

GREYSTONE PRIMARY SCHOOL



POLICY
for
SAFEGUARDING *our* CHILDREN
incorporating
CHILD PROTECTION POLICY
January 2025

Update from January 2023

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Greystone Primary School

Ethos Statement

As a school community we strive to **ACHIEVE**:

Acceptance: We embrace diversity and encourage mutual respect for everyone.

Caring: We nurture the whole child – academically, emotionally, social, morally and spiritually.

Honesty: We develop a culture of open and honest communication.

Individuality: We celebrate, encourage and support the individual qualities and needs of each child.

Environment: We provide a safe and engaging setting where children are inspired to become inquisitive independent learners.

Value: We endeavour to work alongside the wider community enabling us to contribute to an ever changing society.

Empower: We empower our children to have the confidence and resilience to make informed decisions.

1 CHILD PROTECTION ETHOS

All adults in Greystone Primary School have a responsibility for the safeguarding and child protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential.

All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, “Cooperating to Safeguard Children and Young people in Northern Ireland” (DHSSPSNI, 2017), the Department of Education (Northern Ireland) guidance “Safeguarding and Child Protection in Schools” Circular 2017/04 updated Sept 2024) and the SBNI Core Child Protection Policy and Procedures Manual (2017).

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

- The child or young person’s welfare is paramount;
- The voice of the child or young person should be heard;
- Parents are supported to exercise parental responsibility and families helped stay together;
- Partnership;
- Prevention;
- Responses should be proportionate to the circumstances;
- Protection; and
- Evidence based and informed decision making.

We are committed to:

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

Rationale for Implementing Whole School Procedures:

- It protects the child to the best of our ability
- It avoids delay
- It provides consistency
- It protects all staff
- It ensures that, if further action is taken by another agency, then the school has followed the protection procedures regarding possible abuse.

Aims and Objectives:

- ✓ Care for the child;
- ✓ Care for our school community;
- ✓ Care for the community we serve;
- ✓ To make staff aware of signs of abuse and know to whom they should report any concerns or suspicions;
- ✓ To establish a Designated Teacher within the school who with the Principal, has responsibility for coordinating action within the school and liaising with other external agencies;
- ✓ To implement procedures, of which all staff are aware, for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse;
- ✓ To make parents aware of the school's Child Protection policy and the fact that this may require cases to be referred to the investigative agencies in the interests of the child;
- ✓ To provide guidance to parents, children and staff about obtaining suitable support where necessary.

2 OTHER RELATED POLICIES

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

- Overview of Pastoral Care
- Policy for Safeguarding our Children
- Policy for the Promotion of Good Behaviour
- Attendance
- Policy for the Promotion of Anti-Bullying Culture
- Code of Conduct for Pupil Staff Relationships
- Drugs Policy including First Aid and Administration of Medicines
- Health and Safety Policy
- R.S.E. Policy
- Acceptable Use of the Internet, Online Safety and use of Electronics Policy
- Complaints
- SPECIAL EDUCATIONAL NEEDS and INCLUSION POLICY
- ICT and Social Networking Policy
- Record Management Policy
- Educational Visits and Residential Policy
- Intimate Care Policy
- Whistle Blowing Policy
- Safe handling Policy
- Summary of Child Protection Procedures
- Summary of Bullying Procedures
- Managing Critical Incidents

These policies are available to parents and any parent wishing to have a copy should contact the school office or visit the school website at:

<https://www.greystoneprimary.com/>

3 THE SAFEGUARDING TEAM

Principal: Mrs Arlene Faulkner

Designated Teacher for Child Protection: Mrs Rachel McComb (P1 Teacher)

Deputy Designated Teacher for Child Protection: Miss Jayne Allen (P2 Teacher)

Designated Governor for Child Protection: Mrs Cheryl Millar



The poster features the school's name 'GREYSTONE PRIMARY SCHOOL' in large white letters on a maroon background. To the right is the school logo, a stylized 'G' in maroon and blue with 'GREYSTONE' written below it. The title 'Safeguarding Team' is centered in white. Below the title are four portrait photos of team members, each with their name and role listed underneath. At the bottom, a light blue banner contains the text 'If you have a concern, you can talk to us or your class teacher.'

**GREYSTONE
PRIMARY SCHOOL**

Safeguarding Team


Mrs McComb
Designated Teacher


Miss Allen
Deputy Designated Teacher


Mrs Faulkner
Principal


Mrs Cheryl Millar
Designated Governor

If you have a concern, you can talk to us or your class teacher.

ROLES AND RESPONSIBILITIES

The Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.
- A Designated and Deputy Designated Teacher are appointed in their school.
- They have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
- Safeguarding and child protection training is given to all staff and governors including refresher training.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually, and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
- The school has an Anti-Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.
- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- There is a code of conduct for all adults working in the school.
- All school staff and volunteers are recruited and vetted, in line with DE Circular 2012/19 and DE Circular 2013/01.
- They receive a full annual report on all child protection matters and termly updates via the Safeguarding Governor. This report includes details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- The school maintains the following child protection records in line with DE Circulars 2015/13 Dealing with Allegations of Abuse Against a Member of Staff and 2020/07 Child Protection: Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

The Board of Governors

The Board of Governors will be aware of child protection issues, the implications for schools and will approve and monitor the Child Protection policy and practice. They should be satisfied that personal safety is being taught within the school, that it is appropriate to children, acceptable to parents and that parents have been informed about it.

Chair of Board of Governors

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

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

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

Designated Governor for Child Protection

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

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

The appointed Governor for Child Protection will receive training from CPSS. They take the lead in child protection governance arrangements, liaise with the Designated Teacher to keep updated about Child Protection issues and regularly keep the governors informed.

Designated Teacher for Child Protection

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

The role involves:

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having responsibility for record keeping of all child protection concerns.
- 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 Child Protection Support Service (CPSS).
- Keeping the school Principal informed.
- Taking the lead responsibility for the development of the school's child protection policy.
- The promotion of a safeguarding and child protection ethos in the school.
- Compiling written and oral reports to the Board of Governors regarding child protection via the Designated Governor.

Deputy Designated Teacher for Child Protection

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

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

The School Principal

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

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

- It is essential that there is protected time and support to allow the DTs to carry out this important role effectively and that DTs are selected based on knowledge and skills required to fulfil the role.
- The Principal must ensure that parents and pupils receive a copy, or summary, of the Child Protection Policy at intake and, at a minimum, every two years.

Other Members of School Staff

Teachers will know how to implement the school's child protection policy and procedures and feel confident that they understand the principles inherent in the personal safety programme, so that they can instil confidence in the pupils.

- Members of staff **must** refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if she is not available.
- Class teachers should complete a Note of Concern via CPOMS or in written form ([See Appendix 1](#)) for any safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or

serious bullying and concerns about home circumstances including disclosures of domestic abuse.

- **Staff should not** give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

Support Staff

It is important that all non-teaching staff are aware of the school's child protection policy, know how to react if a pupil should make a disclosure and the procedures to be followed.

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

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

Parents will be informed of schools' responsibilities and roles involved in child protection and personal safety issues. A successful partnership between parents and schools will be promoted to ensure the children's personal safety and the creation of an atmosphere of mutual trust through co-operation. Parents are made aware of child protection arrangements through the school prospectus, school website, Safeguarding leaflet and ParentMail updates.

Similarly, the school will endeavour to help parents understand its responsibility for the welfare of all the children in their charge. Parents will be reminded of the need to send children to school adequately clothed, well fed and having enough sleep. They will also be reminded of the importance of notifying the school when someone other than the parent/ usual carer will be picking a child up from school and by providing written confirmation if pupils in P5-7 are to walk home independently.

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

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

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

4 CHILD PROTECTION DEFINITIONS

Definition of Harm

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

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

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

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

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

See Appendix 2 for Categories of Abuse and Indicators

5 RESPONDING TO SAFEGUARDING AND CHILD PROTECTION CONCERNS

Safeguarding is more than child protection. Safeguarding begins with promotion and preventative activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering or are likely to suffer significant harm¹.

IDENTIFICATION and RESPONSE TO POTENTIAL ABUSE:

Teachers and non-teaching staff are well located to observe children and to note any outward symptoms of abnormality or change in appearance, behaviour, learning pattern or development which may be indicative of child abuse. We recognise that the relationships based on respect, confidence and trust which are fostered between members of the school community, may lead to the disclosure of any abuse.

Staff should be particularly concerned about a pupil if he or she:

- Has any injury which is not typical of the bumps and scrapes normally associated with children's activities;
- Has unexplained bruising in and around the mouth/ black eyes with no bruising to the forehead or nose/ grasp marks/ finger marks/ bruising of the ears/ linear bruising of the back/ has differing age bruising;
- Regularly has unexplained, possibly minor, injuries;
- Frequently has injuries (even when apparently reasonable explanations are given);
- Confused or conflicting explanations are given on how injuries were sustained, exhibits significant changes in behaviour, performance or attitude;
- Indulges in sexual behaviour which is unusually explicit and/or inappropriate to his or her age;
- Discloses an experience in which he or she may have been significantly harmed.

¹ Co-Operating to Safeguard Children and Young People in Northern Ireland (March 2016)
<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

(Ref. Appendix 4: No list of symptoms can be exhaustive. Also, it must always be remembered that alternative medical, physical, psychological or social explanations may exist for the signs and symptoms listed.)

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

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

If a parent has a concern they can talk to the Class Teacher or a member of the Safeguarding Team.

If they are still concerned they may talk to the Chair of the Board of Governors.

At any time, a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in [Appendix 5](#)

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

In Greystone Primary School, if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a record on CPOMS and check the 'Safeguarding Concern' box or complete a Note of Concern (see [Appendix 1](#)) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he/she is not available.

The Designated Teacher will consult with the Principal or other relevant staff always taking care to avoid due delay. **Should the Principal not be available, the Designated Teacher will discuss with the Senior Teacher in charge, Mrs Jamie**

Parker. If required advice may be sought from CPSS. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

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

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

The Designated Teacher will phone CPSS for advice if needed, and then call the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form.

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

See [Appendix 6](#).

Dealing With a Disclosure:

Staff have an important role in hearing what children have to say. The school can provide a neutral place where the child feels it is safe to talk. Sensitivity to the disclosure is vital. Staff must listen carefully to what the child is saying, treat it seriously, and value what they say.

Children may feel they will not be believed, or that they will be punished. Staff will need to say that whatever has happened, it is not their fault. Fear of the consequences of telling is very common. It can be very tempting to offer a promise of confidentiality to the child. This is not realistic. The child needs to hear the truth about what will happen, together with a commitment to support the child. It is crucial not to ask leading questions. For example, a teacher might use the TED (Tell, Explain and Describe) framework and say, "Tell me what has happened", "Explain that to me" or "Describe what happened" rather than asking questions. Our role is to record what the child

says, reassure them and clarify. It is important in such cases that prompt action following the correct procedures is taken. (Ref. Procedures - Flow Chart) Similarly, any person who, acting in good faith, reports a case of suspected child abuse will receive the full support of his/her employing authorities.

Where a member of staff is concerned that abuse may have occurred, he or she must report this immediately to the Designated Teacher and/or the Principal. Please remember **no promise of confidentiality can or should be given where abuse is alleged.**

Where a teacher has concerns, they should, as a first step, seek some clarification from the child with tact and understanding.

Where another member of the school's staff has concerns she/he should immediately bring them to the attention of either the Designated Teacher or Principal.

If a child discloses abuse or staff are suspicious, there are four things to do:

1. LISTEN - note the time, date, place and people.

Recording a disclosure / complaint / observation:

- Factual and in neutral language
- When? Where? Who? What?
- In a child's disclosure, record the words the child used
- Observations
- TED (Tell, Explain and Describe) Framework rather than asking questions:
 - “Tell me what has happened”
 - “Explain that to me”
 - “Describe what happened”

2. Report immediately to Mrs Rachel McComb (Designated Teacher), or the Deputy Designated Teacher or Principal if she is not available.

3. Do not speak to the parents

4. Do not promise the child that it will be kept a secret

Please note - In the unlikely event of Mrs R McComb, Miss J Allen or Mrs A Faulkner not being available to deal with an emergency involving Child Protection issues, or if the Principal/ Designated Teacher is the subject of the allegation, then the teacher must speak to the Senior Teachers (Mrs Jamie Parker and Mrs Steff McNeill) who will deal with these matters.

Receive

Listen actively, open body language, accept, non-judgemental.

TED Framework: "Tell me..., Explain to me..., Describe to me..."

Reassure

'You've done the right thing by coming to me', re-assure child that you have listened and hear what they are saying; don't promise what can't be delivered.

Respond

Tell what you are going to do and do it. Ensure child is ok before leaving.

Report

As soon as possible, to the DT.

Record

Vital – facts, no opinions – When? Where? Who? What?

Please note: Where the child has Special Educational Needs or other Vulnerabilities, especially related to communication, they may be particularly vulnerable to all forms of abuse. Extra care should be taken to interpret correctly any indications of abuse and reported in the same way as for other children.

Remember: You **do not investigate**

*This is the role of **only** Social Services and/or PSNI Child Abuse Investigation Unit*

It is **not** the responsibility of teachers or other members of staff.

(b) Subsequent Action:

The Designated Teacher will discuss the matter with the Principal as a matter of urgency to plan a course of action and ensure that a written record is made. The Principal and Designated Teacher will then decide whether, in the best interests of the child, the matter needs to be referred to Social Services. ***If there are concerns that a child may be at risk, the school is obliged to make such a referral.*** Unless there are concerns that the parent is the alleged abuser, the parents should be informed immediately.

The Principal/ Designated Teacher may seek advice from CPSS or the Senior Social Worker before a referral is made. **The safety of the child remains our first priority.**

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

- Social Services
- CPSS

This will be done by telephone in the first instance and followed up with a copy if requested.

Where a Complaint Has Been Made about Possible Abuse by a Member of the School's Staff or a Volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal then the Designated Teacher should be informed and he/she will inform the Chairperson of the Board of

Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in [Appendix 7](#) will be followed.

6 CONSENT

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

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

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

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

Confidentiality and Information Sharing

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

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

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

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

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

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

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

Handling Information:

- Staff have a professional responsibility to share relevant information about the protection of children with other professionals and where physical or sexual abuse is suspected, a legal duty to report this.
- Staff should share information only within appropriate professional contexts. Child protection records will be kept under secure conditions in the Principal's office.

Reports for Child Protection Conferences:

Reports for child protection conferences should focus on the child's educational progress and achievements, attendance, behaviour, participation, relationships with other children and adults within the school and, where appropriate, the child's appearance.

- Reports should be objective and based on evidence;
- They should therefore contain only facts, observations and reasons for concern.

Reports will be made available to the child's parents at the child protection conference (CPC) and may be used in court. All reports should be checked and signed by the Principal or by the teacher who has assumed these responsibilities in their absence.

Monitoring and supporting pupils on the Child Protection Register:

(Ref. Appendix 5) A list of children whose names are on the child protection register is kept in the Principal's Office. This includes all children, who, for whatever reason, need to be monitored by the school. Staff are informed of any child in their class who is on this register. Teachers must inform the Principal of any changes/additions so that this list can be kept up to date.

The school monitors pupils whose names are on the child protection register and will alert the child's Social Worker or Education Welfare Officer when a pupil on the CPR is absent for more than a few days, or on a regular basis, or

demonstrates any signs which suggest a deterioration in the pupil's home circumstances.

Transfer of Information:

Under the Education (Pupil Records and Reporting) (Transitional) Regulations (NI) 2007, the requirement to transfer formal records does not include the transfer of child protection records. However, where there have been, or are current, concerns about a pupil the school will carefully consider what information should be shared with the new school in line with the third data protection principle; if the information, current or historical, is deemed to be relevant then it should be shared.

When a child on whom the school holds safeguarding or child protection information leaves the school, and the school is unaware of the new school, they will notify the Education Welfare Service (EWS) at the EA who will then attempt to locate the child. Social Services must be informed immediately if the child has a Child Protection Plan or is a Looked After Child. The school must retain the child's child protection records and forward the relevant information to the receiving school when the child has been traced.

When a child whose name is on the Child Protection Register changes school, the school should inform the receiving school immediately that his/her name is on the Child Protection Register and pass on contact details for the social worker. The school should then destroy all child protection records on the child supplied by Social Services, including records of case conferences, and should inform the child's Case Co-ordinator in Social Services. The remaining child protection record should be copied, as relevant, to the new school. It is good practice for the DT from the school the child is leaving to discuss concerns directly with the DT from the receiving school in advance of sending the child protection record under secure conditions.

Closure of Files

When a pupil leaves the school or child protection concerns cease to be current or ongoing, and records cease to be of active use other than for reference purposes, the child's individual Child Protection File should be closed. The DT should consult

the Disposal of Records Schedule, review the file and mark the front cover of the file indicating the date on which the file can be destroyed, for example, 30 years from the pupil's date of birth. Closing a file simply means that no further papers can be added. If new concerns arise a new file can be opened and cross-referenced with the previous file.

Retention of Child Protection Records

The GDPR principles require that personal information should be:

- collected for specified, explicit and legitimate purpose;
- adequate, relevant and limited to what is necessary; and
- accurate and, where necessary, kept up to date.

The potential for historical allegations to be made should also be considered in determining retention periods for child protection records.

Record	Retention Period
Pupil Child Protection Case File	d.o.b. + 30 years
The School's Confidential Record of Child Abuse Complaints	Indefinitely
If Social Services inform the school that a child's name has been placed on the Child Protection Register	Maintain a record of this fact and associated documentation from Social Services on the child's file while he/she continues to attend. On transfer, the school should inform the new school and destroy all social services records. The record on the Child Protection File will remain until D.O.B + 30 years
If Social Services inform the school that a child's name is removed from the Child Protection Register	On transfer to a new school, the school should destroy any child protection records on the child supplied by Social Services, including records of case conferences.

	The record on the Child Protection File will remain until D.O.B + 30 years
Complaint against a member of staff	
Staff members file	Indefinitely* unless totally exonerated
Child's Child Protection File	D.O.B + 30 years
Record of Child Abuse Complaints	Indefinitely*

7 SAFE RECRUITMENT PROCEDURES

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

Appointment of Staff:

The recruitment and appointment process is the starting point for ensuring that only those who are suitable are employed to work in close proximity with children. Guidance as detailed in the following documents shall be adhered to:

DENI Circulars	1999/08
	2006/08
	2006/07
	2006/09
	2008/03
	2012/19
	2013/01

Volunteers:

Voluntary support, especially that of parents, is much appreciated at Greystone Primary. All potential volunteers under go a vetting procedure through Access NI before access to children is granted. (Ref. Appendices)

Ref. Circular 1990/28: Disclosure of Criminal Background of Persons with access to children (DENI) (Ref. appendices)

Visitors:

Visitors to Greystone Primary should be:

- Met/directed by school staff/representatives.
- Signed in and out of the school by school staff.
- Given restricted access to only specific areas of the school, if appropriate.
- Escorted by a member of staff/representative, where appropriate.
- Clearly identified with visitor/contractor passes.
- Given access to pupils restricted to the purpose of their visit.
- Cordoned off from pupils for health and safety reasons if delivering goods or carrying out building/maintenance or repairs.

Pupils on Work Experience:

Pupils coming into the school on work experience do not require AccessNI clearance as they are required to be fully supervised by school staff.

8 CODE OF CONDUCT FOR ALL STAFF - PAID OR UNPAID

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and

Volunteers which has been approved by the Board of Governors. Ref. [Appendix](#)

[8](#) **Greystone Primary Code of Conduct.**

Physical Contact with Pupils: (Ref. Code of Conduct Policy; Ref. Intimate Care Policy)

It is unnecessary and unrealistic to suggest that teachers should touch pupils only in emergencies. Particularly with younger pupils, touching them is inevitable and can give welcome assurance to the child. It is important for teachers to be sensitive to a child's reaction to physical contact and to act appropriately.

In extreme cases a teacher might have to restrain a pupil physically to prevent him/her causing injury to him or herself, to others or to property. In such circumstances no more than the minimum necessary force should be used and the principal or vice principal should be informed as soon as possible. (Ref. Safe-handling Policy)

Resettlement of Schedule 1 Offenders against Children:

In the event of being advised of a risk to pupils the school will issue advice to parents consistent with the Children Order and advice from the P.S.N.I. Advice and support will be available from the Statutory Agencies.

9 THE PREVENTATIVE CURRICULUM

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (2017/04).

At Greystone Primary School, our whole school policy is supplemented by a cross-curricular teaching programme to ensure that children are kept safe from harm and can be equipped with the necessary skills to help them to stay safe. Through this preventative curriculum, we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make

more positive choices in a range of situations such as recognising unwelcome approaches or behaviour and developing the confidence to resist them as far as possible.

Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects.

All teachers will raise awareness of Health and Safety, R.S.E., Drugs Education and other Pastoral Care issues through maintaining a trusting environment where children are heard, through cross-curricular themes and PDMU. In addition, some specific schemes are followed by different year groups e.g. Roots of Empathy, Women's Aid Helping Hands, All Stars Character Education etc.

Throughout the school year child protection issues may be addressed through class assemblies and there are posters of child helpline numbers, Operation Encompass and other Child Protection information displayed around the school.

Involvement of other Agencies and Professionals

There are occasions when work with pupils on personal safety may be completed with the help of statutory and voluntary agencies e.g. P.S.N.I., N.S.P.C.C., Action Cancer, Translink etc. Where a visit from representatives from an outside agency is organised, it will be seen as an integral part of our personal safety scheme.

Resources and discussion will be age appropriate for the pupils concerned and will be followed up by teachers.

10 MONITORING AND EVALUATION

PLANNING, MONITORING, EVALUATION AND REVIEW:

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. It will be implemented through the school's staff induction and training programme and as part of day to day practice.

Compliance with the policy will be monitored on an on-going basis by the Designated Teacher for Child Protection and periodically by the Schools Safeguarding Team. The Board of Governors will also monitor child protection activity and the implementation of the Safeguarding and Child Protection policy on a regular basis through the provision of reports from the Designated Teacher.

It will be evaluated as to its effectiveness by staff and through pupil feedback.

The next date for this policy review will be **January 2026**.

Date Policy Reviewed:	
<i>Updated and Amended by RMcC in January 2025</i>	
Signed:	Designated Teacher
Signed:	Principal
Signed:	Chair of Board of Governors

Staff Training:

All new Governors receive Child Protection Training from CPSS as part of their induction. In addition to this, the Chairperson and Designated Governor complete further training during each term of office (i.e. every four years) in order that they can assist the full BoG with their child protection governance.

The Designated and Deputy Designated Teachers attended a two day CPSS Introduction to Child Protection course, and refresher training within three years of their initial training date and thereafter.

Teaching and Non-Teaching staff receive Child Protection training at a minimum of every two years organised by the Designated Teacher/ Deputy Designated Teacher, with new staff receiving training as part of their induction. All staff should know how to identify the signs and symptoms of possible abuse and be aware of the relevant child protection procedures, including how to contact the designated teacher.

Latest Child Protection Staff Training Dates:

	Organised by		Date
Board of Governors	CPSS	Cheryl Millar	April 2025
Chair/ Safeguarding Governor	CPSS	John Mitchell	April 2025
Principal	CPSS	Arlene Faulkner	March 2023
DT	CPSS	Rachel McComb	October 2024
DDT	CPSS	Jayne Allen	October 2023
Teaching Staff	KM		November 2022
Non-Teaching Staff	KM		August 2022

Appendix 1

CONFIDENTIAL

NOTE OF CONCERN

Child Protection Record - Reports to Designated Teacher

Name of Pupil:
Year Group:
Date, Time of Incident/Disclosure:
Circumstances of Incident/Disclosure:
Nature And Description Of Concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:
Action Taken At The Time:
Details Of Any Advice Sought, From Whom And When:
Any Further Action Taken:

Written Report Passed To Designated Teacher: Yes: No:
If 'No' state reason:
Date And Time Of Report To The Designated Teacher:
Written Note From Staff Member Placed On Pupil's Child Protection File
Yes No
If 'No' state reason:

Name of Staff Member Making the Report: _____

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

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

APPENDIX 1:

Note of Concern via CPOMS

The screenshot shows the CPOMS 'Add Incident' interface for Greystone Primary School. The interface includes a sidebar with navigation options: Dashboard, Reporting, Planner, Library, Admin, Account Settings, and Support. A 'Live Chat' button is located at the bottom left of the sidebar. The main form area contains the following sections:

- Student:** A dropdown menu with the placeholder text 'Begin typing a student's name'.
- Incident:** A large text area for describing the incident.
- Categories:** A list of checkboxes for selecting incident categories. The checked options are 'Cause for Concern' and 'Child Protection'. Other options include Attendance, Behaviour, Contact with External Agency, Contact with Parents, Friendship Related Issues, Medical, Mental Health and Wellbeing, Peer on Peer, and SEND.
- Child Protection Subcategories:** A list of checkboxes for selecting subcategories. The checked option is 'Child Protection'. Other options include CIN Meeting, CIN Plan, Conference, Core Group Meeting, CP Plan, LAC, LAC Review, and PEP Meeting.
- Cause for Concern Subcategories:** A list of checkboxes for selecting subcategories. The checked option is 'Cause for Concern'. Other options include Emotional Related, Home / Parenting Issues, Neglect Related, Physical Related, Presentation / Hygiene, and Sexual Related.
- Safeguarding Concern Subcategories:** A list of checkboxes for selecting subcategories. The checked option is 'Safeguarding Concern'. Other options include Care Plan, Child in Need, CSE, Domestic Violence, FGM, Grooming, Radicalisation / Extremism, and TAF.
- Linked student(s):** A dropdown menu with the placeholder text 'Begin typing a student's name' and a subtext 'Type a student's name to link them to this incident.'
- Maps:** A small icon representing two people.

At the top right of the form, there is a 'Back' button. At the top of the page, there are navigation options: 'Remind Me', 'Hide Names', 'Blank Screen', and a user profile icon.

APPENDIX 2 **Specific Types of Abuse**

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

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

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

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Co-operating to Safeguard Children and Young People in NI. DHSSPS version 2.0 2017).

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

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

Statutory Responsibilities

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

Domestic and Sexual Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy (2016) defines domestic and sexual violence and abuse as follows:-

Domestic Violence and Abuse:

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

Sexual Violence and Abuse

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

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

Operation Encompass –

From February 2023, we are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical and psychological harm. Operation Encompass aims to mitigate this harm by

enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium and long-term effects of domestic abuse.

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

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

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

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

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

Children Who Display Harmful Sexual Behaviour

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

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

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, abusive or violent. Normal sexual behaviour will generally have no need for intervention, however consideration may be required as to appropriateness within a school setting. Inappropriate sexual behaviour requires some level of intervention, depending on the activity and level of concern. For example, a one-off incident may simply require liaising with parents on setting clear direction that the behaviour is unacceptable, explaining boundaries and providing information and education. Alternatively, if the behaviour is considered to be more serious, perhaps because there are a number of aspects of concern, advice from the EA CPSS may be required. The CPSS will advise if contact with PSNI or Social Services is required. We will also take guidance from DE Circular 2022/02 to address concerns about harmful sexualised behaviour displayed by children and young people.

Abusive Sexual Behaviours are of significant concern and guidance on the management of the pupils and referrals to other agencies such as Social Services or the Police should be sought from CPSS.

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

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

Some examples of violent sexual behaviour include physically violent sexual abuse which is highly intrusive, instrumental violence which is physiologically and or sexually arousing to the perpetrator and may involve sadism.

Advice from CPSS will be required if we are aware of a young person displaying violent sexual behaviour.

E Safety/Internet Abuse

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

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

- **Content Risks:** the child or young person is exposed to harmful material.
- **Contact risks:** the child or young person participates in adult initiated online activity.
- **Conduct Risks:** the child or young person is a perpetrator or victim in peer-to-peer exchange.
- **Commercial Risks:** the child or young person is exposed to inappropriate commercial advertising, marketing schemes or hidden costs.

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

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

Sexting is the sending or posting of sexually suggestive images, including nude or semi-nude photographs, via mobile or over the internet. There are two aspects to Sexting:

1/Sexting between Individuals in a Relationship

Pupils need to be aware that it is illegal, under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 even if they are the person in the picture (or even if they are aged 16+ and in a consensual relationship) and in these cases we will contact local police on 101 for advice and guidance. We may also seek advice from the EA Child Protection Support Service

Please be aware that, while offences may technically have been committed by the child/children involved, the matter will be dealt with sensitively and considering all of the circumstances 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 young person from seeking help if they feel entrapped by the misuse of a sexual image.

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

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

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

The main forms of abuse are:

Physical abuse

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

Sexual Violence and Abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/Emotional Abuse

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

Financial Abuse

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

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines,

systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

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

Appendix 3

Children with Increased Vulnerabilities

- **Children With a Disability**

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

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

- **Children With Limited Fluency in English**

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

- **Gender Identity Issues and Sexual Orientation**

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

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

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

- **Boarding Schools and Residential Settings**

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

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

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

APPENDIX 4 Signs and Symptoms of Child Abuse

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

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

- by bruises or marks on a child's body
- by remarks made by a child, his parents or friends
- by overhearing conversation by the child, or his parents
- by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents.

- by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding.

- by a child not thriving or developing at a rate which one would expect for his age and stage of development.

- by the observation of a child's behaviour and changes in his behaviour.

- by indications that the family is under stress and needs support in caring for their children.

- by repeat visits to a general practitioner or hospital.

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

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

2.4 Suspicions should be raised by e.g.

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

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

2.5 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

2.6 **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

- 2.7 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.
- 2.8 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.
- 2.9 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.
- 2.10 If on initial examination the injury is not felt to be compatible with the explanation given or suggest abuse it should be discussed with a senior paediatrician.
- 2.11 A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

- 2.12 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
- 2.13 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.

2.14 Non-accidental bruises may be:

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

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

The following should give rise to concern e.g.

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

2.15 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.

2.16 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

2.17 **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

2.18 **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.

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

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

2.20 **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

2.21 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.

2.22 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.

2.23 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

2.24 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

2.25 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

2.26

- 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

2.27

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.

2.28

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.

2.29

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

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

2.30

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.

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

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

2.32 **Concerns may arise when:**

- reported symptoms and signs found on examinations are not (3 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.

2.33 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

2.34 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.

- 2.35 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.
- 2.36 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.
- 2.37 It is important to note that children and young people may also abuse other children sexually.
- 2.38 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.
- 2.39 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

- 2.40 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.
- 2.41 The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present, but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together. **The following list is not exhaustive and should not be used as a check list.**

Pre-School Child (0-4years)

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

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

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

2.43

Possible behavioural indicators include:

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

Primary School Age Children

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

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

Emotional Abuse

- 2.47 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.
- 2.48 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.
- 2.49 The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.
- 2.50 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.
- 2.51 The potential of emotional abuse should always be considered in referrals where instances of domestic violence have been reported.

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

2.53 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.

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

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

Parental Behaviour Associated with Emotional Abuse

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

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

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

Neglect

2.56 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.

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

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

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

Recognition of Neglect

2.59 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.

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

2.61 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.

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

Child

2.63 **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).

2.64 **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.

2.65 **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

- 2.66 **Lack of emotional warmth indicators include:**
- unrealistic expectations of child
 - inability to consider or put child's needs first
 - name calling/degrading remarks
 - lack of appropriate affection for the child
 - violence within the home from which the child is not shielded
 - partner resenting non-biological child and hostile in attitude towards him
 - failure to provide basic care for the child.
- 2.67 **Lack of stability indicators include:**
- frequent changes of partners
 - poor family support/inappropriate support
 - lack of consistent relationships
 - frequent moves of home
 - enforced unemployment
 - drug, alcohol or substance dependency
 - financial pressures/debt
 - absence of local support networks, neighbours etc.
- 2.68 **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.
- 2.69 **Social Presentation**
- aggressive/threatening behaviour towards professionals and volunteers
 - disguised compliance
 - IOW self-esteem

- lack of self-care.

2.70 **Health**

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

Home and Environmental Conditions

2.71 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.

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

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

(Hammersmith & Fulham Inter-Agency Procedures 2002)

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

Children with Disability

- 2.73 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

- 2.74 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.

- 2.75 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

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

Child

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

Parents

- both young and immature (i.e. aged 20 years and under) at birth of the child
- parental history of deprivation and/or abuse
- slow jealousy and rivalry with the child
- expect the child to meet their needs

- unrealistic expectations/rigid ideas about child development
- history of mental illness in one or both parents
- history of domestic violence
- drug and alcohol misuse in one or both parents of the child
- frequent changes of carers
- history of aggressive behaviour by either parent
- unplanned pregnancy
- unrealistic expectations of themselves as parents.

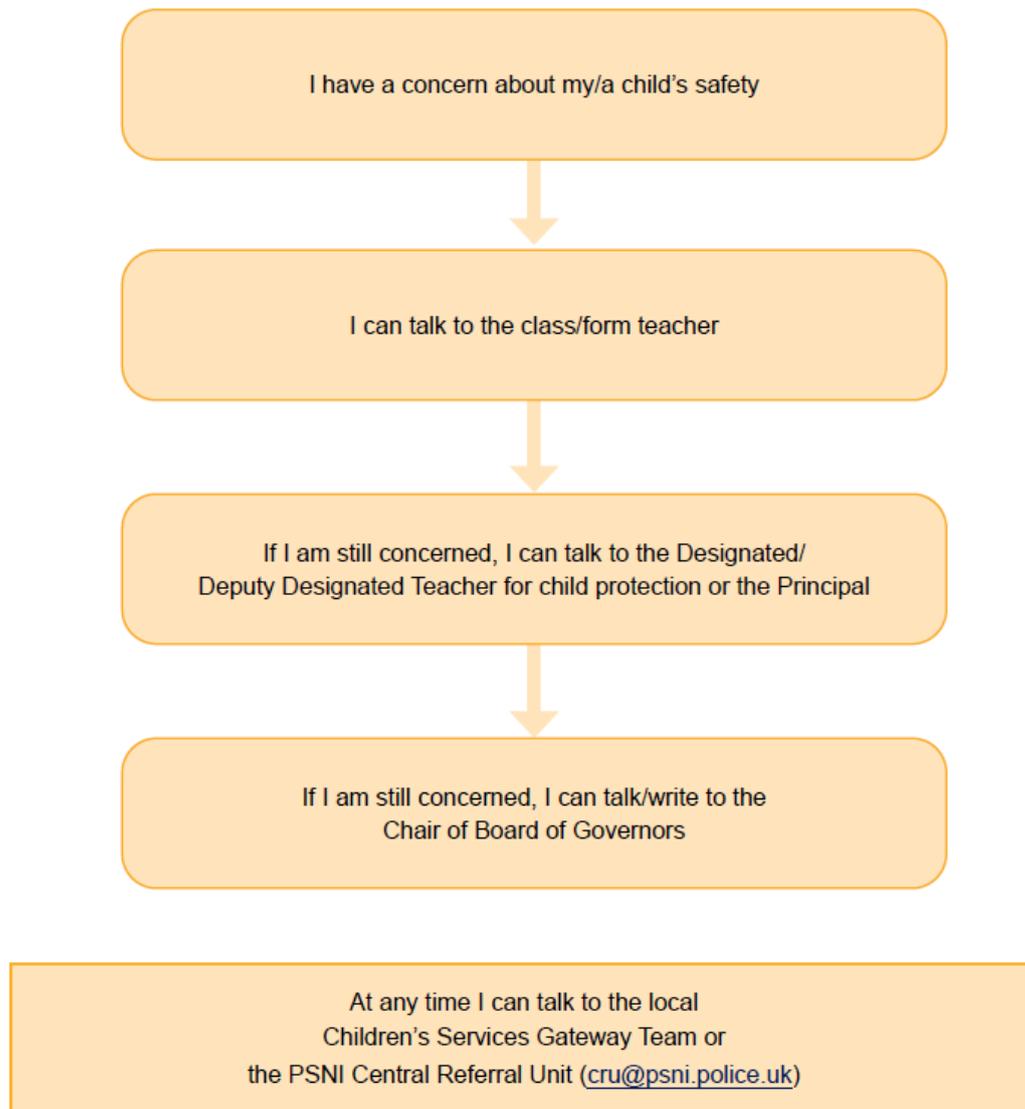
Home and Environmental Conditions

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

APPENDIX 5

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

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



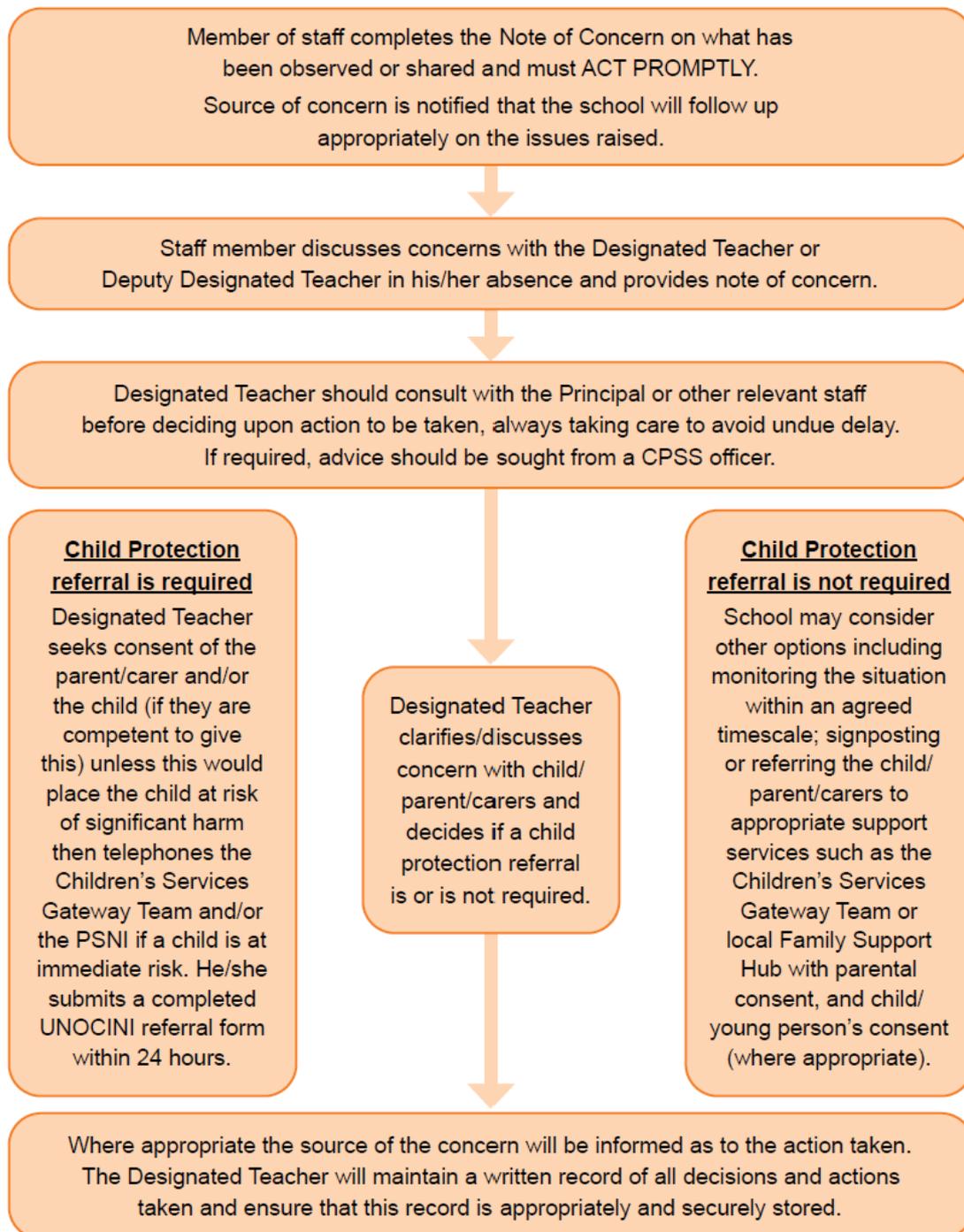
If you have escalated your concern as set out in the above flowchart, and are of the view that it has not been addressed satisfactorily, you may revert to the school's complaints policy. This policy should culminate in the option for you to contact the NI Public Services Ombudsman (NIPSO) who has the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

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

APPENDIX 6

5.7 Processes for Referral are set out in the Flowcharts below:

Procedure where the School has concerns, or has been given information, about possible abuse by someone other than a member of staff ^{7,8}

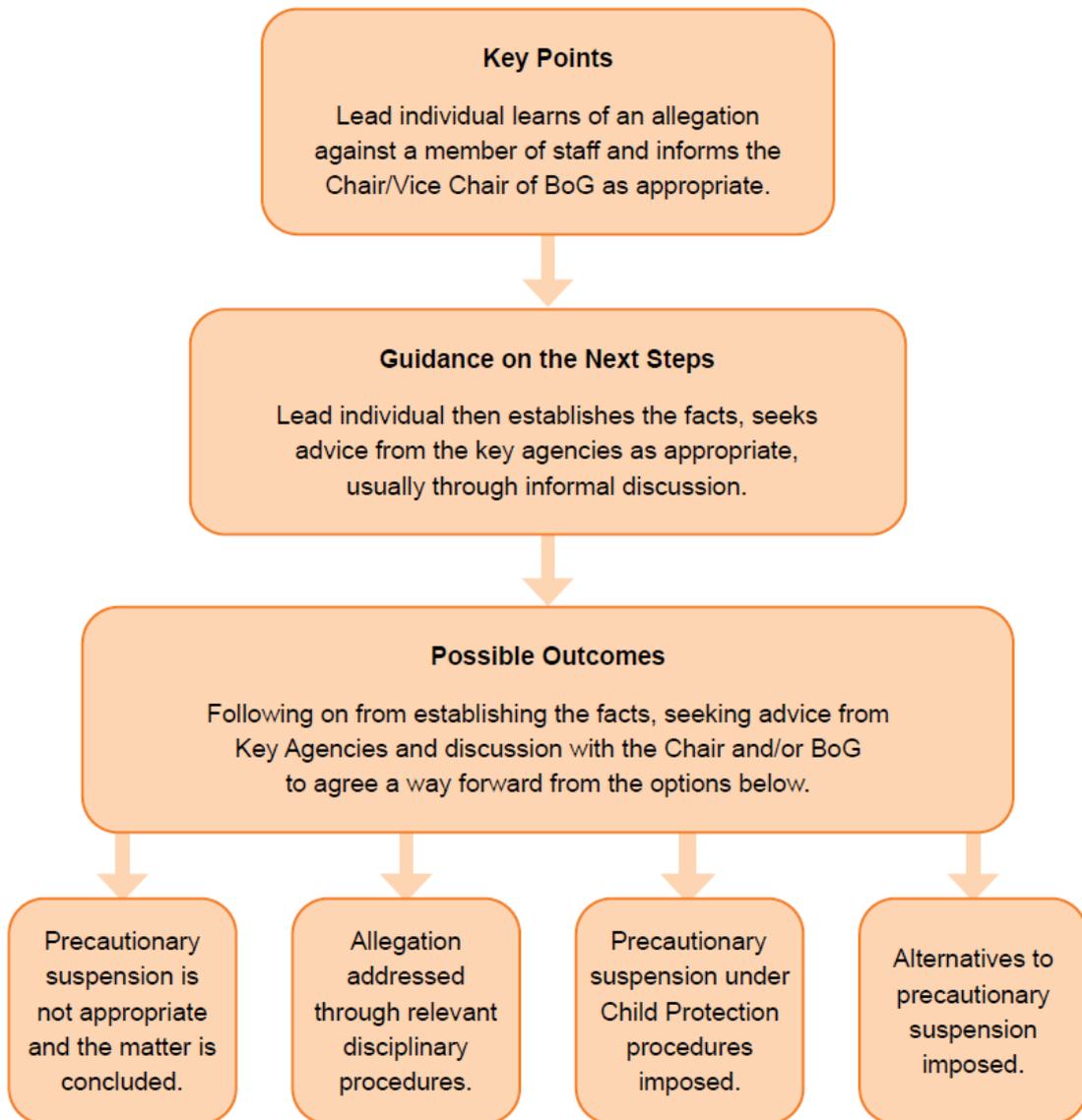


7 It is imperative that any disclosure by a child, or concern that indicates a child may be at immediate risk, is reported immediately to the PSNI and Social Services to ensure that emergency protection measures are put in place. This is particularly important if there is a risk of the child at home. Contact details for the PSNI Central Referral Unit and Duty Social Workers can be found in the Contacts Section.

8 DE Circular 2020/07 Child Protection: Record Keeping in Schools.

APPENDIX 7

Dealing with Allegations of Abuse Against a Member of Staff ^{9, 10}



9 DE Circular 2020/07 Child Protection: Record Keeping in Schools.

10 As noted previously a **Lead Individual** to manage the handling of an allegation should be identified from the outset, normally the Principal or a designated senior member of staff.

APPENDIX 8

Greystone Primary School Code of Conduct for Employees within the Education Sector whose work brings them into contact with children/young people – Updated August 2024

Introduction

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 children and young people in their charge must be above reproach. This Code of Conduct is not intended to detract from the enriching experiences children and young people gain from positive interaction with staff within the education sector. It is intended to assist and protect staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct in order to safeguard both pupils and staff.

This Code of Conduct should be read and adhered to in conjunction with the following school policies:

- Child Protection and Safeguarding Policy
- Class Dojo/Seesaw Usage Policy
- Complaints Policy
- Intimate Care Policy
- Safe Use of ICT Policy

1. Appearance and dress

The expectations of the governing body are that all staff members:

- Ensure that their appearance is clean and neat when at work or representing the school.
- Dress in a manner that is appropriate to their role as a professional.
- To ensure consistency across the school it is important that the message given to pupils about expectations for clothing is reflected in the professional clothing choices of *all* adults regularly in school. E.g. No: blue jeans unless on dress down days, no flimsy footwear, no revealing clothing or beach wear, gym/sports clothes when not teaching sports, no suggestive or implied rude messages on clothing etc. During long periods of particularly warm weather the Principal may choose to relax the dress code for a limited period of time.
- Remember that they are role models for pupils and that their dress and appearance should reflect this.
- Do not dress in a way that would cause embarrassment to pupils, parents, colleagues or other stakeholders.

2. Attendance

Our expectations are that staff members:

- Attend work in accordance with their contract of employment and associated terms and conditions in relation to hours, days of work and holidays.

(See *Jordanstown Agreement Circular 1987/26* <https://www.education-ni.gov.uk/sites/default/files/publications/de/terms-and-conditions-regs-87.pdf>)

- Make routine medical and dental appointments outside of their working hours or during holidays, where possible.
- Refer to the EA guidance on special leave if they need time off for any reason other than personal illness.
- Follow the school's absence reporting procedure when they are absent from work due to illness or injury.

If you are unable to attend school, please ring or text the Principal as soon as you are aware, preferably the night before or by 7:30am if possible. You should indicate how long you expect to be absent and for what reason. Please update school no later than 2pm about whether or not you will be returning the next day so that cover can be organised, if needed.

If after 5 working days your doctor signs you off as unfit for work, the doctor's certificate must be forwarded immediately to the school office. Upon return after shorter illness EA require you to complete a self-certification form which will be submitted through the EA One portal.

Teaching Staff should be in school in good time to begin their school day and no later than 8.40am. If you are going to be late, e.g. because of bad traffic or car problems, please try to phone school so that we can make the necessary cover arrangements for your class.

Support staff who are specifically employed as one-to-one assistance must be in school at the start of the day for their pupil. This is a very important time for both the pupil and the class teacher.

It is not acceptable for any member of the teaching or learning support staff to request leave of absence during term time unless it is under **exceptional circumstances**. All teaching and support staff are expected at the INSET days unless previously told and if this is not possible the Principal should be notified in advance.

Medical and dental appointments should be arranged, where possible, after school or during school holidays. Staff should submit an appointment/leave request form for appointments during school time. This should be done as far in advance as possible. These are available in the photocopy room.

3. Professional behaviour and conduct

All staff members are expected to treat other colleagues, pupils, parents, and external contacts with dignity and respect at all times.

- Staff should conduct any meetings, including 'casual updates' with parents sensitively and respectfully e.g. not within earshot of other parents or children. This is important to remember, particularly at pick-up times when there will be other parents/grandparents etc in the vicinity.
- Any conversation a teacher may have with a parent should be conducted in a safe and secure environment. Staff should ensure they feel comfortable having the meeting and if it is felt necessary, they can speak to a colleague or principal to attend with them or 'hover' outside the room.
- Discrimination, bullying, harassment or intimidation, including physical and verbal abuse, will not be tolerated at the school.
- Staff members must not misuse or misrepresent their position, qualifications or experience or bring the school into disrepute.
- Staff members must inform their Principal and/or Board of Governors if they are subject to a criminal conviction, caution, ban, police enquiry, investigation or pending prosecution.

4. Safeguarding children

Our expectations are for staff members to:

- Act in an open and transparent way that would not lead to any suspicion about their actions or intent.
- Respect their duty to protect children and young people from harm and to maintain professional boundaries.

- Read and understand school policies on child protection and safeguarding, including their obligations to undertake an Access NI check.

5. Relationships and Attitudes

Within the Pastoral Care Policies of the school and the employing authority, staff should ensure that their relationships with pupils are appropriate to the age, maturity and sex of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour, and language all require care and thought, particularly when staff are dealing with older boys and girls.

Staff **MUST** avoid situations where they are leaving their pupils vulnerable and themselves open for reproach. For example...

- ✧ Leaving children unsupervised in a corridor or hallway, or other public place, perhaps by way of 'punishment', may be construed as humiliating and degrading behaviour.
- ✧ Constantly shouting at one particular pupil may be construed as verbal abuse.
- ✧ Dismissing children to the playground, another classroom or at home time unsupervised, could be construed as neglectful and put children at risk or harm, injury or bullying.

It is vital that teachers have good classroom management strategies in place and can control their class. Good classroom management must be established from the very beginning of the school year, through class rules or a class charter. This should be shared with all stakeholders in the room – pupils, staff and parents, so that expectations are clear and transparent. Staff should reflect on the classroom behaviour often in order to ensure the best teaching and learning environment is present at all times.

If a teacher is struggling with classroom management, they should ask for support/help as early as possible from the School Leadership Team and seek to apply strategies set out in the School's Positive Behaviour Policy.

6. Private meetings with pupils

a. Staff should be aware of the dangers which may arise from private interviews with individual pupils. It is recognised that there will be occasions when confidential interviews must take place. As far as possible, staff should conduct such interviews in a room with visual access, or with the door open, preferably in an area which is likely to be frequented by other people.

b. Where such conditions cannot apply, staff are advised to ensure that another adult knows that the interview is taking place. It may be necessary to use a sign indicating that the room is in use, but it is not advisable to use signs prohibiting entry to the room.

c. Where possible another pupil or (preferably) another adult should be present or nearby during the interview, and the school should take active measures to facilitate this.

7. Physical Contact with Pupils

- a. As a general principle, staff are advised not to make unnecessary physical contact with their pupils.
- b. It is unrealistic and unnecessary, however, to suggest that staff should touch pupils only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this in an appropriate manner.
- c. Staff should never touch a child who has clearly indicated that he/she is, or would be, uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm. (DENI Circular 1999/9, on the use of reasonable force, gives guidance on Article 4 of the Education (Northern Ireland) Order 1998 (Power of member of staff to restrain pupils).
- d. Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.
- e. Where it is necessary for a member of staff to go into the pupil toilets because of bad behaviour, 'messaging about', a pupil who is ill etc the member of staff should notify another adult or send a pupil to get another adult. Staff should avoid any situation where they may be left alone with one pupil. They should ensure they stand in an open and visible position whilst maintaining the modesty of the pupil.
- f. Staff who have to administer first-aid to a pupil should ensure wherever possible that this is done in the presence of other children or another adult.

However, no member of staff should hesitate to provide first-aid in an emergency simply because another person is not present.

- g. Any physical contact, which would be likely to be misinterpreted by the pupil, parent or other casual observer should be avoided.
- h. Following any incident where a member of staff feels that his/her actions have been, or may be, misconstrued, a written **and dated** report of the incident should be submitted immediately to the principal.
- i. Staff should be particularly careful when supervising pupils in a residential setting, or in approved out of school activities, where more informal relationships tend to be usual and where staff may be in proximity to pupils in circumstances very different from the normal school/work environment.
- j. A teacher should never do anything for a child which they can do for themselves. This includes cleaning bottoms or any other activity which involves intimate contact, and which may be misconstrued. (see Intimate Care Policy)

8. Contact and interactions with parents

No staff member, teaching or non-teaching, should talk about a school incident outside of the school environment. We must exercise professionalism and confidentiality at all times. This also applies if you are both a staff member AND a school parent – the procedures should not change. The class teacher and/or principal are always the first port-of-call.

Any incidents of misbehaviour, a safeguarding concern or even an injury/medical need MUST be dealt with by the appropriate person/people in school. In the first instance this will usually be the class teacher, whose job it is to notify a parent if necessary. This is also vitally important even if you are a personal friend or relative of the child/parent concerned. We must remain professional and follow procedures fully.

If a teacher is covering a class, and encounters a concern or incident, it is vital to tell the class teacher as soon as possible. They must have all the information needed in order to contact the parent or in preparation for a potential call/message from the parent about what happened.

Teaching assistants must always report any concern or incident to the class teacher or Principal and must NOT speak to the parent directly – either in person or via private message. *The exception to this may be a one-to-one SEN assistant who is giving a daily update directly to a parent. Such conversations should ideally be held in as private a situation as possible, particularly if they are of a sensitive or personal nature. Please make sure the teacher is also aware of what was shared.*

9. Choice and Use of Teaching Materials

a. Teachers should avoid teaching materials, the choice of which might be misinterpreted and reflect upon the motives for the choice. In curricular planning, teachers will continually monitor textbooks and reading materials.

b. When using teaching materials of a sensitive nature a teacher should be aware of the danger that their application, either by pupils or by the teacher, might after the event be criticised. Schools have already received advice on the value of consulting parents and Governors when proposing to use materials such as in connection with sex education programmes.

c. If in doubt about the appropriateness of a particular teaching material, the teacher should consult with the principal before using it.

10. Residential Trips

a. Greystone Primary School values the contribution to school life which residential trips provide. Teachers who give up their free time to support these are to be highly commended.

b. Teachers should avoid being alone with pupils in rooms, which are not public areas of residences. Doors of children's rooms should be open at all times when a teacher has to enter. Children should never, in any circumstance, be taken into a teacher's room.

- c. Teachers checking children's rooms should do so in pairs.
- d. When taking children on outings, teachers should bear in mind how things might look or sound to members of the public who might misunderstand their actions. This might mean that disruptive pupils are excluded from trips and residential.
- e. Teachers should act as good, caring parents

11. Use of the internet and social media

No member of staff should add any pupil onto Social Networking sites, such as Facebook, X, Instagram, Snapchat etc. Any member of staff who uses such sites should ensure their profile, contact details, photographs etc remain private so pupils and/or parents can not access these.

Remember, users of Facebook must be 13 years of age or older.

Staff should exercise caution when considering adding 'past pupils' to their social networking sites. A degree of common sense should prevail, and they should carefully consider the content of their own profile, photographs etc before adding such young people. If in doubt, check with the parents if possible.

Staff should also exercise a degree of caution when adding parents as 'friends' as this can on occasion leave them open to contact on a 24/7 basis. Remember staff need a work/life balance and deserve privacy outside of school hours. School-related issues should be dealt with through appropriate procedures. General questions or queries can be addressed through the school Facebook page if necessary. **All staff members are strongly advised not to get into school/classroom related discussion via social media or private messenger.**

If any member staff is approached by a parent in this manner, they should NOT respond but should report this to the principal as a matter of urgency.

- No member of staff should post pictures of school events without the Principal's consent.
- No member of staff should use social networking sites within lesson times.
- Staff should review and adjust their privacy settings to give them the appropriate level of privacy and confidentiality.
- No member of staff should post negative comments about the school, pupils, parents or colleagues including Governors.
- Staff should read and comply with ['Guidance for Safer Working Practice for Adults who Work with Children and Young People'](#).

12. Acceptable use of mobile phones

Staff (teaching, non-teaching and ancillary) who are in direct contact with pupils should not use their mobile phones in school during their directed hours/paid hours of employment – this includes when on playground and lunch duty. Outside of these times, mobile phones should only be used in areas of the school where pupils are not present.

Staff should avoid using their mobile phone as a camera in school. Any photograph/video should ideally be taken using school equipment. Staff must only save images on school computers. It is recognised that this is not always possible or practical, so staff must use their own professional judgement in order to protect themselves from allegation or reproach. For example, they should download to a school device as soon as possible and ensure that they clear school images from personal phones regularly.

Inappropriate use of mobile phones or social media by staff should be referred to the Principal in the first instance or EA Authority Designated Officer

13. Use of Seesaw and Class Dojo *(See Seesaw and Dojo Usage Policy)*

The introduction of these apps has greatly enhanced home-school communication as teachers can share pupil's work, send reminders and answer simple queries directly. However, these apps are not intended to be used for 24/7 access to the class teacher or to parents.

Staff must consider their own work-life balance when using the apps.

Teaching staff must be respectful of themselves and their colleagues in ensuring they implement the policy guidelines.

Staff should use due diligence when administering the app on their own personal mobile phone. School iPads should be used as far as possible, although at times this is not practical. *(See Safeguarding Policy)*

Conclusion

- All staff are expected to always behave professionally and exercise confidentiality.
- All staff are expected to behave thoughtfully and responsibly.
- Staff should be punctual, well-prepared and should carry out tasks to the best of their ability, taking pride in their work.
- All absence should be genuine.
- Staff are expected to dress and behave appropriately; all staff should set a good example in what they wear and how they present themselves in front of children, parents and the wider community.
- Staff should exercise due confidentiality towards matters that are either discussed or overheard in school.
- Staff must exercise caution when using information technology and be aware of the risk to themselves and others. Staff must not engage in inappropriate use of social network sites which may bring themselves, the school, school community or individuals connected to the school into disrepute.

It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which staff inter-relate with children, young people and their parents, or where opportunities for their conduct to be misconstrued might occur.

In all circumstances, employees' professional judgement will be exercised and for the vast majority of employees this Code of Conduct will serve only to confirm what has always been their practice. If employees have any doubts about points in this booklet, or how they should act in particular circumstances, they should consult the Principal or a representative of their professional association or union.

From time to time, however, it is prudent for all staff to re-appraise their teaching styles, presentation, relationships and their manner and approach to individual children/young people, parents and colleagues, to ensure that they give no grounds for doubt about their intentions or conduct.



MONITORING INFORMATION

Observations	Comment	Update	Update	Update
Appearance – Clothing, footwear – cleanliness and adequacy				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Personal hygiene – Cleanliness, body odour, halitosis, hair, fingernails				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Attendance and punctuality				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Behaviour				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date



MONITORING INFORMATION

Observations	Comment	Update	Update	Update
Relationships with peers				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Relationships with staff – positive, antagonistic, overly familiar, distrustful				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
General health, including hearing, sight, weight, pallor				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date



MONITORING INFORMATION

Observations	Comment	Update	Update	Update
Emotional health, including self-harm, risk-taking, anxiety				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Attitude to life – optimistic, pessimistic, detached, apathetic, fearful				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date
Educational development including speech and language				
	Name and date	Reviewer and date	Reviewer and date	Reviewer and date

Appendix 10



Contacts: People and Agencies

Name	Agency	Telephone	Email
NHSCT	Gateway Team (SPOE) Referral Monday – Friday 9.00am – 5.00pm	0300 1234 333	SPOE.Referrals@northerntrust.hscni.net
Gateway	Emergency Duty Service (Out of Hours)	0800 1979 995	
EA	CPSSS Child Protection Support Service for Schools Monday – Friday 9.00am – 4.30pm	028 9598 5590	(North Eastern Region) Antrim Board Centre 028 94482223
NHSCT	Antrim Children's Services (Social Work)	028 9441 6555	
NHSCT	Regional Emergency Social Work Service (Out of hours)	0800 197 9995	
NHSCT	CAMHS SPOC	028 9442 4693	Single Point of Contact camhs.spoc@northerntrust.hscni.net
EA	Education Welfare Service Antrim	028 9047 0377	
Action for Children	Family Support Hub	028 9446 7345	
NSPCC		0808 800 5000	
NI Childline		0800 1111	



CHILD PROTECTION SUPPORT SERVICE

As team we strive to maintain excellence in our support to you in an array of areas, some of which we have outlined below:

OUR SERVICES

- ✓ Helpline Support
- ✓ Training
- ✓ Risk Assessment/Plans
- ✓ Strategic Meetings
- ✓ Compliance Management



02895 985590



cpssarmagh@eani.org.uk
 cpssantrim@eani.org.uk
 cpssbelfast@eani.org.uk
 cpssdunonald@eani.org.uk
 cpssomagh@eani.org.uk



Child Protection Support Service
 (CPSS) | Education Authority,
 Northern Ireland

CONTACT INFORMATION FOR OTHER RELEVANT EA SERVICES



- ✓ Primary Children Looked After Advisory Service - 028 7051 1086 or email primarychildrenlookedafter@eani.org.uk
- ✓ School Governors, 028 9047 0255 or email govsupport@eani.org.uk or govtraining@eani.org.uk for training records
- ✓ Special Educational Needs, 028 9031 7777 - see vital list of EA Services
- ✓ SEN Early Years (SEN EYIS), 028 9031 7777 and select option 3 or email info.seneyishelp@eani.org.uk
- ✓ Transitions Service, 028 9031 7777 (Choose Option 1, then Option 6) eatransitionsservice@eani.org.uk
- ✓ Human Resources - EA askHR Helpdesk 028 9047 0555, see vital list of EA Services
- ✓ Home to School Transport, 028 9598 5959, [see vital list of EA Services](#)
- ✓ Information Governance, 028 9047 5011 or email infogov@eani.org.uk
- ✓ Intercultural Education Service - IES, 028 9448 2210 or email ies@eani.org.uk
- ✓ Literacy Service - 028 9031 7777 or email literacyservice@eani.org.uk
- ✓ Nurture Advisory Service - nurtureservice@eani.org.uk
- ✓ School Development Service - 02894 448211



CONTACT INFORMATION FOR OTHER RELEVANT EA SERVICES



- ✓ Addressing Bullying in Schools Team - 02890252820
- ✓ Autism Advisory Intervention Service (AAIS) 028 9031 777 or email aaiconsultations@eani.org.uk
- ✓ Admissions 028 9047 0177, preschooladmissions@eani.org.uk or postprimaryadmissions@eani.org.uk
- ✓ Being Well Doing Well, beingwelldoingwell@eani.org.uk - see vital list of EA Services
- ✓ Critical Incident, 028 3751 2515 or visit website [Managing a Critical Incident](#)
- ✓ Education Psychology - see vital list of EA Services
- ✓ [Education Welfare Service](#) - see vital list of EA Services
- ✓ [Elective Home Education](#), 028 9031 7428 or email ehe@eani.org.uk
- ✓ EA Safer Resourcing Team - HR Helpdesk number - 028 9047 0555 option 2 (for ANI)
- ✓ Equality & Diversity Team, equality.unit@eani.org.uk
- ✓ [Human Resources - EA askHR Helpdesk 028 9047 0555](#), see vital list of EA Services
- ✓ Home to School Transport, 028 9598 5959, [see vital list of EA Services](#)
- ✓ Information Governance, 028 9047 5011 or email infogov@eani.org.uk
- ✓ Intercultral Education Service - IES, 028 9448 2210 or email ies@eani.org.uk
- ✓ Literacy Service - 028 9031 7777 or email literacyservice@eani.org.uk
- ✓ Nurture Advisory Service - nurtureservice@eani.org.uk
- ✓ Post Primary Behaviour Support, 028 9031 7777 and select option 3 or email PPBSPqueries@eani.org.uk
- ✓ Primary Behaviour Support Service, 028 9031 7777 and select option 3 or email primarybsp.enquiries@eani.org.uk

<https://www.eani.org.uk/a-z-service-directory>



