



Child Protection and Safeguarding Policy

September 2025

Date to be Reviewed: September 2026

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1. CHILD PROTECTION ETHOS

We, in St. Mary's on the Hill, have a responsibility for the safeguarding and protection of the children in our care, and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching, are alert to the signs of possible abuse and know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected, and outlines referral procedures within our school.

2. KEY PRINCIPLES

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, "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 or young person should be heard
- Parents are supported to exercise parental responsibility and families helped stay together
- Partnership
- Prevention
- Responses should be proportionate to the circumstances
- Protection and
- Evidence based and informed decision making

Adult Safeguarding

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

2.1 Policy Rationale

The purpose of this child protection policy is to ensure that everyone who works in the school – teachers, non-teaching staff, governors and volunteers have clear guidance on the action required when abuse or neglect of a child is suspected. To this end, the school will ensure that all staff, whether full time or part time, permanent or temporary, are aware of child protection issues and their role with regard to these.

The overriding concern of all the people who come to work in St. Mary's on the Hill is the care, welfare and safety of each child and this is paramount. The issue 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.

3. OTHER RELEVANT POLICIES

St. Mary's on the Hill has a duty to ensure that safeguarding permeates all activities and functions. This policy therefore complements and supports a range of other school policies including:

- Anti-Bullying Policy
- Attendance Policy
- Positive Behaviour Management Policy
- Code of Conduct
- Complaints Policy
- Data Protection Policy
- Educational Visits
- E-Safety Policy
- First Aid and Administration of Medicines
- Health and Safety Policy
- Intimate Care
- Mobile Phone and iPad Policy
- Privacy Notice
- Records Management policy
- Relationships and Sexuality Education
- Special Educational Needs and Inclusion Policy
- Use of Reasonable Force/Safe Handling

These policies are available from the school office upon request, or at www.stmarysonthehill.co.uk

4. THE SAFEGUARDING & CHILD PROTECTION TEAM AT ST MARY'S ON THE HILL P.S.

Chair of the Board of Governors	Mrs Marion Meyer
Designated Governor for Child Protection	Mrs Mary O'Hea
Principal	Mr Matthew O'Brien
Designated Teacher	Mrs Margaret Magee
Deputy Designated Teacher	Mrs Jenna Prendergast, Mr David McEvoy, Mrs Anna Wilson

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 three Deputy Designated Teachers within St. Mary's on the Hill Primary School; Mrs Wilson and Mrs Prendergast within the mainstream, and Mr McEvoy within our Social and Communication classes.

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 Anti-Bullying 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 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 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 Chair of the Board of Governors 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, 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 Board of 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 Teacher's 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 (Mrs Magee) or to the Deputy Designated Teacher (Mrs Wilson/ Mrs Prendergast/ Mr McEvoy) if Mrs Magee is not available
- Class teachers should complete the *Record of Concern* (see Appendix 7) 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. Parents/ Carers should telephone the school office, or provide 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

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:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

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 opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

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.

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, and 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-and-neglect.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. Mary's on the Hill Primary School are aware of and have therefore included them in our policy. Please refer to **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 and sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please refer to **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 harm¹.

7.1 How a Parent can Raise a Concern

In St. Mary's on the Hill Primary School, we aim to work closely with parents/carers in supporting all aspects of their child's development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner.

If a parent has a concern, they can talk to the Class Teacher, or any member of the school's safeguarding team: 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 Board of Governors. If after this a parent still has concerns, they can contact the NI Public Services Ombudsman.

At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in **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. Mary's on the Hill 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 will complete a Record of Concern (see **Appendix 7**) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff, always taking care to avoid due delay. If the Principal is unavailable, the Designated Teacher will consult with the Vice-Principal. If required, advice may be sought from an Education Authority Child Protection Officer. The Designated Teacher may also seek clarification from the child or young person and their parent/carer.

If a child protection referral is not required, the school may 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/young person's consent.

If a child protection referral is required, the Designated Teacher will seek consent from the parent/carer and/or the 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 the PSNI and will submit a completed UNOCINI referral form. Where appropriate the source of the concern will be informed of the action taken.

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

¹ Co-Operating to Safeguard Children and Young People in Northern Ireland (August 2017)
<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

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** will be followed.

8. CONSENT, CONFIDENTIALITY, INFORMATION SHARING and RECORD KEEPING

8.1 Consent

Prior to making a referral to Social Services, the consent of the parent/carer and/or the young person (if they are competent to give this) will normally be sought. The exception to this is where to seek such consent would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if 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 young person 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/young person to do so.

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 consider 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. Mary's on the Hill 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, 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.

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. Mary's on the Hill Primary School are vetted/supervised in accordance with relevant legislation and Departmental guidance.

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 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. (2017/04)

St. Mary's on the Hill Primary School seeks 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 also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.

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 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 every 2 years by the Board of Governors for dissemination to parents/carers, 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 School's 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.

Date Policy Reviewed: September 2025

Date to be Reviewed: September 2026

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 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.

Health presentation 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).

Emotional and behavioural development indicators may 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 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.

RECOGNITION OF PHYSICAL ABUSE

COMMON SITES FOR ACCIDENTAL BRUISING (dependent on developmental stage)

- Forehead
- Crown of Head
- Bony Spinal Protuberances
- Elbows and Below
- Hips
- Hands
- Shins

LESS COMMON SITES FOR ACCIDENTAL BRUISING (dependent on developmental stage)

- 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 non-contact 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:

- 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

Emotional and behavioural development indicators may include:

- 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. This 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 policy 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. Mary's on the Hill 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 12-25 years of age. Sixteen and seventeen year olds, although legally able to consent to sexual activity, can also be sexually exploited.

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

Sexual violence and abuse is defined as 'any behaviour (physical, psychological, verbal, virtual /online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).' Please note that coercive, exploitative and harmful behaviour includes taking advantage of an individual's incapacity to give informed consent.

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.

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>

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 Prosecution 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 A 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. Mary’s on the Hill 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 SEXUALISED 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, 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 engaging in the online world. 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 safe from the dangers of inappropriate communication and content.

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

We in St. Mary's on the Hill 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

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.

(ii) Sharing an inappropriate image with 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 (www.legislation.gov.uk/ukpga/2015/2/section/33/enacted) to share an inappropriate image of another person without the individual's consent.

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, or 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. Designated Teachers 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]

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 be treated any less favourably due to their actual or perceived sexual orientation. Issues relating to relationships and sexuality are covered through the school's Relationship and Sexuality Education policy.

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.

Boarding schools and residential settings

Children in the above settings are particularly vulnerable to abuse. We will ensure that staff are appropriately vetted and trained in accordance with DE guidance.

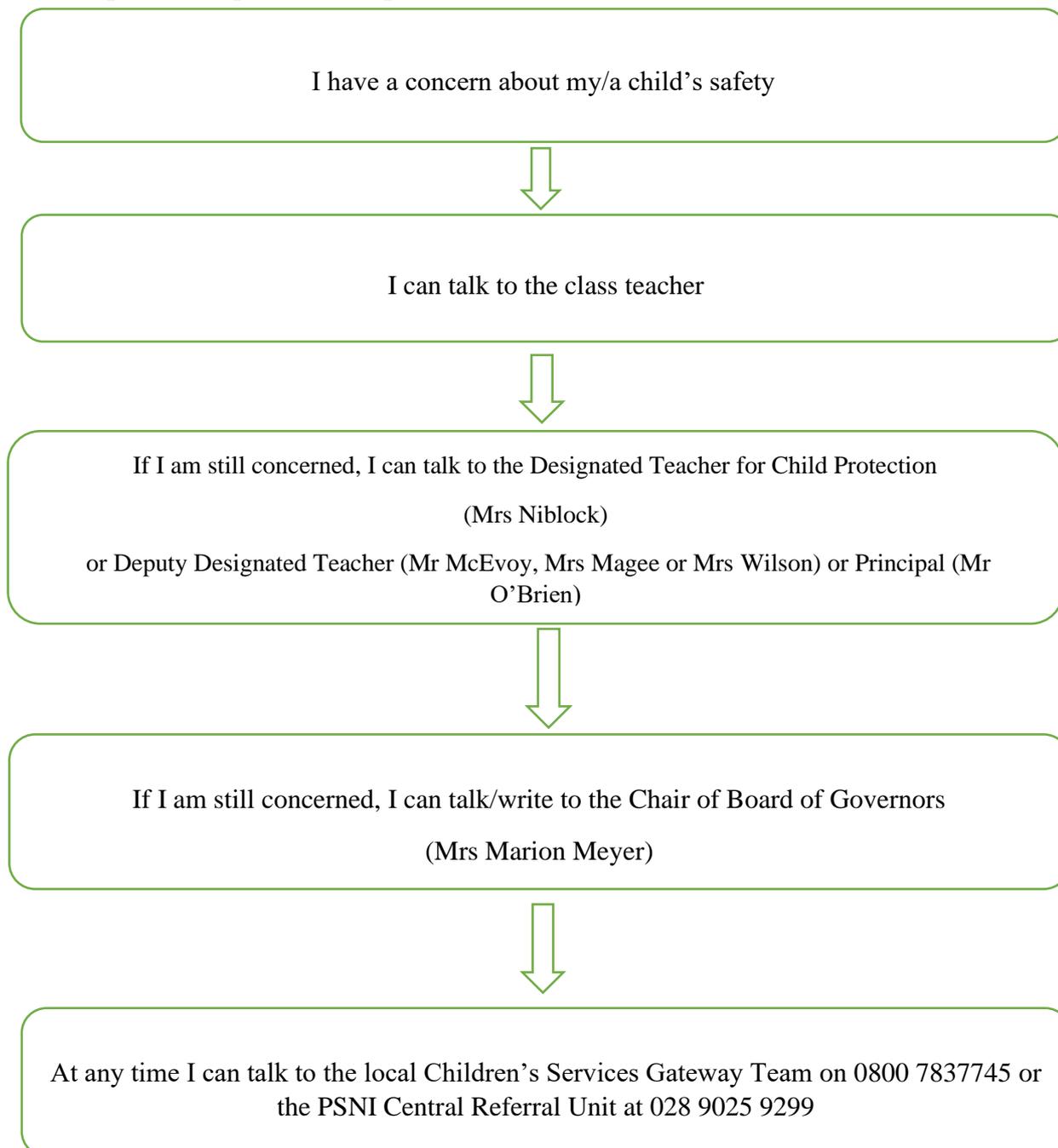
Work experience, school trips and educational visits

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 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

How a Parent can make a Complaint

If a parent has a potential child protection concern:



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/carer has a concern about a child's safety within the local community, it should be brought directly to the attention of the Children's Services Gateway Team.

Appendix 5

Procedure where the School has concerns, or has been given information, about possible abuse by someone other than a member of staff

Member of staff completes the Note of Concern on what has been observed or shared and must ACT PROMPTLY.

Source of concern is notified that the school will follow up appropriately on the issues raised.

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

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

Child Protection referral is required

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

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

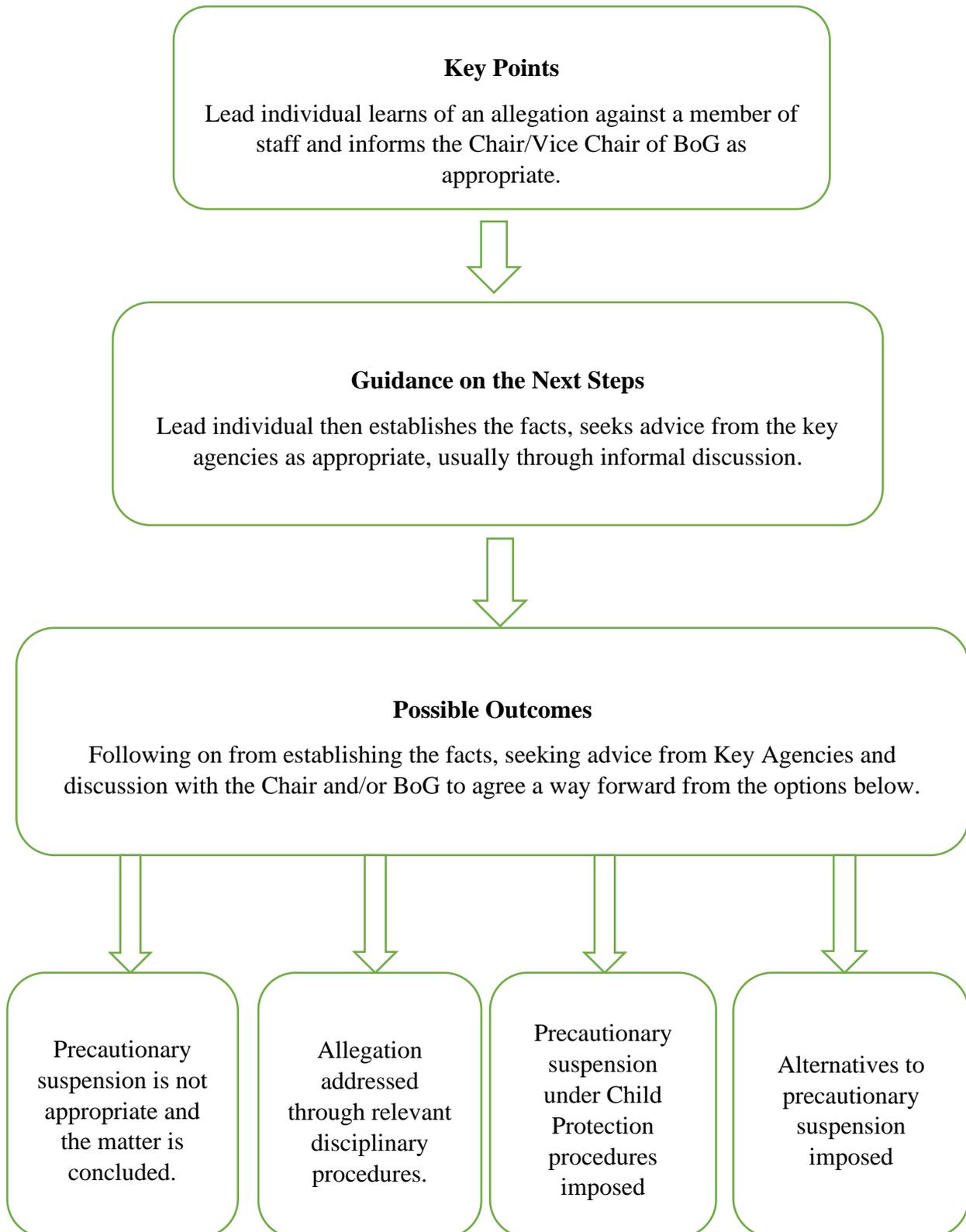
Child Protection referral is not required

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

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

Appendix 6

Dealing with Allegations of Abuse Against a Member of Staff





Appendix 7

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:
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: _____