

Our Lady and St Patrick's College, Knock



Child Protection/ Safeguarding Policy

Policy Details

Legal Status	Adopted	Version Date	Last Review	Next Review	Responsible
Statutory	3 rd June 2026	May 2026	May 2025	May 2027	Ms McCarthy

Related Documents

1. Code of Conduct for All Staff and Volunteers
2. Recruitment Policy
3. Attendance Policy for Students
4. Positive Behaviour Policy
5. Pastoral Care Policy
6. Addressing Bullying Policy
7. Special Educational Needs Policy
8. Administration of Medication in School Policy
9. Intimate Care Policy
10. Health and Safety Policy
11. Relationships and Sexuality Education Policy
12. eSafety and Digital Technology Policy
13. Remote Learning Policy
14. Educational Visits Policy
15. Equity, Diversity and Inclusion Policy
16. Drugs Policy
17. Data Protection Policy
18. Records Management Policy & Disposal of Records Schedule
19. Whistleblowing Policy

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1. The College's Child Protection Ethos

1.1 College Vision Statement - 'Excellence through Care'

1.2 We, in Our Lady and St Patrick's College, Knock, have a responsibility for the child protection and safeguarding of the children in our care. We will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his/her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and support, 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 the College.

2. Key Principles of Child Protection and Safeguarding

2.1 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' (DoH, 2024); DE Circular 2017/04 and guidance - 'Safeguarding and Child Protection in Schools'; and the SBNI Core Child Protection Policy and Procedures (2017).

2.2 The following principles form the basis of our Child Protection/Safeguarding 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 to stay together
- Partnership
- Prevention
- Responses should be proportionate to the circumstances
- Protection
- Evidence-based and informed decision-making

3. Adult Safeguarding

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

3.2 Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity, and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur, and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

3.3 We are committed to:

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

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

4. **Related Policies**

4.1 The College has a duty to ensure that safeguarding permeates all activities and functions. The Child Protection/Safeguarding Policy therefore complements and supports a range of other school policies including:

- Code of Conduct for All Staff and Volunteers
- Attendance Policy for Students
- Positive Behaviour Policy
- Pastoral Care Policy
- Addressing Bullying Policy
- Special Educational Needs Policy
- Administration of Medication in School Policy
- Intimate Care Policy
- Health and Safety Policy
- Relationships and Sexuality Education Policy
- eSafety and Digital Technology Policy
- Remote Learning Policy
- Educational Visits Policy
- Equity, Diversity and Inclusion Policy
- Drugs Policy
- Recruitment Policy
- Data Protection Policy
- Records Management Policy & Disposal of Records Schedule
- Whistleblowing Policy

These policies are available to parents on request by contacting Reception or by visiting the College website at www.knock.co.uk.

5. **The College Safeguarding Team**

5.1 As best practice, in the interests of students, and as a support for the Designated Teachers, the College has established a College Safeguarding Team which is a vehicle for ensuring effective coordination and cooperation 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.

It is noted that only teachers in schools can assume the safeguarding role and responsibilities of the Designated Teacher. The College Safeguarding Team may co-opt other members as required to help address specific issues, for example, Assistant Learning Support Coordinators or the Digital Skills Coordinator.

Chairperson of the Board of Governors	Mr L O'Reilly
Designated Governor for Child Protection	Mr N Hunt
Principal (Chair)	Miss D McLaughlin
Designated Teacher for Child Protection	Ms G McCarthy
Deputy Designated Teachers for Child Protection	Mrs M Davey Mrs A Fox Mrs N McCarry

6. Roles and Responsibilities

6.1 The Education and Libraries (NI) Order 2003 (Part IV - Welfare and Protection of Pupils) places a statutory duty on the **Board of Governors** to:

- at all times safeguard and promote the welfare of registered pupils (Article 17);
- ensure there is a Child Protection Policy at their school and that it is implemented (Article 18);
- address the issue of bullying through their Positive Behaviour Policy (Article 19); and
- consult with pupils and parents in the development of their Positive Behaviour Policy (Article 19).

6.2 The Board of Governors must ensure that:

- a Designated Governor for Child Protection is appointed;
- a Designated Teacher and Deputy Designated Teachers for Child Protection are appointed;
- they have a full understanding of the roles of the Designated Teacher and Deputy Designated Teachers for Child Protection;
- child protection and safeguarding training is given to all staff and Governors, including refresher training;
- relevant safeguarding information and guidance are disseminated to all staff and Governors with the opportunity to discuss requirements and impact on roles and responsibilities;
- the College has a Child Protection/Safeguarding Policy which is reviewed annually;
- parents and students receive a copy of the Child Protection/Safeguarding Policy and Complaints Procedure every two years;
- the College has an Addressing 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 (ref: The Addressing Bullying in Schools Act (NI) 2016);
- there is a Code of Conduct for all adults working in the College;
- all College staff and volunteers are recruited and vetted in line with DE Circulars;
- they receive a full annual report on all child protection matters with termly reports of child protection activities. This report should include details of the preventative curriculum and any initiatives or awareness-raising undertaken within the school, including training for staff.
- the College maintains the following child protection records in line with DE Circular 2015/13 - Dealing with Allegations of Abuse Against a Member of Staff; DE Circular 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.

6.3 The responsibilities of the College Safeguarding Team include:

- the monitoring and periodic review of child protection and safeguarding arrangements in the College;
- support for the Designated Teacher and Deputy Designated Teachers 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.

6.4 The Chairperson of the Board of Governors must ensure that:

- he plays a pivotal role in creating and maintaining the safeguarding ethos within the College 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 DE, employing authorities, and the College's own policies and procedures;
- child protection records are kept; and
- he signs and dates the Record of Child Abuse Complaints (against members of staff) annually, even if there have been no entries.

6.5 The Designated Governor for Child Protection takes the lead in child protection/safeguarding issues in order to advise Governors on:

- the role of the Designated Teachers;
- the content of the College's Child Protection/Safeguarding Policy;
- the content of the Code of Conduct for All Staff and Volunteers within the College;
- the content of the child protection reports from the Designated Teacher (every meeting/full annual);
- recruitment, selection, vetting and induction of staff.

6.6 The Principal:

- as Secretary to the Board of Governors, assists the Board of Governors to fulfil its child protection/safeguarding duties;
- keeps Governors informed of any changes to guidance, procedure or legislation relating to child protection/safeguarding;
- ensures that any circulars and guidance from the Department of Education are shared promptly;
- ensures that child protection/safeguarding is a standing agenda item for each meeting of the Board of Governors;
- takes the lead in managing child protection concerns relating to staff;
- has delegated responsibility for establishing and managing the safeguarding and child protection systems within the school, including the appointment and management of suitable staff to the key roles of Designated Teacher and Deputy Designated Teacher posts;
- ensuring that new staff and volunteers have child protection/safeguarding awareness sessions as part of an induction programme;
- ensures that parents and students receive a copy, or summary, of the Child Protection/Safeguarding Policy at intake and, at a minimum, every two years.

6.7 The Designated Teacher for Child Protection is a highly skilled role, 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 College staff, including support staff, before they commence their role;
- being available to discuss the child protection or safeguarding concerns of any member of staff;
- 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 Principal informed;
- lead responsibility for the development of the College's Child Protection/Safeguarding Policy;
- promotion of a child protection and safeguarding ethos in the College;
- compiling written reports to the Board of Governors regarding child protection.

6.8 The Deputy Designated Teachers for Child Protection:

- work cooperatively with the Designated Teacher for Child Protection in fulfilling her responsibilities;
- work in partnership with the Designated Teacher so that they develop sufficient knowledge and experience to undertake the duties of the Designated Teacher when required.

6.9 Parents/Carers: The primary responsibility for safeguarding and protection of children rests with parents/carers who should feel confident about raising any concerns they have in relation to their child. Parents/Carers can play their part in safeguarding by informing the College:

- if the child has a medical condition or educational need;
- if there are any Court Orders relating to the safety or well-being 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, of the reason for the absence on the School Gateway App as per the Attendance Policy for Students. 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.

7. Child Protection Definitions

7.1 Definition of Harm

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

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

(Co-operating to Safeguard Children and Young People in Northern Ireland, Department of Health, 2024)

7.2 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 Child Protection Register 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.

7.3 Specific Types of Abuse

In addition to the types of abuse described above, there are also some specific types of abuse that the College is aware of and has therefore included them in this policy. See Appendix 3.

7.4 Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English or sexual orientation. We have included information about children with increased vulnerabilities in this policy. See Appendix 4.

7.5 Signs and Symptoms of Child Abuse

The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (DoH, 2024). See Appendix 5.

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

7.6 Adult Safeguarding

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

- Personal characteristics
- Life circumstances

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

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

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

- Personal characteristics
- Life circumstances
- Who is unable to protect their own well-being, property, assets, rights or other interests
- Where the action or inaction of another person(s) is causing, or is likely to cause, him/her to be harmed

See Appendix 3 for further information.

8. Responding to Safeguarding and Child Protection Concerns

8.1 Co-operating to Safeguard Children and Young People in Northern Ireland (DoH, 2024) states that, "... **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".

8.2 If a Parent has a Potential Child Protection Concern within the College

In Our Lady and St Patrick's College, Knock, 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 child's Tutor/Head of Year, the Designated or Deputy Designated Teachers for Child Protection or the Principal.

If they are still concerned, they may talk/write to the Chairperson of the Board of Governors.

At any time, a parent may talk to a social worker in the local Children's Services Gateway Team: Belfast HSC Trust (Tel: 028 9050 7000); South Eastern HSC Trust (Tel: 0300 1000 300); or to the PSNI Central Referral Unit (Tel: 101). Details of who to contact are shown in the flowchart in Appendix 6.

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

In Our Lady and St Patrick's College, Knock, 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 1) and act promptly. Guidance for Staff on Dealing with a Disclosure - The 5Rs is provided (see Appendix 2). Staff who need to pass on information after school is closed can contact the Designated Teacher or Deputy Designated Teachers by telephone.

Staff will not investigate - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or a Deputy Designated Teacher if 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's Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person and their parent/carer.

If a child protection referral is not required, the College 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.

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

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

For further detail please see Appendix 7.

8.4 Where a Complaint Has Been Made about Possible Abuse by a Member of College 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 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 8 will be followed.

9. Consent

- 9.1** 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.

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway services and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies. If consent is withheld, then a referral will not be made to the Adult Protection Gateway Team, unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case, contact will be made with the local Adult Protection Gateway Team to seek further advice. In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

9.2 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
- consent has been provided under undue influence, coercion or duress
- other people are at risk from the person causing harm
- a crime is alleged or suspected

10. Confidentiality, Information Sharing and Record Keeping

10.1 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 College staff will be on a 'need-to-know' basis.

10.2 Where there have been, or are, current child protection concerns about a student 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.

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

10.4 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.

10.5 In order to meet these requirements, all child protection records, information and confidential notes concerning students in the College are stored securely in a separate locked cabinet or in CPOMs 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 the child's date of birth plus 30 years.

10.6 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.

10.7 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.

- 10.8** If a student from the College attends an EOTAS provision, a member of the Safeguarding Team will share any child protection concerns they have with the Designated Teacher in the centre. If child protection concerns arise when the student is attending an EOTAS provision, the Designated Teacher in EOTAS will follow child protection procedures and will advise a member of the College'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.

11. Recruiting and Vetting of Staff and Volunteers

- 11.1** 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 Our Lady and St Patrick's College, Knock are vetted/supervised in accordance with relevant legislation and DE guidance.

All staff wear a personalised lanyard to identify that they are staff of the College.

12. Code of Conduct for All Staff and Volunteers

- 12.1** 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.
- 12.2** All members of staff are expected to comply with the school's Code of Conduct for All Staff and Volunteers which has been approved by the Board of Governors (see Appendix 10).

13. The Preventative Curriculum

- 13.1** The statutory personal development curriculum requires schools to give specific attention to students' emotional well-being, 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 Circular 2017/04: Safeguarding and Child Protection - A Guide for Schools and subsequent amendments)
- 13.2** The College seeks to promote students' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the College'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 resilience of our students so that they can develop coping strategies and make more positive choices in a range of situations.
- 13.3** Students are informed of the arrangements for Child Protection/Safeguarding during their initial Induction and subsequent Induction each academic year. The Designated Teacher and Deputy Designated Teachers also attend an assembly for each year group every September where they explain their roles.
- 13.4** Safeguarding messages are actively promoted through:
- Personal Development lessons;
 - Relationships and Sexuality Education (RSE) lessons;
 - Mentor lessons;

- Careers lessons in preparation for work experience;
- Learning for Life and Work;
- Assembly;
- Safer Internet Day;
- Addressing Bullying Week;
- Child protection posters and information leaflets;
- Talks by PSNI/SHAHRP;
- The College Student Planner;
- Focus of the Week;
- The College website;
- Monitoring of Securus XT.

Specific child protection training is given to Senior Prefects (Year 14), Mentors (Year 13), Peer Mentors (Year 13) and students who undertake community service.

14. Visitors to the College

- 14.1** All visitors to the College, including former learners who return to the school to sit examinations and external candidates, are required to report to Reception.
- 14.2** Visitors passing beyond the Reception area will have their details recorded at Reception. This includes their name, organisation (if relevant), arrival time, departure time and the name of the supervising member of staff.
- 14.3** All visitors wear a lanyard for the duration of their visit to identify that they are visitors to the College.

15. Monitoring and Evaluation

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

16. How to Raise a Concern or Make a Complaint about the Administration of this Policy

- 16.1** If you have a concern or complaint about the administration of this policy, please contact Ms McCarthy, Vice Principal, in the first instance. If necessary, you may then access and follow the College's Complaints Procedure which is available on the College website at www.knock.co.uk. Should you remain dissatisfied with the College's response after completing the internal complaints procedure, you can bring your complaint to the Northern Ireland Public Services Ombudsman within six months. Contact details for the Northern Ireland Public Services Ombudsman are provided on Page 8 of the Complaints Procedure.

Signed: Mr Leo O'Reilly
(Chairperson of Board of Governors)

Date: 3rd June 2026

Signed: Miss Deborah McLaughlin
(Principal)

Date: 3rd June 2026



Our Lady and St Patrick's College, Knock

Note of Concern - Confidential

Please complete and sign this Note of Concern and pass it immediately to the Designated Teacher for Child Protection.

Student Details			
Student Name		Tutor Group	
Date of incident/ disclosure		Time of incident/ disclosure	

Record:

- Make objective, detailed, handwritten notes of the discussion
- Record facts (When? Where? Who? What?)
- Use the child's exact words as much as possible

Circumstances of incident/disclosure:

--

Nature and description of concern:

--

Parties involved, including any witnesses to an event; 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:

Note of Concern Passed to Designated Teacher				
Written Report Passed to Designated Teacher	Yes		No <i>(If 'No', state reason)</i>	
Date and Time of Report to the Designated Teacher	Date		Time	
Placed on Student's Child Protection File	Yes <i>(completed by Designated Teacher)</i>		No <i>(If 'No', state reason)</i>	

Name of Staff Member Making the Report			
Signature of Staff Member		Date	
Signature of Designated Teacher		Date	

The Note of Concern will be locked in a secure cabinet by the Designated Teacher for Child Protection.

Guidance for Staff on Dealing with a Disclosure - The 5Rs

Receive

- Stay calm
- Listen actively with open body language
- Accept what the student is saying
- Be supportive and non-judgemental

Reassure

- Reassure the child that he/she has done the right thing
- Tell him/her that help is coming
- Do not give the student any undertaking of confidentiality
- Reassure him/her that only those who need to know will be informed
- Do not make promises that you cannot keep

Respond

- Use open phrases (Tell me what has happened)
- Do not ask leading questions (Did they do X to you?)
- Explain what you are going to do next (speak to Designated Teacher)
- Ensure the child is OK before leaving

Report

- Report as soon as possible to the Designated Teacher

Record

- Make objective, detailed, handwritten notes of the discussion (Child Protection - Note of Concern (Appendix 1))
- Record facts (When? Where? Who? What?)
- Use the child's exact words as much as possible
- Sign the notes
- Record the date and time that the notes were passed to the Designated Teacher
- Notes will be filed by the Designated Teacher and could be used in court

If a student reveals an allegation of abuse, the information must be treated seriously. Staff should be aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings, and the extent of questioning should, therefore, be kept to a minimum.

Specific Types of Abuse

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 18, 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. 16 and 17-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 a 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 College's Child Protection/Safeguarding 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 College staff that domestic and/or sexual violence and abuse is, or may be, affecting a child, this will be passed on to the Designated/Deputy Designated Teacher who has an obligation to share the information with the Social Services Gateway Team.

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

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

As an Operation Encompass school, when the police have attended a domestic incident and one of our students is present, they will contact the College at the start of the next working day to share this information with a member of the College Safeguarding Team. This will allow the College Safeguarding Team to provide

immediate emotional support to this child, as well as giving the Designated Teacher greater insight into any wider safeguarding concerns.

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

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

Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is a form of child abuse and, as such, teachers have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in College 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 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 Our Lady and St Patrick's College, Knock, we have knowledge or suspicion of a forced marriage in relation to a child or young person, we will contact the PSNI immediately.

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 Our Lady and St Patrick's College, Knock become aware of signs that may indicate grooming, they will take early action and follow the school's Child Protection/Safeguarding Policy and associated procedures. The HSCT and PSNI should be involved as early as possible to ensure any evidence that may assist prosecution is not lost, to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and the perpetrator's control over the victim.

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 College'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 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 CPSS may be required. 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 students 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 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, knowledgeably and without fear.

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

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

We, in Our Lady and St Patrick's College, Knock, have a responsibility to ensure that there is a reduced risk of students accessing harmful and inappropriate digital content and will be energetic in teaching students how to act responsibly and keep themselves safe. As a result, students should have a clear understanding of online safety issues and, individually, be able to demonstrate what a positive digital footprint might look like.

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

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, 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. In Our Lady and St Patrick's College, Knock, we address this risk and other eSafety risks through the preventative programme.

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 students need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18, even if they are the person in the picture (or even if they are aged 16+ and in a consensual relationship) and in these cases 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 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, containing 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: <https://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 College will be followed.

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

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

The main forms of abuse are:

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

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

Psychological/Emotional Abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

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

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

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

Children with Increased Vulnerabilities

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

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

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

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

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

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

Signs and Symptoms of Child Abuse

INTRODUCTION

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, for example:

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing a 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/her age and/or level of understanding
- by a child not thriving or developing at a rate which one would expect for his/her age and stage of development
- by the observation of a child's behaviour and changes in his/her behaviour
- by indications that the family is under stress and needs support in caring for their children
- by repeat visits to a GP or hospital

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

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

Suspicious should be raised by, for example:

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

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 suggests 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 and 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, for example:

- 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 petechiae)
- 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, for example:

- circular burns
- linear burns
- burns of uniform depth over a large area
- friction burns
- scalds that have a line which could indicate immersion or poured liquid

- splash marks
- old scars indicating previous burns or scalds

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

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

Where there is doubt, a medical/dermatology opinion should be sought.

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

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

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

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

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

g) **Other Types of Physical Injuries:**

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

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

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

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

a) **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 artwork 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

b) **Adolescents**: In addition to the physical indicators previously outlined in the primary child, the following indicators relate specifically to adolescents:

- 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

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

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.

- a) **Child Behaviours associated with Emotional Abuse:** Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms may suggest emotional abuse, they are not necessarily pathognomic of this since they often can be seen in other conditions. Possible behaviours that may indicate emotional abuse include:
- poor peer group relationships and inability to make friends
 - 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 overanxious to please
 - developmental delay in young children, and failure to reach potential in learning
- b) **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
- breakdown 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. 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
- 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 are 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

a) 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)

b) 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

c) 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

a) 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/her

b) Lack of stability indicators include:

- failure to provide basic care for the child
- 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.

c) 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.

d) Social Presentation:

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

e) Health:

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

f) 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

g) 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
- failure to make connections with information available from other services

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.

a) 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

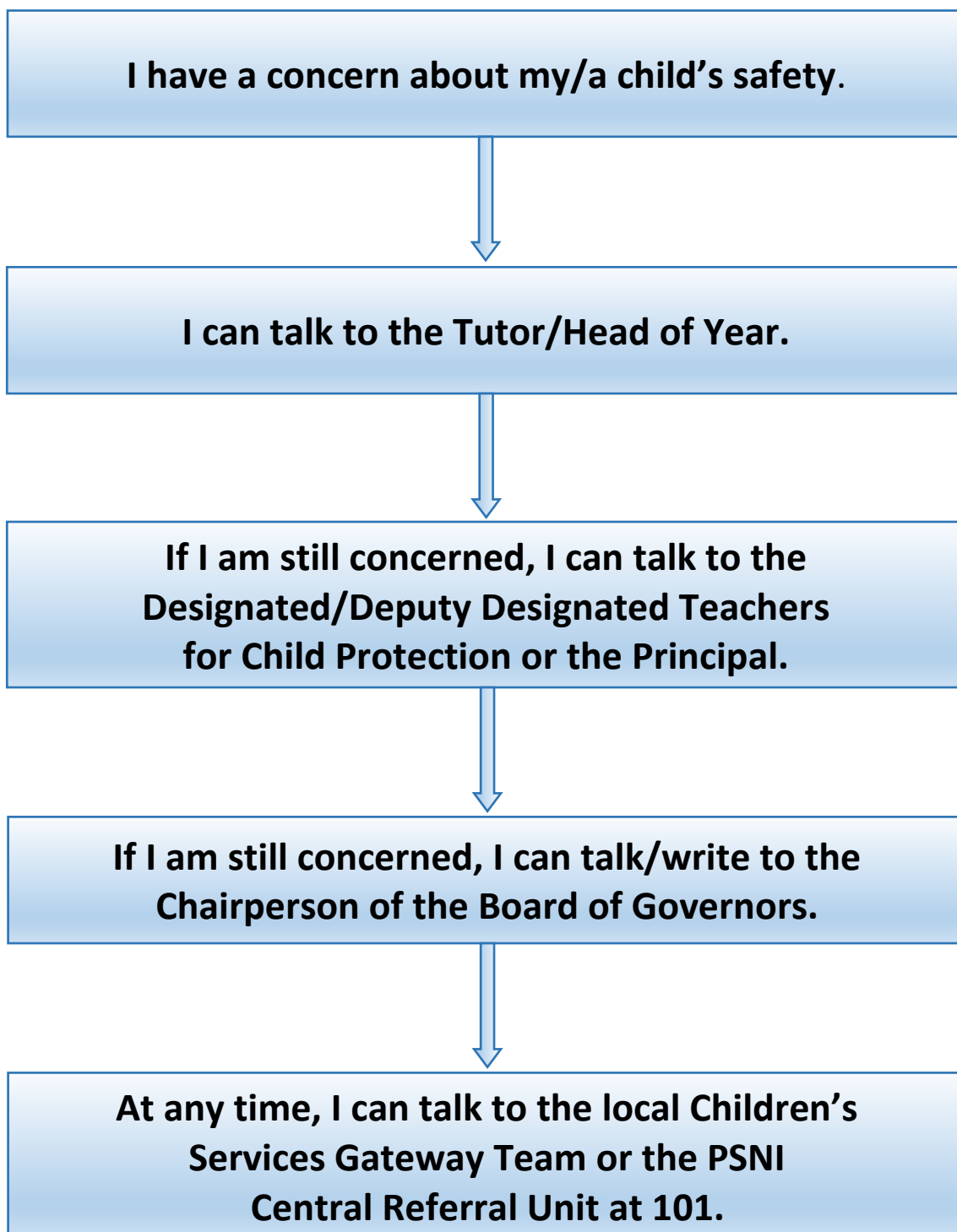
b) Parents:

- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- show 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

c) Home and Environmental Conditions:

- unemployment
- no income/poverty

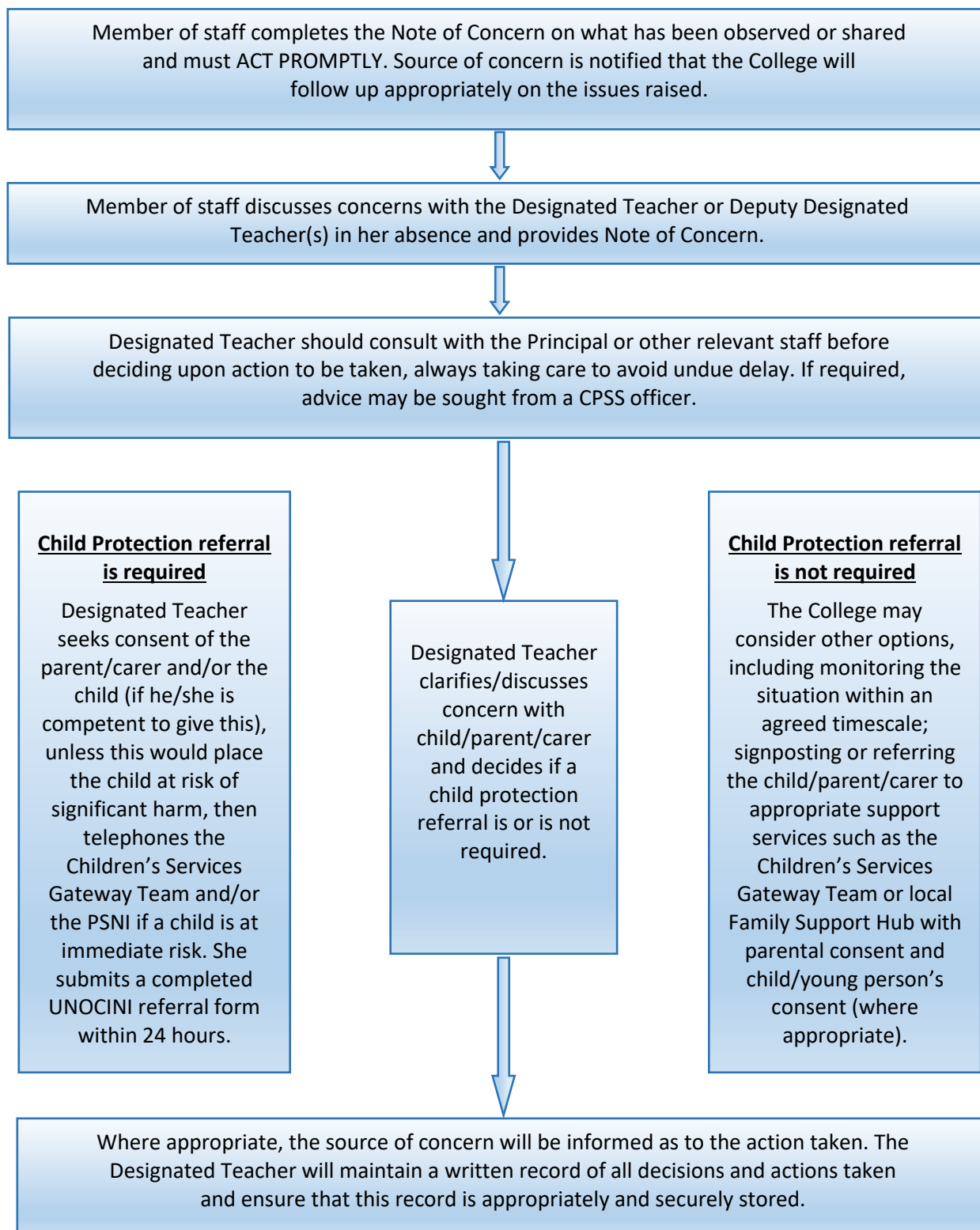
- poor housing or overcrowded housing
- social isolation and no supportive family
- the family moves frequently
- debt
- large family

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

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

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 College's Complaints Procedure.

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

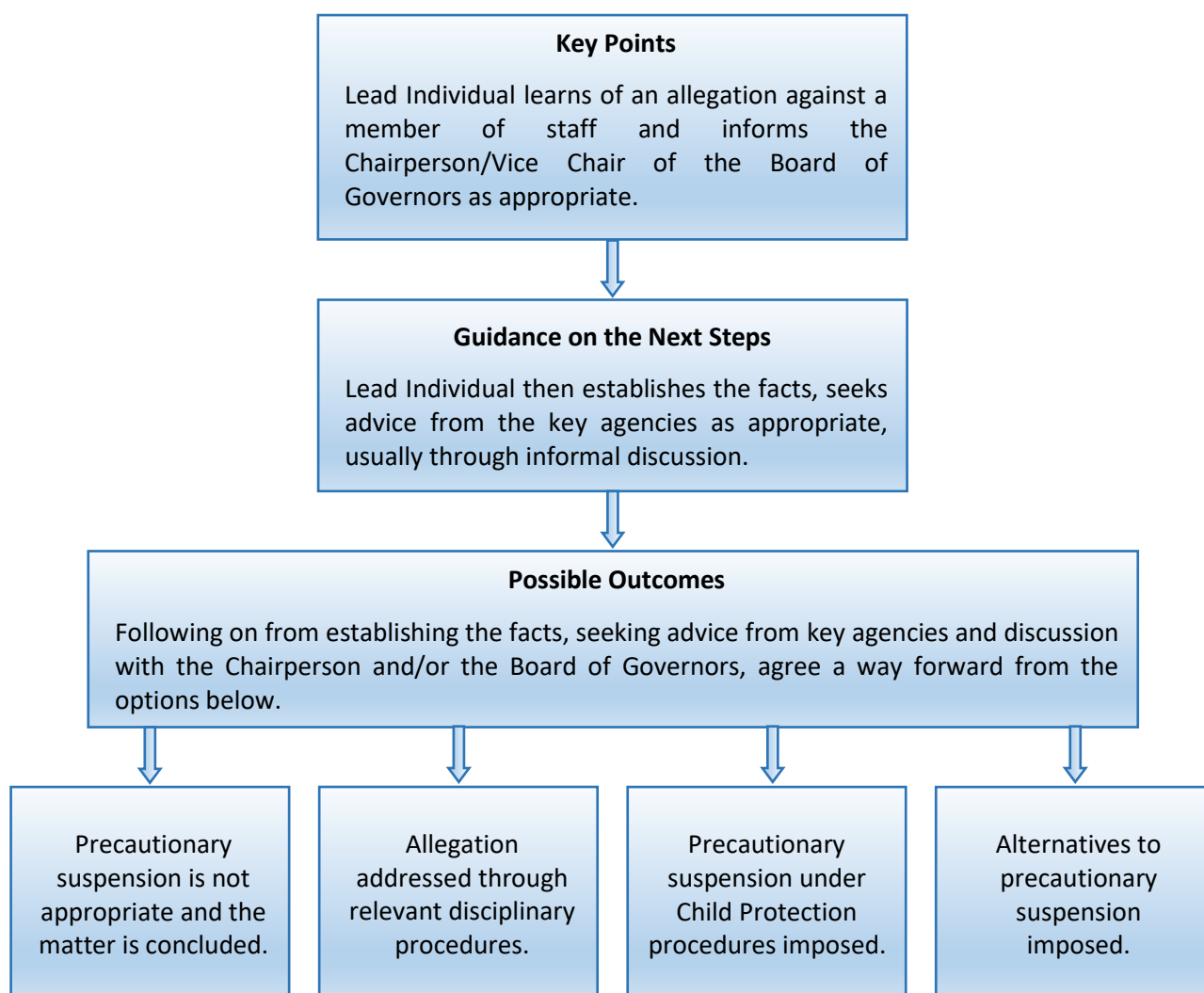


It is imperative that any disclosure by a child, or concern that indicates a child may be at immediate risk, is reported immediately to the PSNI and Social Services to ensure that emergency protection measures are put in place. This is particularly important if there is a risk to the child at home.

Note: Adult Protection Gateway Teams for students over 18: Belfast Trust (Tel: 028 9504 1744)
South Eastern Trust (Tel: 028 9250 1227)

Dealing with Allegations of Abuse against a Member of Staff

(Ref: DE Circular 2015/13)



Historical Allegations

Historical allegations of abuse may include the following types of scenarios:

Member of staff currently employed in an educational establishment.

- In this case the current policy will be applied and the Board of Governors, the Chairperson or the Principal will manage the response like any other case, in co-operation with the CPSS officer and other key agencies as appropriate.

Member of staff no longer employed by the educational establishment and the Principal is aware of the current employer.

- In this case the Principal will record the incoming information and inform the Chairperson of the Board of Governors. Decisions will be taken regarding the process of managing the allegation, communicating with the other key agencies as appropriate and forwarding the information to the current employer for action.

Member of staff is retired AND no longer working.

- In this case the Principal will advise the person making the initial contact with the College to contact the police directly. The Principal will cooperate with any further action deemed appropriate by any subsequent investigation.

Member of staff is retired, no longer working in an educational establishment, but thought to be working in an environment with children.

- In this case the Principal will inform the Chairperson of the Board of Governors, and discuss with the CPSS officer and other key agencies as appropriate in decision making about passing the information to the current employer/manager of place of work.

Member of staff is deceased.

- The Principal will inform the Chairperson of the Board of Governors and the CPSS officer of the allegation. The person making the initial contact with the educational establishment will be informed of the status of the alleged individual and advised of his/her right to approach the police to pursue the allegation. The Principal would assure this person of the College's co-operation in any future investigation.

Code of Conduct for All Staff and Volunteers

Adopted from DE Circular 2017/04 - Safeguarding and Child Protection - A Guide for School/EA guidance

Objective, Scope and Principles: This Code of Conduct, which applies to all staff and volunteers, is designed to give clear guidance on the standards of behaviour all College staff and volunteers are expected to observe. College staff and volunteers are role models and are in a unique position of influence and trust; they must, therefore, adhere to behaviour that sets a good example to all students within the College. As a member of a school community, each person has an individual responsibility to maintain his/her reputation and the reputation of the College, whether inside or outside working hours.

This Code of Conduct applies to all staff and volunteers of the College.

This Code of Conduct does not form part of any employee's contract of employment.

1. Setting an Example

- 1.1 All staff and volunteers in schools set examples of behaviour and conduct which can be copied by students. Staff and volunteers must, therefore, avoid using inappropriate or offensive language at all times.
- 1.2 All staff and volunteers must demonstrate high standards of conduct in order to encourage our students to do the same.
- 1.3 All staff and volunteers must also avoid putting themselves at risk of allegations of abusive or unprofessional conduct.
- 1.4 Teachers should avoid teaching materials the choice of which might be misinterpreted and reflect upon the motives for the choice.
- 1.5 This Code of Conduct helps all staff and volunteers to understand what behaviour is and is not acceptable and regard should also be given to the disciplinary rules set out by the College.
- 1.6 All staff and volunteers are expected to familiarise themselves and comply with all College policies and procedures so as to set a good example to students.
- 1.7 All staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.
- 1.8 All staff and volunteers are expected to comply with TNC 2023/2 - Joint Declaration of Protection (for Dignity at Work & Inclusive Working Environment).

2. Safeguarding Students

- 2.1 All staff and volunteers have a duty to safeguard students from physical abuse, sexual abuse, emotional abuse, neglect and exploitation.
- 2.2 The duty to safeguard students includes the duty to report concerns about a student or colleague to a member of the College's Safeguarding Team.
- 2.3 The College's Designated Teacher for Child Protection is Ms G McCarthy and the Deputy Designated Teachers are Mrs M Davey, Mrs A Fox and Mrs N McCarry.
- 2.4 All staff and volunteers are provided with copies of the College's Child Protection/Safeguarding Policy and Whistleblowing Policy and must be familiar with these documents and other relevant safeguarding policies.
- 2.5 Staff must be aware of the dangers which arise from private interviews with individual students. There are occasions when confidential interviews must take place, but such interviews should be conducted in a room with visual access, or with the door opened, and ensure that another adult knows that the interview is taking place. Where possible, another student or (preferably) another adult should be present or nearby during the interview. Vision panels should not be obstructed.
- 2.6 To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a student, as even perfectly innocent actions can be misconstrued. If, on occasion, a member of staff/volunteer must physically restrain a student to protect the student him/herself, or another student, no more than minimum force should be used.

- 2.7 Following any incident where a member of staff/volunteer feels that his/her actions have been or may be misconstrued, a written report of the incident should be submitted immediately to the Principal. This would apply especially in a case where a member of staff had been obliged to restrain a student physically to prevent him/her inflicting injury on others or on him/herself.
- 2.8 Staff/volunteers should be particularly careful when supervising children in a residential setting, such as a ski-trip, outdoor education camp, or external visit away from home, where more informal relationships tend to be usual and where staff may be in proximity to students in circumstances very different from the normal environment.
- 2.9 All staff and volunteers must take reasonable care of students under their supervision with the aim of ensuring their safety and welfare. Staff should also complete risk assessments where appropriate in accordance with College policy.

3. Relationships and Attitudes

- 3.1 All staff and volunteers should treat students with respect and dignity and not in a manner which demeans or undermines them, their parents/carers, or colleagues.
- 3.2 Staff and volunteers should ensure that their relationships with students are appropriate to the age and maturity of their students.
- 3.3 They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of students, embarrassing or humiliating students, discriminating against or favouring students.
- 3.4 Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation.
- 3.5 All staff and volunteers must declare any relationships that they may have with students outside of school; this may include mutual membership of social groups, sporting organisations, tutoring or family connections. Staff and volunteers should not assume that the College is aware of any such connections. A declaration form may be found in Appendix 11.
- 3.6 Relationships with students must be professional at all times and sexual relationships with current students are not permitted and may lead to an abuse of trust and criminal conviction.
- 3.7 Staff and volunteers should always behave in a professional manner, which within the context of this Code of Conduct includes such aspects as:
- acting in a fair, courteous and mature manner to students, colleagues and other stakeholders
 - cooperating and liaising with colleagues, as appropriate, to ensure students receive a coherent and comprehensive educational service;
 - taking responsibility for the behaviour and conduct of students in the classroom and sharing such responsibility elsewhere on the premises;
 - being familiar with communication channels and College procedures, applicable to both students and staff and volunteers;
 - respect for the rights and opinions of others.

4. Student Development

- 4.1 All staff and volunteers must comply with College policies and procedures that support the well-being and development of students.
- 4.2 All staff and volunteers must cooperate and collaborate with colleagues and with external agencies where necessary to support the development of students.

5. Honesty and Integrity

- 5.1 All staff and volunteers must maintain the highest standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of College property and facilities.
- 5.2 Gifts from suppliers or associates of the College must be declared to the Principal with the exception of 'one off' token gifts from students or parents. Personal gifts from individual members of staff or volunteers to students may be considered inappropriate and could be misinterpreted.

6. Conduct Outside of Work

- 6.1 All staff and volunteers must not engage in conduct outside work which could damage the reputation and standing of the College or the staff/volunteer's own reputation or the reputation of other members of the College community.
- 6.2 In particular, criminal offences that involve violence, possession or use of illegal drugs or sexual misconduct are to be regarded as unacceptable.
- 6.3 Staff may undertake work outside school, either paid or voluntary, provided that it does not conflict with the interests of the College. It should not contravene the working time regulations or affect an individual's work performance in the College. Staff should seek advice from the Principal when considering work outside the school.
- 6.4 Staff and volunteers are not to socialise with students who currently attend the College. They should be aware of the potential for actions or speech to be misconstrued in a social setting and, therefore, should avoid such contact e.g. Year 14 leavers party, Years 13 and 14 formals and pre-formals.

7. eSafety and Internet Use

- 7.1 Staff must exercise caution when using information technology and be aware of the risks to themselves and others. Regard should be given to the College's eSafety and ICT Acceptable Use Policy at all times both inside and outside of work.
- 7.2 Staff and volunteers must not engage in inappropriate use of social network sites which may bring themselves, the College, school community or employer into disrepute. They should not correspond with students through personal social networking sites or add them as 'friends'. Staff and volunteers should ensure that they adopt suitably high security settings on any personal profiles they may have.
- 7.3 Staff should exercise caution in their use of all social media or any other web based presence that they may have, including written content, videos or photographs, and views expressed either directly or by 'liking' certain pages or posts established by others. This may also include the use of dating websites where staff could encounter students either with their own profile or acting covertly.
- 7.4 Contact with students must be via school authorised mechanisms (use of school email accounts or telephone equipment when necessary). At no time should personal telephone numbers, personal email addresses or communication routes via personal accounts on social media platforms be used to communicate with students. If contacted by a student by an inappropriate route, staff should report the contact to the Principal immediately.
- 7.5 Photographs/stills or video footage of students should only be taken using College equipment for purposes authorised by the College. Any such use should always be transparent and only occur where parental consent has been given. The resultant files from such recording or taking of photographs must be retained and destroyed in accordance with the College's Records Management Policy and Disposal Schedules.

8. Confidentiality

- 8.1 Members of staff and volunteers may have access to confidential information about students in order to undertake their everyday responsibilities. In some circumstances, staff may be given additional highly sensitive or private information. They should never use confidential or personal information about a student or his/her family for their own, or others' advantage. Information must never be used to intimidate, humiliate, or embarrass the student.
- 8.2 Confidential information about students should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the student's identity does not need to be disclosed the information should be used anonymously.
- 8.3 There are some circumstances in which a member of staff or volunteer may be expected to share information about a student, for example, when abuse is alleged or suspected. In such cases, individuals have a duty to pass information on without delay, but only to those with designated child protection responsibilities.
- 8.4 If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential, he or she should seek guidance from a member of the Senior Leadership Team. Any media or legal enquiries should be passed to the Principal.

- 8.5 Staff and volunteers need to be aware that although it is important to listen to and support students, they must not promise confidentiality or request students to do the same under any circumstances.
- 8.6 Additionally, concerns and allegations about adults should be treated as confidential and passed to the Principal or the Designated Teacher for Child Protection without delay.
- 8.7 The College's child protection arrangements include any external candidates studying or sitting examinations in the College.

9. Dress and Appearance

- 9.1 All staff and volunteers must dress in a manner that is appropriate to a professional role and promotes a professional image.
- 9.2 Staff and volunteers should dress in a manner that is not offensive, revealing or sexually provocative.
- 9.3 Staff and volunteers should dress in a manner that is absent from political or other contentious slogans.

10. Disciplinary Action

Staff and volunteers should be aware that a failure to comply with this Code of Conduct could result in disciplinary action including but not limited to dismissal.

Relationships with Students Outside of Work Declaration

It is recognised that there may be circumstances whereby staff and volunteers of the College are known to students outside of work. Examples include membership of sports clubs, family connections or private tutoring.

Staff must declare any relationship outside of school that they may have with students.

Employee Name	Student Name	Relationship

I can confirm that I am fully aware of the Code of Conduct relating to contact out of school with students in line with this policy.

If I am tutoring a student privately in a paid capacity outside of school, I am aware that the following must be adhered to:

- I do not, at any point, give individual tuition to the child in question as part of my daily timetable in the College - this is a stipulation of such tutoring.
- I emphasise to parents that this tutoring is done completely independently of the College.
- No monies come through the College at any point, informally (e.g. via the child) or formally.
- No private tutoring is to take place on College premises.
- I do not tutor a child outside of school who I currently teach in my subject class in the College.

I confirm that, if these circumstances change at any time, I will complete a new form to ensure the College is aware of any relationships.

Signature of Staff Member Print Name		Date	
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The form should be signed and dated and returned to the Principal.

Use of Reasonable Force/Restraint

The Education (Northern Ireland) Order 1998, Article 4, outlines the powers a member of staff can use in restraining pupils. The legislation extends to the premises of the school and when a member of school staff has lawful control or charge of the pupil concerned.

Staff may only use reasonable force/restraint:

- to prevent a pupil from committing an offence;
- to prevent a pupil causing personal injury to, or damage to the property of, any person (including the pupil himself);
- to prevent a pupil from engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils.

Reasonable force/restraint should:-

- only be used as a measure of last resort;
- preserve the dignity and respect of all concerned;
- never be used as a form of punishment or to make a child behave; and
- never deliberately cause pain/injury to a pupil.

All instances of the use of reasonable force/restraint should be recorded; parents should be informed and follow up support provided to the pupil and staff involved. (DE Circular 2021/13)

Useful Contacts

- **Child Protection Support Service for Schools (CPSS)**
 - Education Authority (Dundonald, South Eastern Region)
 - Tel: 028 95985590

Social Services - Gateway Services/Child Protection

- **South Eastern Health and Social Care Trust**
 - Tel: 0300 1000 300
 - Tel: 028 9504 9999 (out of hours)
 - South Eastern Health and Social Care Trust, Stewartstown Road Health Centre, 212 Stewartstown Road, Dunmurry, BT17 0FB
- **Belfast Health and Social Care Trust**
 - Tel: 028 9050 7000 (Gateway Team)
 - Tel: 028 9504 9999 (out of hours)
 - Social Services Gateway Team, 110 Saintfield Road, Belfast, BT8 6HD
- **North Down Gateway Team**
 - James Street
 - Newtownards, BT23 4EP
 - Tel: 028 9181 8518
 - Tel: 028 9056 5444 (out of hours)

Wherever you live in Northern Ireland, Out of Hours Social Workers can be contacted through one central telephone number: 028 0800 197 9995. **This is an emergency service to be used only when you need a social worker urgently after hours.**

- **PSNI**
 - CRU (Central Referral Unit) - cru@psni.police.uk
 - Tel: 101
- **Disclosure and Barring Service (DBS)**
 - <https://www.gov.uk/government/organisations/disclosure-and-barring-service>
 - Tel: 03000 200 190
- **Safeguarding Board for NI**
 - www.safeguardingni.org
- **Childline 0800 1111**
 - www.childline.org.uk
- **NSPCC 0808 800 5000**
 - www.nspcc.org.uk

Safeguarding and Child Protection: DE Circulars and Letters

DE Circular 2003/13 (18/06/03) - Welfare and Protection of Pupils Education and Libraries (NI) Order 2003

DE Circular 2006/08 (03/03/06) - Child Protection: Training Requirement for School Governors on Staff Recruitment and Selection Panels

DE Circular 2007/01 (18/06/07) - Acceptable Use of the Internet/Digital Technologies in Schools

DE Circular 2008/03 (13/03/08) - Child Protection: Pre-employment Checking of Persons to Work in Schools

DE Circular 2008/10 (14/05/08) - Employment of Substitute Teachers – Northern Ireland Substitute Teachers Register (NISTR)

DE Letter (02/02/09) - Child Protection: Legislation Changes to Age of Consent

DE Circular 2010/01 (13/01/10) - Guidance on Relationships & Sexuality Education (RSE)

DE Circular 2011/22 (27/09/11) - Internet Safety

DE Letter (03/05/12) - Provision of Free School Meals on Humanitarian Grounds

DE Circular 2013/16 (25/06/13) - Relationship and Sexuality Education Policy in Schools

DE Circular 2013/25 (06/12/13) - eSafety Guidance

DE Circular 2014/14 (02/06/14) - Pupil Participation

DE Letter (22/07/14) - Multi-Agency Practice Guidelines: Female Genital Mutilation

DE Letter (October 2014) - Child Sexual Exploitation

DE Circular 2014/27 (19/11/14) - Managing Information on Persons Who Pose a Risk to Pupils

DE Circular 2015/13 (30/04/15) - Dealing with Allegations of Abuse Against a Member of Staff

DE Letter (12/06/15) - eSafety: General Advice to Everyone/General Advice to Parents

DE Letter (September 2015) - SBNI Leaflet about ‘Sexting and the Law’

DE Circular 2015/22 (26/08/15) - Relationship and Sexuality Education (RSE) Guidance

DE Circular 2015/23 (26/08/15) - Drugs Guidance

DE Circular 2016/26 (01/12/16) - Effective Educational Uses of Mobile Digital Devices

DE Circular 2016/27 (01/12/16) - Online Safety

DE Circular 2017/04 (Updated 02/09/24) - Safeguarding/Child Protection - A Guide for Schools - Update

DE Circular 2020/07 (11/08/20) - Child Protection Record Keeping in Schools

Understanding the Child Protection Structures in Northern Ireland (January 2021) - EA CPSS

DE Circular 2021/13 (10/05/21) - Interim Guidance on the Use of Restraint and Seclusion in Educational Settings

CPSS School Governor Handbook: Safeguarding and Child Protection (Revised September 2021)

DE Circular 2022/02 (22/02/22) - Children Who Display Harmful Sexual Behaviour

DE Circular 2022/16 (15/11/22) - Guidance on Remote Learning

Period Products (Free Provision) Act (Northern Ireland) Act 2022

DE Circular 2023/02 (13/02/23) - Parental Responsibility: Updated Guidance for Schools

DE Circular 2023/03 (17/02/23) - Revised Personal Education Plan Guidance for Children Looked After

DE Circular 2024/01 (01/01/24) - Guidance on Amendments to the RSE Curriculum Content

Co-operating to Safeguard Children and Young People in Northern Ireland (2024) - Department of Health

DE Circular 2025/06 (31/03/25) - Pre-Employment/AccessNI Check Requirements and Safer Recruitment Practices for Staff and Volunteers Working in or Providing a Service for Schools/Education Settings

DE Circular 2025/09 (26/08/25) - Attendance Guidance & Absence Recording by Schools