



CHILD PROTECTION and INTIMATE CARE POLICY

Safeguarding Children

Naíscoil agus Bunscoil Bheanna Boirche

Date last reviewed	Date last updated	Comments
January 2017	January 2017	Updated to include references to online bullying
June 2017	June 2017	Updated to include NI Public Services Ombudsman
August 2018	August 2018	Updates to Intimate Care Annex
April 2019	April 2019	Addition of Preventative Curriculum Overview as annex Update of definitions of abuse
August 2020	August 2020	Updated in light of Covid 19
April 2021	April 2021	Updated to include details of Operation Encompass
May 2022	May 2022	Updated Deputy Designated Teacher names
September 2022	December 2022	Updated Designated Governor name
October 2023	October 2023	Updated Chairperson BOG name
October 2024	September 2024	Updated to reflect recent DE Circulars
September 2025	September 2025	Updated to reflect DE Circulars Addition of Helping Hands Programme
January 2026	January 2026	Adaptation to Intimate Care Policy to reflect pupils with assessed medical needs

Content

1	Key Principles of Safeguarding and Our School's Child Protection Ethos
2	Related Policies
3	The School Safeguarding Team
4	Definitions of Harm
5	Responding to a Safeguarding Concern
6	Consent, Confidentiality, Information Sharing and Record Keeping
7	Safe Recruitment Procedures
8	Code of Conduct
9	The Preventative Curriculum
10	Intimate Care
11	Operation Encompass
12	Monitoring and Evaluation
13	Appendices
	Appendix 1 Intimate Care Policy and Procedures
	Appendix 2 Specific Types of Abuse
	Appendix 3 Children with Increased Vulnerabilities
	Appendix 4 Signs and Symptoms of Child Abuse
	Appendix 5 Preventative Curriculum Guidance
	Appendix 6 Note of Concern
	Appendix 7 If a Parent Has a Potential Child Protection Concern Within the School
	Appendix 8 Procedure Where the School Has Concerns about Possible Abuse
	Appendix 9 Dealing with Allegations of Abuse against a Member of Staff
	Appendix 10 Safeguarding and Child Protection for Remote Teaching Arrangements
	Appendix 11 Code of Conduct for Staff, Parents and Visitors

1. Key Principles of Safeguarding and Child Protection

The fundamental principle in child care law and practice is that the welfare of the child (0-18 years) must always be the paramount consideration in decisions taken about him or her.

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), 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
- Evidence based and informed decision making.

Our Child Protection Ethos

We in Naíscail agus Bunscoil Bheanna Boirche have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our child-centred pastoral care policies, which aim to provide a caring, supportive and safe environment, valuing individuals for their unique talents and abilities, in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

According to the Department of Education "schools are required to deliver the statutory minimum curriculum content; however, the curriculum affords a large degree of flexibility to schools in how they develop and deliver their RSE taught programme. Under the 2023 Regulations, schools are required to have regard to this guidance when exercising their functions," DE Circular 2024/01. One important way in which we seek to protect our pupils is by helping them learn about their bodies, the risks of possible abuse, helping them to recognise unwelcome behaviour in others and acquire the confidence and skills they need to keep themselves safe. This preventative curriculum is delivered primarily through the implementation of the CCEA PDMU programme 'Living Learning Together' and the NSPCC 'Keeping Safe' Programme, conducting lessons and assemblies on keeping safe and identifying unsafe behaviours throughout the year (as shown in Appendix 4 - Preventative Curriculum Guidance).

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

All our staff and volunteers have been subject to appropriate background checks, in line with DE Circular 2024/10.

The overriding concern of all caring adults must be the care, welfare and safety of the child, and the welfare of each child is our paramount consideration. The problem of child abuse will not be ignored by anyone who works in our school, and we know that some forms of child abuse are also a criminal offence.

2. Other related polices

Naíscoil agus Bunscoil Bheanna Boirche have a duty to ensure that safeguarding permeates all activities and functions. This child protection policy therefore complements and supports a range of other school policies including:

- Addressing Bullying
- Attendance
- Drugs
- Positive Behaviour
- Staff Code of Conduct
- Complaints
- ICT and Online 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 www.bunscoilbb.com.

3. Our School Safeguarding Team

Our school 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 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.

The following are members of the school's Safeguarding Team:

- Chair of the Board of Governors Wayne Pickering
- Designated Governor for Child Protection Leanne Mackin
- Principal Ciarán Mac an tSionnaigh
- Designated Teacher Máire Úí Bhudáin
- Deputy Designated Teacher(s) Gráinne Lindsay and Sinéad Ní Thuamáin

Roles and Responsibilities

Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.

- A Designated and Deputy Designated Teacher are appointed in their schools.
- They have a full understanding of the roles of the Designated 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 DE Circular 2021/12 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 Circular 2012/19, DE Circular 2013/01 and DE Circular 2024/10 Pre-Employment/Access NI Check Requirements and Safer Recruitment practices for Staff and Volunteers Working in or providing a Service to Schools / Educational Settings.
- They receive a full annual report on all child protection matters. 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.

Chair of Board of Governors

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

In the event of a safeguarding or child protection complaint being made against

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

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

Designated Governor for Child Protection

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

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

Designated Teacher for Child Protection

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

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having 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.

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

The School Principal

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

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

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

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

Other Members of School Staff

- Members of staff must refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated

Teacher if he/she is not available.

- Class teachers should complete the Note of Concern (See Appendix 6) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.
- Staff should not give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions

Support Staff

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

Parents

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

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

protection

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

4. Definition of Harm

Levels of Abuse

Potential – where circumstances make abuse likely to happen

Suspected – where the appearance, behaviour or injury to a child or young person alerts someone to suspect that abuse has occurred or is occurring.

Confirmed – where the facts have been proven in court in criminal or care proceedings or where there has been an admission of guilt.

(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:

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.

****DOMESTIC ABUSE** - Whilst we are aware that Domestic Violence/Abuse is not one of the categories listed as forms of abuse, domestic violence, adult mental health problems and potential substance (prescribed and non-prescribed) misuse may expose a child to emotional harm, and therefore if we become aware of any of the above, we are obliged to make a referral.

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in Naíscoil agus Bunscoil Bheanna Boirche are aware of and have therefore included them in our policy. Please see [Appendix 2](#).

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in Irish/English or sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see [Appendix 3](#)

Signs and Symptoms of Abuse

The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (October 2024). We have included information about signs and symptoms of abuse in our policy. Please see [Appendix 4](#).

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, 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.

It is important to distinguish between different sexual behaviours - these can be defined as 'healthy', 'problematic' or 'sexually harmful'. More details on each type of behaviour can be found in DE Circular 2022/02 'Children Who Display Harmful

Sexual Behaviour'.

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

Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. 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. The CPSS will advise if additional advice from PSNI or Social Services is required.

Harmful sexual behaviour is any behaviour of a sexual nature that takes place when:

- There is no informed consent by the victim; and/or
- the perpetrator uses threat (verbal, physical or emotional) to coerce, threaten or intimidate the victim

Harmful sexual behaviour can include:

- Using age inappropriate sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Sexual behaviour between children is also considered harmful if one of the children is much older - particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them - for example, if the older child is disabled.

Bullying

Bullying, be it face-to-face or online, is a highly distressing and damaging form of abuse and is not tolerated in our school. All staff are vigilant at all times to the possibility of bullying occurring, and will take immediate steps to stop it happening, to protect and reassure the victim and to discipline the bully. Parents of both victim and bully will be personally contacted immediately if bullying behaviour is identified.

Any complaint by a parent that their child is, or may be, being bullied will be fully investigated by the designated teacher for child protection or the principal, and team action will be taken to protect the victim. This will usually include ensuring that another child or small group of children befriends and supports the child being bullied during the school day.

A parent making a complaint about bullying will have a personal response from the

designated teacher or principal within one week of making the complaint, indicating the investigation which has been carried out and the action being taken. The sanctions taken against a pupil who bullies will depend on the seriousness of the case, but will include the loss of any privileges or position of responsibility he/she holds in the school. The sanctions will follow procedures as outlined in our school Anti-Bullying Policy and in our school Positive Behaviour Policy. His/her behaviour will be carefully monitored until staff are satisfied that the problem has stopped.

If a pupil's bullying behaviour persists, the second stage will be to instigate the child protection procedures described below.

eSafety/Online Abuse

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 media environments and apps, and using games consoles through any digital device. In all cases, in schools and elsewhere, it is a paramount concern.

In January 2014, the SBNI published its report 'An exploration of e-safety messages to young people, parents and practitioners in Northern Ireland' which identified the associated risks around online safety under four categories:

Content risks: the child or young person is exposed to harmful material.

Contact risks: the child or young person participates in adult initiated online activity.

Conduct risks: the child or young person is a perpetrator or victim in peer-to-peer exchange.

Commercial risks: the child or young person is exposed to inappropriate commercial advertising, marketing schemes or hidden costs.

We understand that we have a responsibility to ensure that there is a reduced risk of pupils accessing harmful and inappropriate digital content and are energetic in teaching pupils how to act responsibly and keep themselves safe. As a result, pupils at Naíscoil agus Bunscoil Bheanna Boirche have a clear understanding of online safety issues and, individually, are able to demonstrate what a positive digital footprint looks like.

Safeguarding and promoting pupils' welfare around digital technology is the responsibility of everyone who comes into contact with the pupils in our school or on school-organised activities. In line with the DE Circular 2024/14, our Mobile Phone Policy also prohibits the use of pupil personal mobile phones in school, to help safeguard our pupils from the significant potential for misuse, both in terms of low-level disruption in classes and more serious misuse such as bullying and harassment of children and young people as well as staff.

In recognition of the links between internet use and safeguarding, our ICT and

Online Safety Policy reiterates the same key messages of our safeguarding, behaviour, mobile phone, code of practice and anti-bullying policies.

5. 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 .

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

In Naíscoil agus Bunscoil Bheanna Boirche we aim to work closely with parents/guardians 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, 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.

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 7.

South Eastern Board Area

Gateway Team 0300 1000 300 Out of Hours 02890 565444

PSNI Central Referral Unit (CRU) 02890 259299 (or 101 extension 30299)

Any cases which, upon verbally referring to Social Services, are not deemed Child Protection issues but are still of concern, should be referred for support for the area 'Family Support Hub'.

Karen Otley, Family Support Coordinator, Lisburn Health Centre 028 9250 1357
www.familysupportni.gov.uk

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

In Naíscoil agus Bunscoil Bheanna Boirche 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 Note of Concern (see Appendix 6) 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 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 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 8. This flowchart is also clearly displayed throughout the school.

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 9** will be followed. This flowchart is also clearly displayed throughout the school.

6. Consent

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

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

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

Confidentiality, Recording and Information Sharing

Information given to members of staff about possible child abuse cannot be held "in confidence". In the interests of the child, staff have a responsibility to

share relevant information about the protection of children with other professionals particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a 'need to know' basis.

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

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

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

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

If information is held electronically, whether on a PC, a laptop or on a portable memory device, all must be encrypted and appropriately password protected. These notes or records should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated/Deputy Designated Teacher. The person who reports the incident must treat the matter in confidence.

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

7. Recruiting and Vetting of Staff and Volunteers

Vetting checks are a key preventative measure in preventing unsuitable individuals' access to children and vulnerable adults through the education system and schools must ensure that all persons on school property are vetted, inducted and supervised as appropriate if they are engaged in regulated activity. All staff paid or unpaid who are appointed to positions in Naíscail agus Bunscoil Bheanna Boirche are vetted/supervised in accordance with relevant legislation and Departmental guidance, as outlined in DE Circular 2024/10.

8. 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 which has been approved by the Board of Governors, and is available to view on the school website.

9. 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)

Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through our delivery of the NSPCC Keeping Safe Programme, the Women's Aid Helping Hands resource, and the regular delivery of CCEA's Living.Learning.Together series. 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 issues are addressed through class assemblies also. An overview of how the NSPCC Keeping Safe, Helping Hands and Living.Learning.Together programmes are delivered is included in Appendix 5.

10. Intimate Care (see Appendix 1)

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

If a child needs assistance to be changed following an accident, where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. In this case, the class teacher will get an additional adult to stand close by while the child is being changed. The safety, dignity and self esteem of the child is paramount. If a child has a specific problem relating to toileting, parental advice and guidance will be sought so that the child's needs are met. Please refer to our 'Intimate Care Policy' for further guidance and information.

Protecting the Teacher

(Reprinted from "child abuse guidance to members" Irish National Teachers' Organisation, 1993, by kind permission)

Private meeting with pupils

- a) Teachers should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place, but, where possible, such interviews should be conducted in a room with visual access, or with the door open, or in a room or area which is likely to be frequented by other people.
- b) Where such conditions cannot apply teachers are advised to ensure that another adult knows that the interview is taking place. The use of 'engaged' signs or lights is not advisable.
- c) Where possible another pupil or another adult should be present or nearby during the interview.

Physical contact with pupils

- a) As a general principle teachers are advised not to make unnecessary physical contact with their pupils. This is particularly the case with children of secondary school age and maturing children of primary school age.
- b) Physical contact which may be misconstrued by the pupil, parent or other casual observer should be avoided. Such contact can include well

intentioned informal gestures such as putting a hand on the shoulder or arm, which if repeated with an individual pupil, could be misconstrued, as well as more obvious and more intimate contact which should never occur.

- c) There may be occasions when a distressed child needs comfort and reassurance which may include physical comforting such as a caring parent would give. Teachers should use their discretion in such cases to ensure that what is, and what is seen by others present to be, normal and natural does not become unnecessary and unjustified contact, particularly with the same child over a period of time.
- d) Some teachers are likely to come into physical contact with their pupils from time to time in the course of their teaching, for example when showing a pupil how to use a piece of apparatus or equipment or while demonstrating a move or exercise during games or PE. Teachers should be aware of the limits teachers' professional judgement will be exercised and for the vast majority of teachers this Code of Conduct confirms, what has always been their practice.

From time to time, however, it is wise for all teachers to review their teaching styles, relationships with pupils and their manner and approach to individual pupils, to ensure that they give no grounds for doubt about their intentions, in the minds of colleagues, of pupils or of their parents.

11. 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.

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 safeguarding school. This will allow the school safeguarding team to provide direct or indirect support to this child and family.

This information will be treated like any other child protection information as per DE Circular 2020/07. It will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team will complete the online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone will be made aware of

Operation Encompass and the need to pass these calls on with urgency.

Monitoring and Evaluation

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

APPENDIX 1

Bunscoil and Naísccoil Bheanna Boirche

INTIMATE CARE POLICY

DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Supervision of a child involved in intimate self-care
- Cleaning up a child after wetting/soiling accident

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues and will have been provided with Child Protection training on a regular basis, as per DE guidelines.

Staff deliver a full personal safety curriculum, as part of Personal Development and Mutual Understanding, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Naíscoil agus Bunscoil Bheanna Boirche is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Naíscoil agus Bunscoil Bheanna Boirche recognizes that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who must provide intimate care are fully aware of best practice. Gloves, masks and aprons will be provided to assist with children who need special arrangements following medical assessment, as required.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes.

There is careful communication with each child who needs help with intimate care, in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

When a child requires intimate care assistance (in the case of needing to change, for example), the class teacher will ensure an additional adult is also present/close by while the child is changing. Doors will be kept open and physical contact will be kept to a minimum. The safety, dignity and self esteem of the child is paramount. If a child has a specific problem relating to toileting, parental advice and guidance will be sought so that the child's needs are met. It should be noted that by the time a child starts school they will normally be expected to be independent in terms of their use of toilet facilities. In the case of a pupil with specific toileting needs identified by medical assessment, an

individual Intimate Care Plan may be deemed appropriate, requiring parental permission for help with aforementioned specific toileting problems. Where this is not given, the parent/carer will have the option to come into school to undertake the intimate care of the child or to take the child home. The Parental/ Carer Permission Form is included at the end of this policy, and is expected to be signed and returned by all parents every September when overall permission forms are given out for the new school year.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc she/he will immediately report concerns to the appropriate person for child protection (Máire, Designated Teacher for Child Protection, Sinéad or Gráinne, Deputy Designated Teachers for Child Protection). A clear record of the concern will be completed and referred on if necessary (see child protection policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process, in order to reach a resolution. The child's needs will remain paramount. Further advice will be taken from outside agencies if necessary.

INTIMATE CARE GOOD PRACTICE CHECKLIST FOR STAFF

Such care might be necessary with:

- A child who has wet or soiled themselves
- A child who has been hurt and treatment requires removal of clothing

1. Ensure the child's dignity at all times; there should be appropriate discretion used to ensure the pupil is not visible to others.
2. Reassure the child and tell them what you plan to do.
3. Listen to the child's wishes.
4. Where a child has "wet" him/herself, the child will be brought to the toilets discretely and afforded the opportunity to change him/herself into the underwear provided (which is requested to be provided by parents and kept in individual school bags, but where not provided by parent, is available from the class teacher).
5. Where the child requires more intimate care (e.g soils him/herself), the parent/carer will be contacted immediately and asked to come to school to assist the child or to take him/ her home. The parent will be reassured that the child will be well cared for while awaiting the arrival of the parent/carer
6. Should hands-on assistance be needed, one staff member should provide physical assistance in view of the other staff member, while he/she holds the door of the toilets open in order to protect both the child and the staff member.
7. In the case of pupils with specific toileting needs, identified by medical assessment, parental permission for help with specific toileting problems will have already been provided, and an individual intimate care plan agreed with the school.
8. Gloves, masks and aprons will be provided to assist with children who need special arrangements following medical assessment.
9. Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choice where possible.
10. If a child is distressed or protests, care will be stopped immediately and advice or assistance sought from another member of staff.
11. If necessary, the pupil will be provided with clean underwear and trousers.
12. Record the duty of intimate care in the class incident book, and if you observe any unusual markings, discolourations or swelling including the genital area/have any Child Protection concerns, report immediately to your designated/deputy designated teacher (Máire, Sinéad or Gráinne).
13. Inform the parent about the care that was administered in writing.
14. Wet/soiled clothing should be placed into a plastic bag and returned home with the pupil.
15. If a staff member has concerns about a colleague's intimate care practice, they must report this to the designated Child Protection officer.

**NAÍSCOIL agus BUNSCOIL BHEANNA BOIRCHE INTIMATE CARE
PROCEDURES**

Please complete and return this sheet to your child's teacher.

- It is the policy of Bunscoil agus Naíscoil Bheanna Boirche to involve the child in their intimate care and to try to encourage the child's independence as far as possible in his/her intimate care.
- Where a child has "wet" him/herself, he/she will be guided discretely to the toilet by a staff member. The child will be afforded the opportunity to change him/herself into their change of underwear and clothes. Parents/carers will be informed in writing.
- It is essential that parents of Foundation Stage pupils (Naíscoil , Rang 1 and 2) should include a spare pair of trousers and some socks and underwear in their schoolbags in case a wetting incident should occur.
- Where the child requires more intimate care (e.g soils him/herself), the parent/carer will be contacted immediately and asked to come to school to assist the child or to take him/ her home (except in the case of a child with an individual intimate care plan as a result of a specific medical assessment). The child will be encouraged to clean and change themselves, made comfortable, and will be reassured while awaiting the arrival of his/her parent/carer.
- We will endeavour to ensure that our practice in intimate care is consistent. A record of the intimate care given will be recorded and parents/ carers will be notified.
- We will treat every child with dignity and respect and at all times will ensure privacy appropriate to the child's age and situation. We will try to involve the child in his/her own intimate care, where appropriate.
- I have read the above Intimate Care Policy and Procedures and agree to their implementation, if required. A full copy of our Child Protection and Intimate Care Policy is available to view at www.bunscoilbb.com.

Child's Name: _____

Parent/carer's Signature: _____

Date: _____

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

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

If the staff in Naíscoil agus Bunscoil Bheanna Boirche become aware of signs that may indicate grooming, they will take early action and follow the school's child protection policies and procedures. The HSCT and PSNI should be involved as early as possible to ensure any evidence that may assist prosecution is not

lost and to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim to be put in place without delay.

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

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

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

Statutory Responsibilities

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

Domestic and Sexual Abuse

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

Domestic Abuse is:

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

Sexual Abuse is:

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

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

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

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

Children Who Display Harmful Sexual Behaviour

Learning about sex and sexual behaviour is a normal part of a child's development. It will help them as they grow up, and as they start to make decisions about relationships. As a school we support children and young people, through the Personal Development element of the curriculum, to develop their understanding of relationships and sexuality and the responsibilities of healthy

relationships. Teachers are often therefore in a good position to consider if behaviour is within the normal continuum or otherwise.

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

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

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

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

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

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

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

Online safety

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

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

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

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

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

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

Sharing Nudes and Semi-Nudes

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

Sharing nudes and semi-nudes between individuals in a relationship

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

Sharing an Inappropriate Image with an Intent to Cause Distress

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

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 Irish or English**

Children whose first language is not Irish or English or are 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 our young children in pre-school settings 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.

- 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. Via our RSE Policy, available to view on our school website, staff at Naíscoil agus Bunscoil Bheanna Boirche cover issues relating to feelings, relationships, their bodies, and how they change as they grow.

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

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

APPENDIX 4

Signs and Symptoms of Child Abuse

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

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

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

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

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

Suspicions should be raised by e.g.

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem

- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)
- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child
- evidence of domestic violence
- parents with mental health difficulties, particularly of a psychotic nature
- evidence of parental substance abuse

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

Parental Response to Allegations of Child Abuse Which Raise Concern

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

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.
- parents may seek to minimise the severity of the abuse or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.

- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

Physical Abuse

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

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

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

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

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

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

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

- forehead

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

Less common sites for accidental bruising include:

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

Non-accidental bruises may be:

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

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

The following should give rise to concern e.g.

- bruising in a non-mobile child, in the absence of an adequate explanation,
- bruises other than at the common sites of accidental injury for a child of that developmental stage,

- facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children.
- soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation.
- a torn upper lip frenulum (skin which joins the lip and gum).
- patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch may be petechial), strap marks particularly on the buttocks or back.
- ligature marks caused by tying up or strangulation.

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

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

b) Eye Injuries

Injuries which should give cause for concern:

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

c) **Burns and Scalds**

Accidental scalds often:

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

It can be difficult to distinguish between accidental and non-accidental burns. Any burn or scald with a clear outline should be regarded with suspicion e.g.

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

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

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

d) **Fractures**

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

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

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

e) Scars

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

f) Bites

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

g) Other Types of Physical Injuries

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

h) Fabricated or Induced Illness

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

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

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

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

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

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

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

- failure to thrive/growth faltering (sometimes through deliberate withholding of food.)
- fabrication of medical symptoms especially where there is no independent witness
- convulsions.

- pyrexia (high temperature).
- cyanotic episode (reported blue tinge to the skin due to lack of oxygen).
- apnoea (stops breathing).
- allergies
- asthmatic attacks
- unexplained bleeding (especially anal or genital or bleeding from the ears)
- frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations
- frequent 'accidental' overdoses (especially in very young children).

Concerns may arise when:

- reported symptoms and signs found on examinations are not explained by any medical condition from which the child may be suffering.
- physical examination and results of medical investigations do not explain reported symptoms and signs.
- there is an inexplicably poor response to prescribed medication and other treatment.
- new symptoms are reported on resolution of previous ones.
- reported symptoms and/or clinical signs do not occur when the carers are absent
- over time the child is repeatedly presented to health professionals with a range of signs and symptoms.
- the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.

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

Sexual Abuse

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

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

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

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

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

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused.

Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

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

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

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

Pre-School Child (0-4years)

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

- bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs
- itching, soreness, discharge or unexplained bleeding
- physical damage to genital area or mouth
- signs of sexually transmitted infections

- pain on urination
- semen in vagina, anus, external genitalia
- difficulty in walking or sitting
- torn, stained or bloody underclothes or evidence of clothing having been removed and replaced
- psychosomatic symptoms such as recurrent abdominal pain or headache.

Possible behavioural indicators include:

- unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me".
- heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals.
- using objects for masturbation - dolls, toys with phallic-like projections.
- rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals.
- simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc.
- simulated sexual activity with dolls, cuddly toys.
- fear of being alone with adult persons of a specific sex, especially that of the suspected abuser.
- self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.
- social isolation - the child plays alone and withdraws into a private world.
- inappropriate displays of affections between parent and child who behave more like lovers.

- fear of going to bed and/or overdressing for bed.
- child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

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

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

The Adolescent

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

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

- sexually transmitted infections.

Possible behavioural indicators include:

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

Emotional Abuse

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

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

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

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

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

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

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

Possible behaviours that may indicate emotional abuse include:

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

- developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

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

- extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc.
- fostering extreme dependency in the child
- harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love
- expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low
- exposure of the child to family violence and abuse
- inconsistent and unpredictable responses to the child
- contradictory, confusing or misleading messages in communicating with the child
- serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met
- induction of the child into bizarre parental belief systems
- break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child
- major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address
- making a child a scapegoat within the family

Neglect

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

There is a tendency to associate neglect with poverty and social disadvantage. Persistent neglect over long periods of time is likely to have causes other than

poverty, however. There has to be a distinction made between financial poverty and emotional poverty.

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

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

Recognition of Neglect

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

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

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

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

Child

Health presentation indicators include:

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

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

Emotional and behavioural development indicators include:

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

Family and social relationship indicators include:

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

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

Parents

Lack of emotional warmth indicators include:

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

Lack of stability indicators include:

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

Issues relating to providing guidance and setting boundaries indicators include:

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

Social Presentation

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

Health

- mental ill health
- substance misuse

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

Home and Environmental Conditions

The following home and environmental conditions should be considered:

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

Impediments to ongoing assessment and appropriate multidisciplinary support

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

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

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

Children with Disability

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

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

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

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

Risk Factors Associated with Child Abuse

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

Child

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

- birth defects/chronic illness/developmental delay.

Parents

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

Home and Environmental Conditions

- unemployment
- no income/poverty
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently
- debt
- large family

APPENDIX 5:

BBB PREVENTATIVE CURRICULUM GUIDANCE NSPCC Whole-School Keeping Safe Programme

	Theme 1 Healthy Relationships	Theme 2 My Body	Theme 3 Being Safe
P1	<p>1. Children will know the names of feelings such as worried, excited, nervous and afraid.</p> <p>2. Children will understand that hands are not for hurting.</p> <p>3. Children will know what to do if they are afraid, worried, nervous or hurt.</p>	<p>1. Know proper names for body parts and what 'private means'.</p> <p>2. Children will understand that we don't share Private parts.</p> <p>3. Children will know how to be body smart. They will be able to say NO! when their body gets a 'NO' feeling.</p>	<p>1. Children will understand what safe means and identify with feelings of being safe.</p> <p>2. Children will be able to identify situations that are safe and not safe.</p> <p>3. Children will know how to tell someone if they are not feeling safe.</p>
P2	<p>1. Children will know that no one has the right to hurt them.</p> <p>2. Children will know what to do if they are worried about someone being hurt.</p> <p>3. Children will understand that no one has the right to continually say things to make them feel sad.</p>	<p>1. Children will know the difference between appropriate and inappropriate touch.</p> <p>2. Children will understand they have the right to say no if your body feels 'no'.</p> <p>3. Children will be able to tell the difference in good and bad secrets and know who and how to tell.</p>	<p>1. Children will identify 'safe' people in their lives.</p> <p>2. Children will understand the importance of asking for help from an adult while online.</p> <p>3. Children will know what to do in unsafe situations.</p>
P3	<p>1. Children will know that it's OK to say no to a friend.</p> <p>2. Children will understand that it's OK to feel angry but we don't hurt others physically or emotionally because of this.</p>	<p>1. Children will know that Privates are not for sharing.</p> <p>2. Children will understand that their body belongs to them.</p> <p>3. Children will know to talk about secrets that upset them, even if it involves someone they or</p>	<p>1. Children will learn to be body smart. Know the signs when our body feels unsafe.</p> <p>2. Children will know how to keep themselves safe online.</p> <p>3. Children will be able to devise rules that would keep them safe in public places.</p>

	3. Children will know what to do if they feel hurt by anyone, even adults.	their family know very well.	
P4	<p>1. Children will understand that they have the right to be in a happy and caring environment.</p> <p>2. Children will understand some of the reasons for anger and how to deal with it.</p> <p>3. Children will know what a real friendship should look like.</p>	<p>1. Children will know that no one should make them do things that they don't want to, they will know how to say no.</p> <p>2. Children will understand the importance of not keeping secrets about their private parts.</p> <p>3. Children will be able to recognise bribe and threats and know what to do.</p>	<p>1. Children will identify people whom they would go to for help in different situations.</p> <p>2. Children will know that it is not safe to share personal information online.</p> <p>3. Children will understand that 'You can't judge a book by its cover' (Misconceptions).</p>
P5	<p>1. Children will understand what cruelty is and how we can stop it.</p> <p>2. Children will understand that trying to control someone is wrong. They will know how to stand up for themselves and be assertive.</p> <p>3. Children will know about online bullying and how to stop it.</p>	<p>1. Children will understand that their body belongs to them and they are entitled to privacy.</p> <p>2. Children will know what is appropriate and inappropriate for their age.</p> <p>3. Children will understand the potential dangers with taking and sending photos online.</p>	<p>1. Children will understand what is safe to share online and offline.</p> <p>2. Children will understand that when online there are things they should not accept or open as they may not be reliable.</p> <p>3. Children will know that they need to tell an adult if they are being asked for personal information online or being asked to meet someone they have met online.</p>
P6	<p>1. Children will understand the problems that can occur with online friendships and understand how online friendships differ from personal friendships.</p> <p>2. Children will be able to identify all forms of bullying and reasons for it.</p>	<p>1. Children will understand the dangers of sharing personal information online</p> <p>2. Children will know that private areas should never be shared even with people you know and respect.</p> <p>3. Children will be able to recognise a bribe/threat</p>	<p>1. Children will know the difference in needs and wants and understand they have a right to feel safe and secure.</p> <p>2. Children will understand how their body reacts when they are angry or feel threatened.</p> <p>3. Children will know their</p>

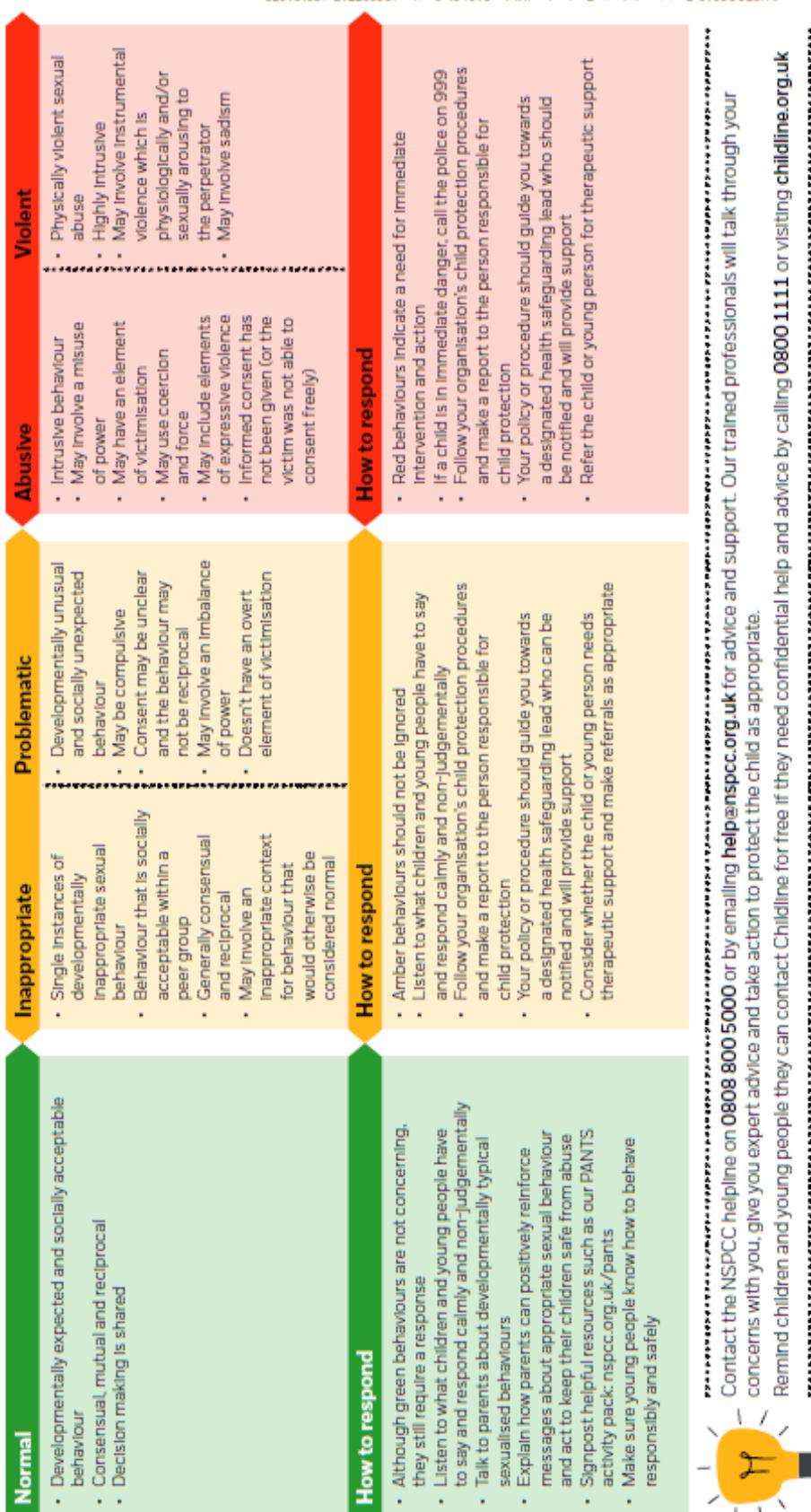
	<p>3. Children will be able to demonstrate strategies for dealing with bullying.</p>	<p>and know how to deal with it.</p>	<p>rights as a child, and that there are laws to protect children.</p>
P7	<p>1. Children will know what domestic violence is and understand that it is wrong.</p> <p>2. Children will understand that all relationships and families are different but they should not suffer.</p> <p>3. Children will be able to recognise an unhealthy relationship and know how to deal with it.</p>	<p>1. Children will know the 4 main forms of abuse and a brief definition. (neglect, sexual, physical and emotional)</p> <p>2. Children will understand the problems some people face in telling about abuse.</p> <p>3. Children will be able to develop skills in communicating their feelings/problems with adults.</p>	<p>1. Children will understand what is meant by Cyberbullying, how and why it happens and how to deal with it.</p> <p>2. Children will research the work of organisations that help children who have been abused.</p> <p>3. Children will be able to educate younger children in the school about 'Keeping safe'.</p>

Responding to children who display sexualised behaviour

In partnership with

NSPCC | **NHS** | **Durham University** | **Supported by Health Education England**

It's important for health practitioners to be able to distinguish normal sexual behaviours from those that may be inappropriate, problematic or harmful, and make sure children get the appropriate support. Use this guide alongside the resources at nspcc.org.uk/hsb/health to help you decide what kind of sexualised behaviour a young person is displaying, and respond in the right way.



Whole-school suggested NSPCC Keeping Safe, Helping Hands and and Living Learning Together lessons



Téarma	Seachtain	Maireachtáil. Foghlaim. Le Chéile. (Ceachtanna ranga ar léith leagtha amach sna doiciméid NSPCC thíos)
1	1	Maireachtáil. Foghlaim. Le Chéile.
	2	Maireachtáil. Foghlaim. Le Chéile.
	3	Maireachtáil. Foghlaim. Le Chéile.
	4	Connect and Nurture 1
	5	Helping Hands - Session 1 - Developing Children's' Self Esteem
	6	Helping Hands - Session 2 - Feelings
	7	Connect and Nurture 2
	8	Teach Keeping Safe Lesson 1 Theme1
	9	Teach Keeping Safe Lesson 2 Theme1
	10	Teach Keeping Safe Lesson 3 Theme1
	11	<i>Sos na Samhna</i>
	12	Maireachtáil. Foghlaim. Le Chéile.
	13	Maireachtáil. Foghlaim. Le Chéile.
	14	Connect and Nurture 3
	15	Helping Hands - Session 3 - The Right to Feel Safe
	16	Helping Hands - Session 4 - Oh! Oh! Signs
	17	Maireachtáil. Foghlaim. Le Chéile.
	18	Connect and Nurture 4
	19	<i>Sos na Nollag</i>
	20	<i>Sos na Nollag</i>
2	21	CAN 5
	22	Teach Keeping Safe Lesson 1 Theme 2
	23	Teach Keeping Safe Lesson 2 Theme 2

	24	Teach Keeping Safe Lesson 3 Theme 2
	25	Helping Hands - Session 5 - Helping Hands
	26	Helping Hands - Session 6 - Even if.....?
	27	<i>Sos Leath-Théarma</i>
	28	Maireachtáil. Foghlaim. Le Chéile.
	29	Maireachtáil. Foghlaim. Le Chéile.
	30	Teach Keeping Safe Lesson 1 Theme 3
	31	Teach Keeping Safe Lesson 2 Theme 3
	32	CAN 6
	33	Helping Hands - Session 7 - Others Have the Right to Feel Safe With Us
	34	Helping Hands - Session 8 - Secrets and Surprises
	35	<i>Sos na Cáscá</i>
	36	<i>Sos na Casca</i>
3	37	CAN 7
	38	Maireachtáil. Foghlaim. Le Chéile.
	39	Maireachtáil. Foghlaim. Le Chéile.
	40	Maireachtáil. Foghlaim. Le Chéile.
	41	Maireachtáil. Foghlaim. Le Chéile.
	42	CAN 8
	43	Maireachtáil. Foghlaim. Le Chéile.
	44	Maireachtáil. Foghlaim. Le Chéile.

APPENDIX 6: CP NOTE OF CONCERN PROFORMA

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:

Reviewed September 2025

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:		

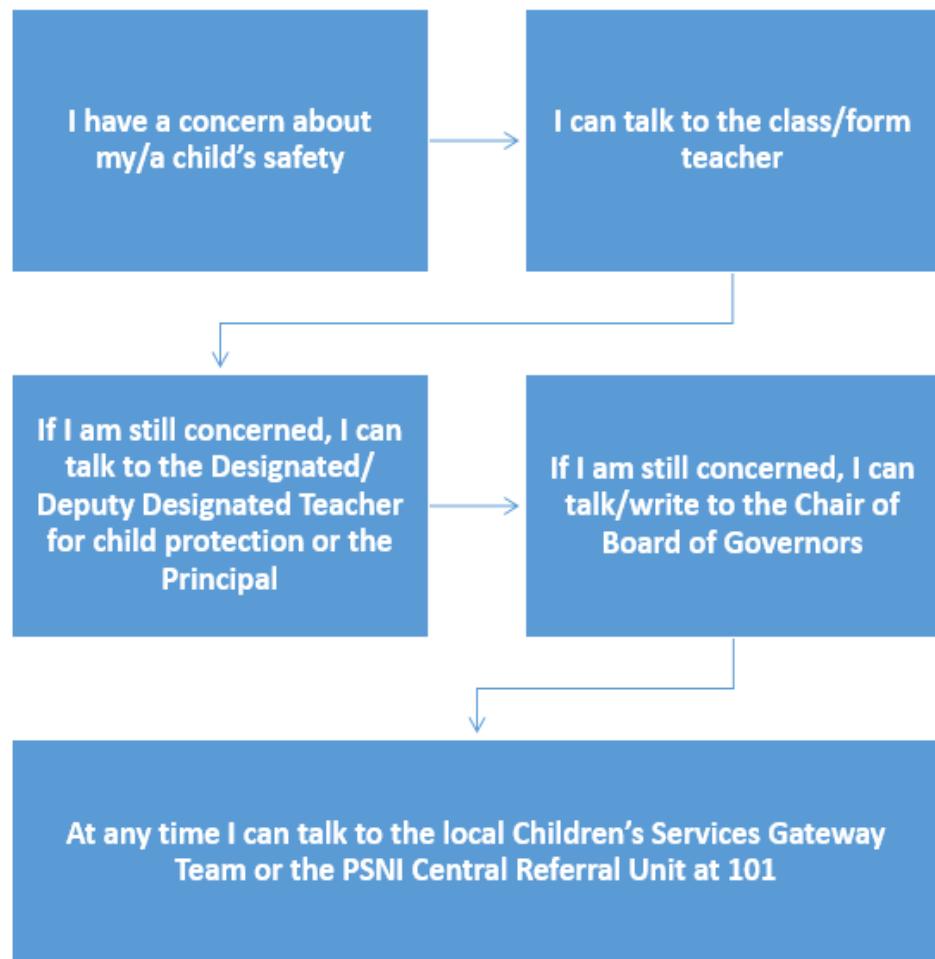
Name of Staff Member Making the Report: _____

Signature of Staff Member: _____ **Date:** _____

Signature of Designated Teacher: _____ **Date:** _____

APPENDIX 7

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



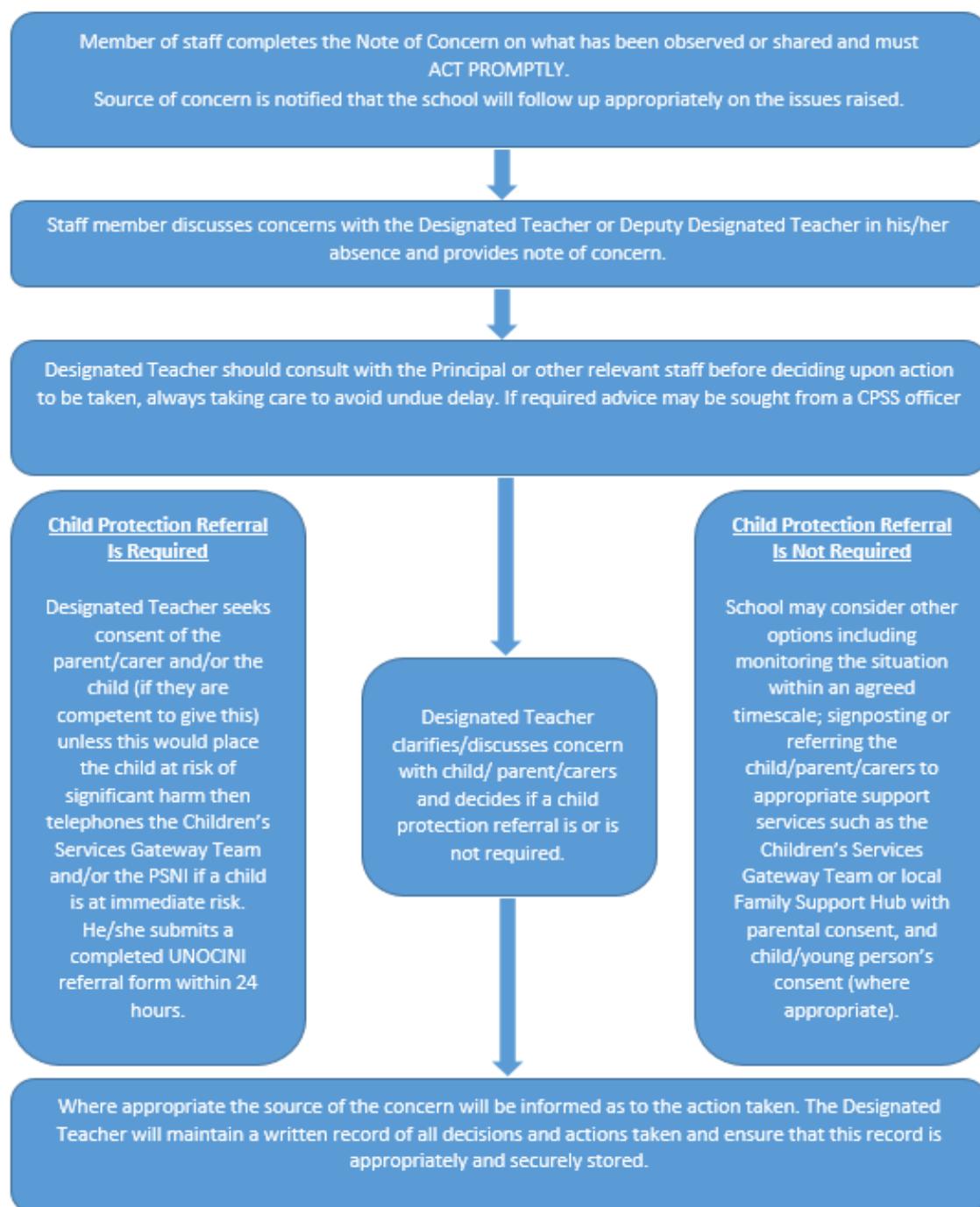
If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the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

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

**At any time parents can talk to a social worker in the Gateway Team
based in Downpatrick 02844613511**

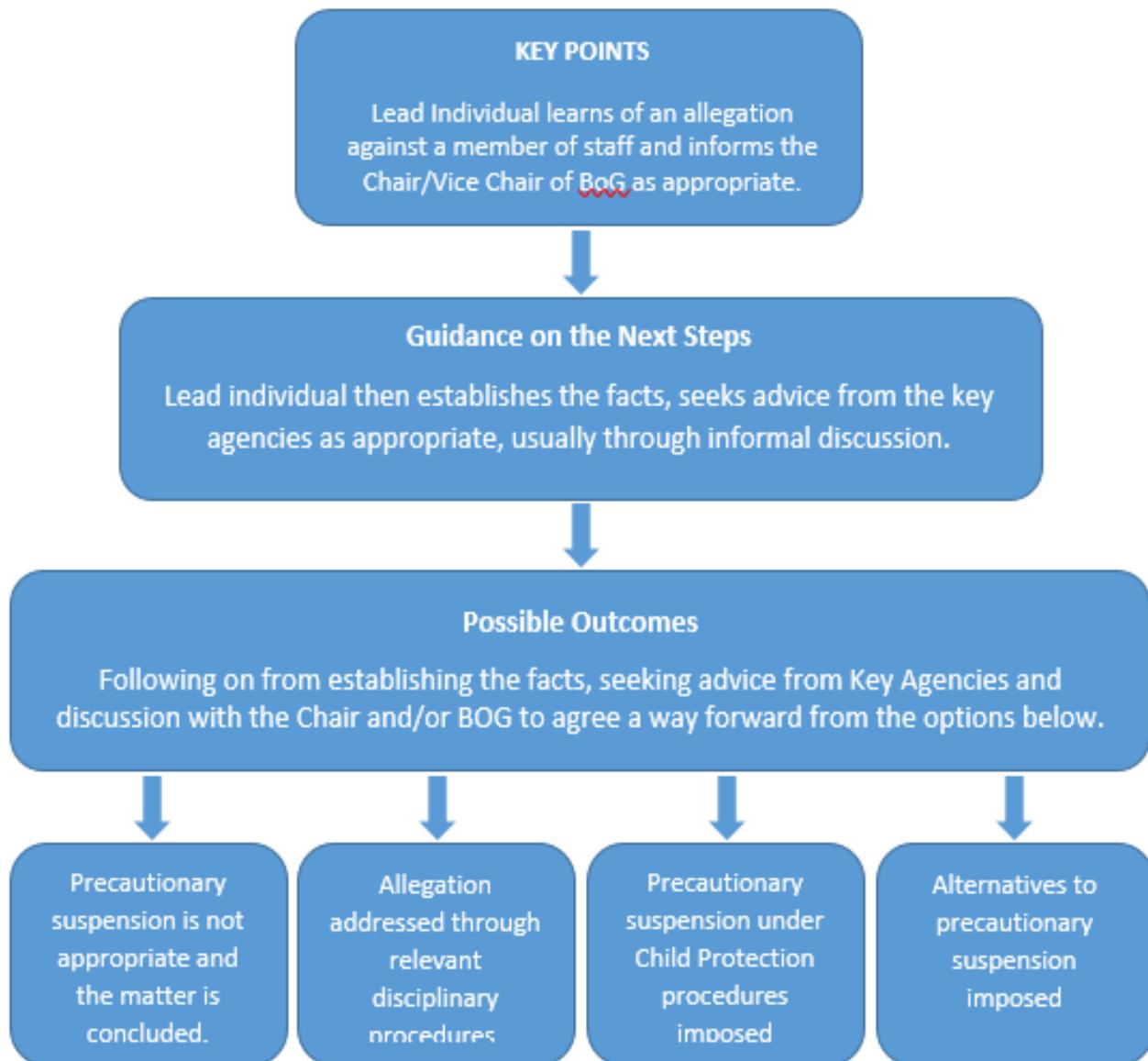
APPENDIX 8

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



APPENDIX 9

Dealing with Allegations of Abuse against a Member of Staff



APPENDIX 10

Safeguarding and Child Protection for Remote Teaching Arrangements

1. CONTEXT

During Covid-19 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of key workers and children who are vulnerable.

Pupils were therefore required to engage in online/remote learning, which was indeed helpful for pupils to be able to continue their studies and retain some routine and structure, but online learning also brought its own set of challenges.

Should online/remote learning be deemed necessary again, either due to public health mandates or due to individual pupil circumstances such as illness etc, it is useful to have guidelines and procedures in place to support staff and pupils again.

2. PROCEDURES

Staff should continue to follow the procedures outlined in our school's Child Protection Policy which is available on our school website.

In addition the following arrangements are in place to support families and monitor pupil safety:

- The school email address and main school phone number are available on our school website. The Principal and DT are available via these means of communication, should any concerns, especially of a Safeguarding nature, arise.
- Teachers provide online learning via the school website, C2k platform and Google Classrooms with strict procedures in place to minimise risk (outlines below).
- Our school website provides parents with a range of resources and links to additional online learning, support and guidance.
- We would remind everyone to stay safe when using online resources and to report any concerns to a member of the safeguarding team.

3. ONLINE SAFETY

In order to ensure the safety of all involved the following guidance should be followed if staff and pupils are engaging in online teaching/communication using video conferencing or platforms recommended by and available via C2K.

- Teachers and pupils need to be fully dressed and should not wear pyjamas/sleep wear during the session.
- Students cannot participate from a bedroom.
- The teacher arranges the session and password and shares this only with pupils.
- Pupils must agree not to share the password with anyone else.
- Parental consent will be sought before their child attends online sessions.
- A disclosure or concern over any online forum will be followed up as it would be in school.
- Online sessions should be time limited for the benefit of both children and teachers.

If there is a breach to any of these procedures e.g. pupil gives the password to someone else who joins the group the teacher should immediately terminate the session and advise the Principal.

4. HOW A PARENT CAN RAISE AN ISSUE OR EXPRESS A CONCERN

We would welcome parents asking for advice and help if they have concerns about their child's well-being or safety. Asking for help is a protective factor and parental concerns and requests for help will always be taken seriously.

Any member of staff will listen carefully to parental concerns and ensure that the request for help, if necessary, is brought to the attention of a member of the safeguarding team. In this case a decision can be made as to how best to provide help.

5. IF SCHOOL IS OPEN DURING PANDEMIC CLOSURES

If school is open for vulnerable pupils and key workers children the school should adhere to the EA guidance.

If our school is part of a cluster of schools which are open we will share relevant safeguarding information with the Designated Teacher and/or Principal. In accordance with our Child Protection procedures this information will be shared on a need to know basis.

In any event, we will follow current Department of Education and Department of Health guidelines regarding social distancing, hygiene and personal protective equipment to ensure the safety of both pupils and staff.

6. HOW A CHILD CAN RAISE A CONCERN

We know that while many children will be enjoying their time at home and remain almost unaffected by this unusual situation, there will be others who feel scared, lonely and even those who miss school. Our safeguarding responsibility to all our children continues and we will seek to maintain contact with our children and young people as well as signpost them to other agencies.

We will use the following means to connect with our children and young people:

- Respond to comments on our Google Classrooms or on our school website.
- Respond to any concerning comments our young people / parents post on the Cairde Facebook page.
- When contacting parents via phone we will always ask to speak to their child or young person.
- All our children will be given an email address as one way to connect with school.

7. SOME USEFUL LINKS AND CONTACT TELEPHONE NUMBERS: -

CONTACT DETAILS FOR KEY SCHOOL STAFF DURING EXCEPTIONAL SCHOOL CLOSURES

Principal - 028 437 71356

GATEWAY Team (social workers based in Downpatrick) - 028 44613511

Any cases which, upon verbally referring to Social Services, are not deemed Child Protection issues but are still of concern, should be referred for support to the area 'Family Support Hub'.

Karen Otley, Family Support Coordinator, Lisburn Health Centre 028 9250 1357

www.familysupportni.gov.uk

PSNI Central Referral Unit (CRU) 02890 259299 (or 101 extension 30299)

Additional Resources available at:-

- <https://learning.nspcc.org.uk/>
- <https://www.camhs-resources.co.uk/>
- <https://www.childline.org.uk/info-advice/your-feelings/>
- <https://www.saferinternet.org.uk/helpline/report-harmful-content>
- <https://www.ceop.police.uk/Safety-Centre/>

APPENDIX 11

Naísccoil agus Bunscoil Bheanna Boirche



Code of Conduct

In Naísccoil agus Bunscoil Bheanna Boirche we want all our students and staff to feel happy, safe and secure so that they can benefit fully from their time in school and be enabled to contribute wholeheartedly to the Irish-medium educational experience which our school offers.

Pupils at Naísccoil agus Bunscoil Bheanna Boirche have the right to this education, which offers them every opportunity to attain their full potential through the medium of Irish. The Principal, teaching staff and support staff are here to create the circumstances to allow this to happen. Governors, parents and the wider community also assist in this process.

We aim, at all times, to behave appropriately and warmly towards each other and to support one another both personally and professionally. As members of our school community, we are mindful that our behaviour towards one another and towards our pupils should always be above reproach and we acknowledge the need to exercise prudence in our dealings with the students in our care.

The main points of our code of conduct are:

- Respect self, pupils, teachers and other adults
- Respect your own and other people's property
- Be courteous and well-mannered
- Be honest, trusting and hard-working
- Take responsibility for words and actions
- Be friendly and co-operative
- Show tolerance towards others
- It is the statutory duty of staff to record and report safeguarding matters/issues.

Staff of Naíscoil agus Bunscoil Bheanna Boirche

We subscribe to the following good practice in this area:

- When the need arises to interview a student alone it is wise to let another member of staff know that the meeting is happening and where it will be taking place. The venue should, if at all possible, have a window and, if this is not so, a door should be left ajar if this is appropriate to the meeting.
- It is good practice to avoid **unnecessary** physical contact with our students. We acknowledge, however, that it is neither practical nor desirable to suggest that there should be no physical contact and we would not wish to see a distressed student deprived of a reassuring or comforting touch because of a fear of physical contact. Where a student indicates, however, that she/he is uncomfortable with such contact it should never take place. Additionally, it is prudent to avoid any physical contact which might be open to misinterpretation by the student or by others.
- Where physical contact is required to maintain the safety of the student or others around them, that safety must take precedence over all other considerations.
- There should **never** be any physical response to misbehaviour, whatever the provocation, except where it is required to maintain the safety of the student or that of others. In this event the reasonable force policy should be fully adhered to and the incident reported immediately to the Principal.
- If it is necessary to administer first-aid this is best done with another person present. The welfare of the student is, however, paramount, and intervention should **never** be delayed because there is no other adult present.
- It is the statutory duty of all staff at Naíscoil agus Bunscoil Bheanna Boirche to record and report safeguarding matters/issues should they arise in a timely and accurate manner, according to their Safeguarding and Child Protection training.

What happens if ...?

- There is an accident ... it should be recorded in the incident book in each individual classroom.
- There is an incident ... it should be reported to the Principal and recorded in the main office.
- A child wets or soils himself/herself ... assistance should be provided as per the Intimate Care Policy. Staff should use professional judgement re a telephone call to parents. Teacher should record incident in the class incident book.
- It is inevitable that some of our teaching will involve the use of sensitive materials and it is very difficult to anticipate when these might impact negatively on our students. If the material to be used is very contentious, and if there are concerns about any students in a class in relation to it, it is good practice to consult, in the first instance, the Principal or if required permission should be sought from the parents.
- Members of staff should **never** allow students to have access to their personal mobile phone numbers or to their personal email addresses. If contact via mobile phone is necessary eg on a school trip, a mobile phone (or a SIM card) provided by the school should be used. All electronic communications with pupils should be via the official school e-mailing system or educational apps such as Google Classroom, Class Dojos, Seesaw.... Further guidelines regarding the use of mobile phones are provided in the Mobile Phone Policy (Appendix 1).
- Social Networking Sites present particular difficulties for staff in all schools. In an ideal world, for their own protection, no member of staff would have a Facebook or other such site but, since this is an unlikely scenario, great care must be taken to ensure that appropriate boundaries are maintained between staff and students in this arena, as in all others. Staff members are not to communicate with pupils via social networking sites. Information directly related to the school community should never be posted on personal social networking sites. Staff should also be mindful of content attributable to them, posted on others' sites (eg. friends and family) who may not have the privacy settings recommended. Staff should only use the internet within school for class or school purposes. Typically, staff should not be 'friends' with or 'follow' school parents on social media, except in the circumstance of a previous personal relationship prior to their child attending BBB.

- We value greatly the easy relationships which exist between staff and students in our school and we would wish to see those maintained. It is always necessary, however, to ensure that these relationships are appropriate and professional so that the warm and caring atmosphere may flourish.

Relationships and Attitudes

Within the Pastoral Care Policy of Naíscoil agus Bunscoil Bheanna Boirche and the employing authority, staff should ensure that their relationships with pupils are appropriate to the age, maturity and gender of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought.

Professional respect

We expect that all staff will treat each other with a level of respect and courtesy commensurate with a professional workplace. This is vitally important as our mission statement and pastoral care policy encapsulate an ethos of warmth, respect, dignity, understanding and concern for others.

Despite any personal or professional differences teachers should never act or behave in a manner which might impact on a child. We must remember that children are our first consideration and act accordingly. Our relationship with others associated with our school should aspire to uphold the "Seven Principles of Public Life"

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

Teachers should show their respect of other colleagues by being punctual and adhering to time especially when they are in charge of children in the morning, at break time and lunch time.

Interactions with Parents

It is the teaching staff's professional responsibility that during both parent teacher meetings and in the annual report to parents that the information they give parents is an honest reflection of their child's ability and is as informative as is possible, so that the parents and the teacher can work together in the best interests of the child.

Verbal Interaction

All verbal exchanges in school shall be conducted in a calm and professional manner. Only in unusual circumstances, for example in emergency situations or when attracting attention in large areas, will voices be raised. Sarcastic, threatening or demeaning verbal interaction is not acceptable. Verbally humiliating or frightening pupils as a means of punishment is not acceptable. The use of humour can be helpful in diffusing situations but the humour used must be understood and appropriate.

Ancillary/auxiliary staff

Our pupils will be taught that the same level of courtesy and respect, shown to teaching staff, should be afforded to **ALL** ancillary and auxiliary members of staff. If either of the latter deem it necessary to reprimand a pupil for any form of misbehaviour or inappropriate conduct they should do so with a 'common sense' approach in a low key manner. If they feel that the incident requires a stronger approach they should immediately pass it to a member of the teaching staff. Where any incident (minor or major) involves a child who is a friend, neighbour or relative of a member of staff, where possible the latter should 'step back' to allow another adult to take responsibility.

Staffroom interaction

Staff are advised not to discuss pupils, parents or other members of staff in the staffroom environment and are asked to remember the importance of confidentiality especially in regards to child protection issues.

Professional Attire

While we do not have a dress code and do not wish to dictate what professional teachers should/should not wear daily, there is an expectation that all staff will dress professionally.

School trips or outings

Throughout the school year almost every child and every teacher, and the majority of ancillary/auxiliary staff will experience at least one trip out of school which may involve part of the day, a whole day or an overnight stay. On all such outings, the school's positive behaviour policy and child protection policies should be adhered to so that decisions in such areas are easier for all concerned. Where indiscipline is so serious that it warrants action beyond an incident report, the principal must be contacted immediately.

A less formal approach than usual is typical on school outings but staff should remain aware how informal behaviour may be open to misinterpretation. The standard of behaviour expected of all in school should be the norm on a school trip.

Conclusion

We, the combined staff of Naíscoil agus Bunscoil Bheanna Boirche feel that it is impossible and inappropriate to cover all the circumstances in which staff interact with children or where opportunities for their conduct might be misconstrued.

In all circumstances, employees' professional judgements should be exercised. From time to time it will be prudent to reappraise our relationships with children and our manner and approach to individual children to ensure that we give no reason for doubt about our intentions in the minds of our colleagues, associates, children, parents or guardians.

Parents / visitors to Naíscoil agus Bunscoil Bheanna Boirche

At Naíscoil agus Bunscoil Bheanna Boirche we are very fortunate to have a supportive and friendly parent body. Our parents recognize that educating children is a process that involves partnership between parents, class teachers and the school community. As a partnership, our parents will understand the importance of a good working relationship to equip children with the necessary skills for adulthood. For these reasons we continue to welcome and encourage parents/carers to participate fully in the life of our school. The purpose of this policy is to provide a reminder to all parents, carers and visitors to our school about the expected conduct. This is so we can continue to flourish, progress and achieve in an atmosphere of mutual understanding.

At Naíscoil agus Bunscoil Bheanna Boirche, we expect parents, carers and visitors to:

- Respect the caring ethos of our school
- Understand that both teachers and parents need to work together for the benefit of their children
- Make genuine efforts to use as much Gaeilge as possible when they can, even if that means just a simple 'Dia duit/Go raibh maith agat/Slán' etc...
- Demonstrate that **all** members of the school community should be treated with respect and therefore set a good example in their own speech and behaviour
- Correct own child's behaviour especially in public where it could otherwise lead to conflict, aggressive behaviour or unsafe behaviour
- Approach the school to help resolve any issues of concern
- Avoid using staff as threats to admonish children's behaviour

In order to support a happy, peaceful and safe school environment the school cannot tolerate parents, carers and visitors exhibiting the following:

- Disruptive behaviour which interferes or threatens to interfere with the operation of a classroom, an employee's office, office area or any other area of the school grounds including team matches.
- Using loud/or offensive language, swearing, cursing, using profane language or displaying temper.
- Threatening to do actual bodily harm to a member of school staff, Governor, visitor, fellow parent/carer or pupil regardless of whether or not the behaviour constitutes a criminal offence.
- Damaging or destroying school property.
- Abusive or threatening e-mails or text/voicemail/phone messages or other written communication
- Defamatory, offensive or derogatory comments regarding the school or any of the pupils/parent/staff, at the school on Facebook or other social sites. Any concerns you may have about the school must be made through the appropriate channels by speaking to the class teacher, the Principal or the Chair of Governors, so they can be dealt with fairly, appropriately and effectively for all concerned.
- The use of physical aggression towards another adult or child. This includes physical punishment against your own child on school premises.
- Approaching someone else's child in order to discuss or chastise them because of the actions of this child towards their own child. (Such an approach to a child may be seen to be an assault on that child and may have legal consequences)
- Smoking and consumption of alcohol or other drugs whilst on school property.
- Dogs being brought on to school premises without being on a secure lead.

Should **any** of the above behaviour occur on school premises, the school may feel it is necessary to contact the appropriate authorities and if necessary, even ban the offending adult from entering the school grounds.

We trust that parents and carers will assist our school with the implementation of this policy and we thank you for your continuing support of the school.

We would expect that parents would make all persons responsible for collecting children aware of this policy.

Go raibh maith agaibh.