peer group relationships • Unusual reluctance or fear of going home • Unusual or bizarre sexual themes in a child's artwork or stories • Heightened genital awareness- touching, looking, verbal references to genitals, interest in other children's or adult's genitals • Using objects for masturbation • Simulated sexual activity with another child • Simulated sexual activity with dolls or cuddly toys • 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" • 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 • Inability to concentrate, learning difficulties or a sudden drop in school performance.

APPENDIX 2

Specific Types of Abuse

Grooming of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person or, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order 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 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 Primary School 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. (Co-operating to Safeguard Children and Young People in NI. DHSSPS version 2.0 2017).

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 Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy (2026) defines domestic and sexual violence and abuse as follows:-

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

Sexual Violence and Abuse
'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation) without their informed consent or understanding.
Please note that coercive,exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

If it comes to the attention of school staff that Domestic 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.

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.

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 have completed 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 The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022 can be found by following the link to https://www.legislation.gov.uk

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. Schools support children and young people, through the Personal Development element of the curriculum and 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.
In St. Oliver Plunkett Primary School we are proactive in promoting the use of Relationships and Sexuality Education Programme, Flourish (Diocese of Down and Connor) and the Year 7 children take part in a Workshop, entitled "What's Inside?"

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, 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. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and
young people.

Abusive Sexual Behaviours are of significant concern and the school will seek guidance from CPSS on the management of the pupils and referral to other agencies such as Social Services or PSNI.

Some examples of abusive sexual behaviours are victimising intent or outcome, the misuse of power, coercion and force to ensure victim compliance; they may be intrusive and may include elements of expressive violence, informed consent is lacking or is not given by the victim, for example due to a special need, or they may have been under the influence of alcohol or other substances.

Violent Sexual Behaviours are also of significant concern. They may have features of threat, force, coercion or harm to others.

Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism.
Advice from CPSS will be required if we are aware of a young person displaying violent sexual behaviour.

Online Safety

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

The overall strategic direction for child safety online is the Keeping Children and Young People Safe: An Online Safety Strategy, published in February 2021. It sets out the Northern Ireland Executive's ambition that all children and young people enjoy the educational, social and economic benefits of the online world, and that they are empowered to do this safely, knowledgeably and without fear.

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

For further information, please visit: https://onlinesafetyhub.safeguardingni.org/

We in, St. Oliver Plunkett Primary School, 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.

SEXTING is the sending or posting of sexually suggestive images, including nude or semi-nude photographs, via mobile or over the internet. There are two aspects to Sexting:
(i) Sexting between individuals in a relationship
Children and young people consider this to be normal and it is often the result of a young person'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.
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 22
are aged 16+ and in a consensual relationship) and in these cases we will contact local police on 101 for advice and guidance. We may also seek advice from the EA Child Protection Support Service. 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 of the circumstances. 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 young person from seeking help if they feel entrapped by the misuse of a sexual image.

2/Sharing an Inappropriate Image with an Intent to Cause Distress

If a pupil has been affected by inappropriate images or links on the internet it is important that it is **not forwarded to anyone else**. Schools are not required to investigate incidents. It is an offence under the Criminal Justice and Courts Act 2015 to share an inappropriate image of another person without the individuals consent. For further information see: www.legislation.gov.uk/ukpga/2015/2/section/33/enacted

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

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.

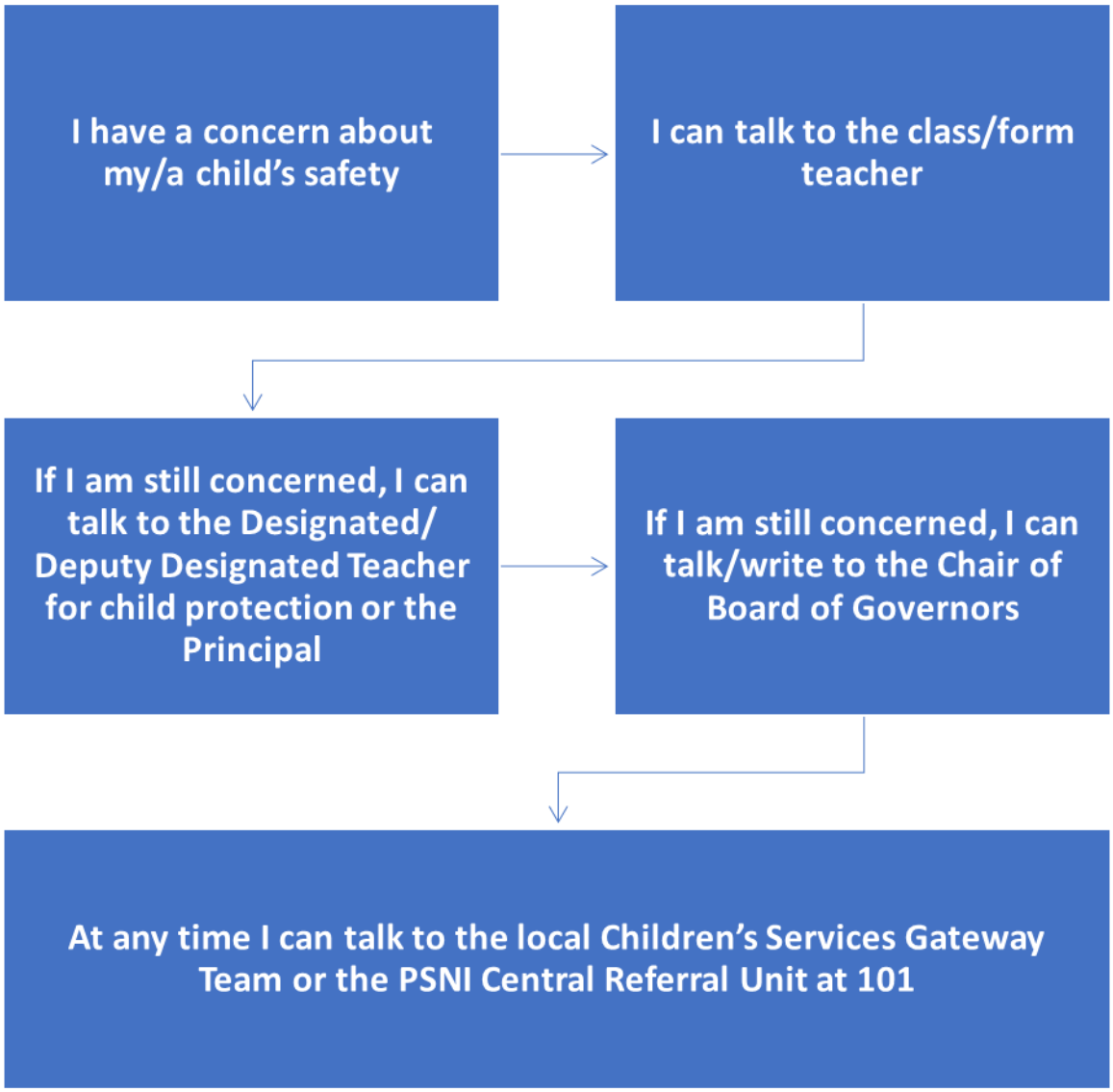
Pre-School Provision
Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parent[s]/carer[s]. Teachers, nursery 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

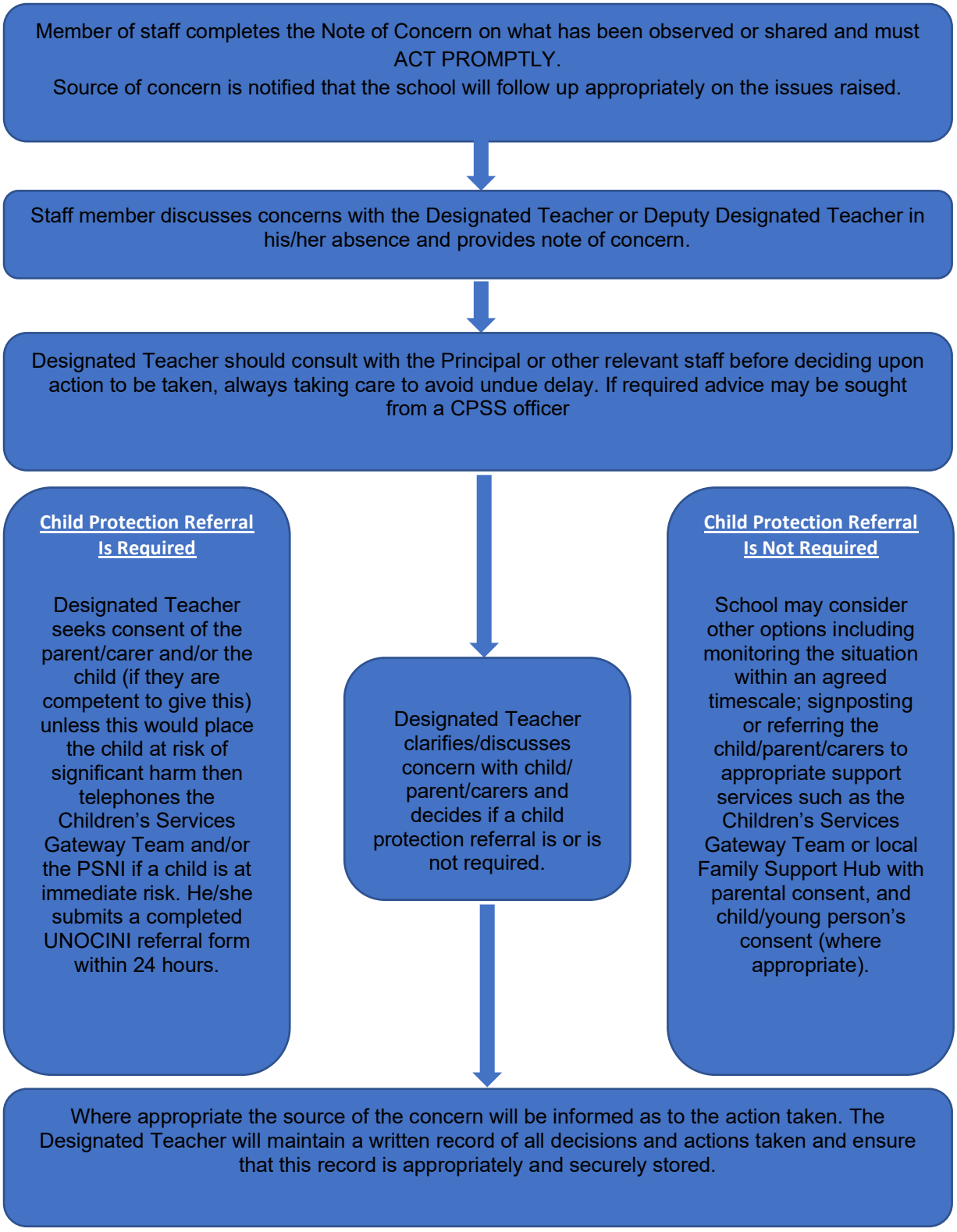
If a Parent Has a Potential Child Protection Concern Within the School



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.

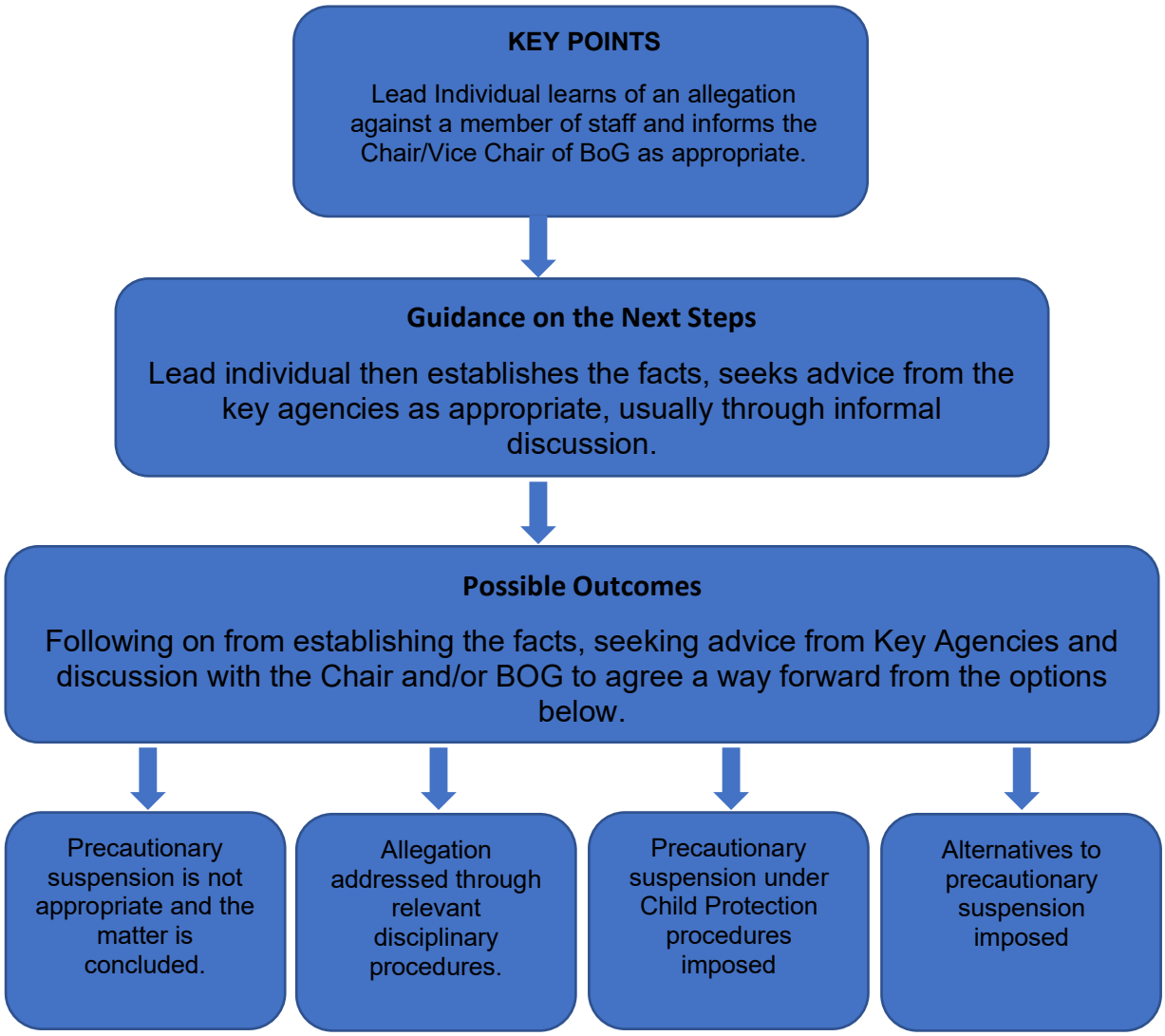
APPENDIX 5

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



APPENDIX 6

Dealing with Allegations of Abuse against a Member of Staff



APPENDIX 7

CONFIDENTIAL

NOTE OF CONCERN

CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil:
Year Group:
Date, time of incident / disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action taken at the time:

Details of any advice sought, from whom and when:
Any further action taken:
Written report passed to Designated Teacher: Yes: ☐ No: ☐ If 'No' state reason:
Date and time of report to the Designated Teacher:
Written note from staff member placed on pupil's Child Protection file If 'No' state reason:

Name of staff member making the report: _____

Role of staff member making the report: _____

Signature of Staff Member: _____ Date: _____

Signature of Designated Teacher: _____ Date: _____