

Belfast Royal Academy

per vias sapientiae



Safeguarding and Child
Protection Policy
September 2026

Title	Safeguarding and Child Protection Policy
Summary	Guidance for all stakeholders regarding: - Definitions of risk under the heading of Safeguarding and Child Protection; - Measures the School has in place to safeguard pupils; - Roles and responsibilities of School staff and governors; - The procedures to be followed where a pupil of the School may be at risk of harm. - Operation Encompass update
Purpose	To ensure an effective response to Safeguarding and Child Protection issues by the whole School community.
Operational Date	September 2026
Next Review Date	March 2027
Author	Vice Principal (Pastoral)
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CONTENTS:

SECTION 1:	INTRODUCTION
SECTION 2:	SAFEGUARDING TEAM 2026 - 2027
SECTION 3:	CHILD PROTECTION DEFINITIONS
SECTION 4:	THE ROLE OF STAFF AND GOVERNORS AND ARRANGEMENTS FOR SAFEGUARDING AND CHILD PROTECTION TRAINING
SECTION 5:	PROCEDURES FOR ALL ADULTS REPORTING A SUSPICION OR DISCLOSURE THAT A PUPIL IS AT RISK OF HARM
SECTION 6:	THE RESPONSE OF THE SAFEGUARDING TEAM
SECTION 7:	SCHOOL TRIPS
SECTION 8:	THE PREVENTATIVE CURRICULUM
SECTION 9:	OPERATION ENCOMPASS
SECTION 10:	MONITORING AND EVALUATION
APPENDIX 1:	CODE OF CONDUCT FOR STAFF
APPENDIX 2:	PARTNERSHIP WITH PARENTS
APPENDIX 3:	PHOTOGRAPHIC IMAGES OF PUPILS
APPENDIX 4:	NOTE OF CONCERN
APPENDIX 5:	CHILDREN WITH INCREASED VULNERABILITIES
APPENDIX 6:	DEALING WITH ALLEGATIONS AGAINST A MEMBER OF STAFF
APPENDIX 7:	PROCEDURE WHERE THE SCHOOL HAS CONCERNS, OR HAS BEEN GIVEN INFORMATION ABOUT POSSIBLE ABUSE BY SOMEONE OTHER THAN A MEMBER OF STAFF
APPENDIX 8:	SIGNS AND SYMPTOMS OF CHILD ABUSE
APPENDIX 9:	SPECIFIC TYPES OF ABUSE
APPENDIX 10:	THE SAFEGUARDING TEAM

SECTION 1: INTRODUCTION

Belfast Royal Academy aims to ensure the provision of a safe and supportive learning environment for pupils of the School. Everyone who works in the School - teachers, support staff and volunteers - has clear guidance on the action which is required where a pupil may be at risk of harm. In accordance with the Children (NI) Order 1995, the welfare of the pupil will be the paramount consideration in all decisions taken about him/her by staff of the school.

The School will maintain a range of policies whose aims are to safeguard all pupils and to promote resilience and positive behaviour. These policies may be viewed on the School web site in the Policies section.

All staff – teaching and support – will have, before employment begins, undergone the AccessNI vetting process. The School Examination’s Policy gives specific guidance in relation to Invigilators for all external examinations.

The staff of the School have adopted a Code of Conduct for behaviour towards pupils. This Code is set out in Appendix 1. All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. 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 (Appendix 1).

All visitors to the school are expected to report to the General Office where they will be provided with a lanyard identifying them as a guest. Staff are asked to challenge any unfamiliar person on school premises who is not wearing a lanyard.

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, “Co-operating to safeguard children and young people in Northern Ireland”, the Department of Education (Northern Ireland) guidance “Child Protection and Safeguarding in Education”, The Education and Libraries (Northern Ireland) Order 2003, Sexual Offences (Northern Ireland) Order 2008, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, The Safeguarding Board (Northern Ireland) Act 2011, and The Addressing Bullying in Schools Act 2016.

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;
- Early Identification and intervention
- Parents are supported to exercise parental responsibility and families helped stay together;

- Education as a protective factor;
- Partnership with Parents, Carers and supporting families;
- Shared responsibility and a multi-agency approach;
- Prevention;
- Responses should be timely and proportionate to the circumstances;
- Protection; and
- Evidence based and informed decision making based on professional judgement and curiosity.

Adult Safeguarding

For further information see the School's Adult Safeguarding Policy and: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-document>

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

We are committed to:

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

We will follow the procedures outlined in this policy when responding to concerns.

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

- Adult Safeguarding Policy
- Addressing Bullying Policy
- Attendance Policy
- Drugs and Substance Misuse Policy
- Drugs Education Policy
- Positive Behaviour Policy
- Staff Code of Conduct
- Pastoral Care Policy
- Critical Incident Policy
- Guidelines on the Use of Safe Handling
- Health and Safety
- Intimate Care Policy

- Child Protection Records Management Policy
- Relationships and Sexuality Education Policy
- Special Educational Needs
- Mobile Phone and Electronic Device Policy
- Mental Health Policy
- Recruitment Policy
- School Complaints Policy
- Positive Behaviour Policy
- Critical Incident Policy
- Drugs and Substance Misuse Policy
- Medical Policy

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

SECTION 2: SAFEGUARDING TEAM 2026-27

Chairperson of Board of Governors: Mr E Porter

Designated Governor for Child Protection: Mr N Arnold

Principal: Mr A Anderson

Designated Teacher: Mr C McCarey

Deputy Designated Teachers: Mrs K McIntyre/Mrs J McNally/Ms K Barnett

The Chairperson of the Board of Governors, through the Designated Governor for Child Protection, shall ensure that the application of this policy is monitored and that reports are made to the Board of Governors by the Designated Teacher for Child Protection at least annually.

A Safeguarding Committee drawn from the Safeguarding Team will meet regularly to discuss and reflect on safeguarding issues. In 2026-2027, the Safeguarding Committee will consist of Mr Arnold, Mr Anderson, Mrs McIntyre, Mr McCarey, Ms Barnett and Mrs McNally. This Safeguarding Committee is a vehicle for ensuring effective co-ordination and co-operation between the key individuals responsible for safeguarding throughout the school.

The EA CPSS provides child protection training in relation to the specific responsibilities of each member of the team.

The responsibilities of the team should include:

- The monitoring and periodic review of Safeguarding and Child Protection arrangements in the school.
- Support for the DT in the exercise of their child protection responsibilities, including recognition of the administrative and emotional demands of the post.
- Ensuring attendance of Governors and staff at relevant training - including refresher training - in keeping with legislative and best practice requirements.

The ETI will seek assurances that all initial and update safeguarding training has taken place within agreed timeframes. This will include specific dates for training relating to all designated staff and governors which should correlate with issued certificates of attendance and the update training for all.

Any person may make contact with a member of the Safeguarding Team through the School telephone number **(028) 9074 0423**. The Chairperson or Vice Chairperson of the Board of Governors may be contacted through the Bursar. If they are unavailable, then contact should be made through the Principal's Secretary. All contacts will be dealt with in a strictly confidential manner.

Contact should be made with CPSS for advice and support as soon as concerns of a safeguarding and/or child protection nature arise, as per DE Circular 2026/17, 'Child Protection and Safeguarding in Education'.

Outside school hours or in case of emergency, advice or assistance may be available from:
Belfast Gateway Service – (Monday – Friday, 9.00 a.m. – 5.00 p.m.): 028 9050 7000
Belfast Gateway Service - Emergency Out of Hours number: 028 9504 9999
PSNI – 101 or in the case of an emergency 999

SECTION 3: CHILD PROTECTION DEFINITIONS

Definition of Harm

The Children (Northern Ireland) Order 1995 defines harm as 'ill treatment or the impairment of health or development'. Significant harm is the threshold that justifies compulsory intervention by statutory services.

(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:

- i. Neglect**
- ii. Physical abuse**
- iii. Sexual abuse**
- iv. Emotional abuse**
- v. Exploitation**

i. Neglect: the failure to meet a child's physical, emotional and/or psychological needs, likely to cause significant harm. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger, failing to ensure

access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

ii. Physical abuse: the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

iii. Sexual abuse: the forcing or enticing a child to take part in sexual activities. The sexual activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children to look at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

iv. Emotional abuse: the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that he/she is worthless or unloved, inadequate, or valued only insofar as he/she meets the needs of another person. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional harm.

Child abuse occurs in families from all social classes and cultures and it also occurs in agencies and organisations. Abusers come from all walks of life and all occupations and professions. Children may be abused by a family member, a carer (i.e., a person who has actual custody of a child), an acquaintance or a stranger, who may be an adult or a young person. The abuse may be the result of a deliberate act, or of a failure on the part of a parent or carer to act or to provide proper care, or both. For the remainder of this document, a parent will be deemed to be any person with parental responsibility for a pupil of the School.

v. Exploitation

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person, to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

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

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that Belfast Royal Academy are aware of and have therefore included them in our policy, please see Appendix 9.

Children with Increased Vulnerabilities

Some children have increased risk of abuse due to specific vulnerabilities such as disability, lack of fluency in English or sexual orientation. We have included information about children with increased vulnerabilities in our policy. Please see Appendix 5.

Signs and symptoms of possible abuse or harm

Because of their day-to-day contact with individual pupils, school staff - especially teachers, but also support staff, including supervisors and ancillary or auxiliary staff - are particularly well placed to observe outward symptoms of abnormality or change in appearance, behaviour, learning pattern or development. Such symptoms may be due to a variety of other causes, including:

- bereavement or other disruption in family circumstances;
- drug, alcohol or solvent misuse.

Sometimes, however, they may be due to child abuse. For example, indicators of physical abuse may be:

- bruises, particularly bruises of a regular shape which may indicate the use of an implement such as a strap, or the mark of a hand;
- lacerations (also the most likely indicator of self-harm);
- bite marks;
- burns.

These may be apparent particularly when pupils change their clothes for Physical Education, swimming and other sports activities.

Possible indicators of neglect may be:

- inadequate clothing;
- poor growth;
- hunger;
- apparently deficient nutrition.

and of emotional abuse:

- excessive dependence;
- attention-seeking.

Sexual abuse may exhibit physical signs, or lead to a substantial behavioural change including:

- precocity;
- withdrawal;
- inappropriate sexual behaviour.

Signs of plans for forced marriage may include:

- request for extended leave of absence and failure to return from visits to country of origin.

No list of symptoms can be exhaustive. Also, it must be remembered that alternative medical, psychological or social explanations may exist for the signs and symptoms described above.

Signs such as those described above and others can do no more than give rise to concern - they are not in themselves proof that abuse has occurred, but teachers and other staff should be aware of the possible implications of, and be alert to, all such signs, particularly if they appear in combination or are regularly repeated. Further signs and symptoms of possible harm can be found in Appendix 8.

Adult Safeguarding-see Appendix 9 for further information

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

- a) Personal characteristics and/or
- b) Life circumstances

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

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

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

- a) Personal characteristics and/or
- b) Life circumstances and
- c) Who is unable to protect their own well-being, property, assets, rights or other interests; and
- d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

SECTION 4: THE ROLE OF STAFF AND GOVERNORS AND ARRANGEMENTS FOR SAFEGUARDING AND CHILD PROTECTION TRAINING

All staff who work in Belfast Royal Academy, both teaching and support staff, and any volunteers accepted to work in the school, need to know:

- how to identify the signs and symptoms of possible abuse or bullying
- how to identify the signs of a pupil being at risk of self-harm or suicide
- what the School's Safeguarding and Child Protection procedures are, and, in particular, what the reporting procedures are
- how to talk to pupils about whom there are concerns in an appropriate way, and how to record the information they have acquired
- who the Designated Teacher is and who will carry out his/her responsibilities if he/she is unavailable or is the subject of the complaint.

All employees of the school will receive training in Safeguarding and Child Protection at least once every two years. All new staff will be provided with the Safeguarding and Child Protection policies and will have a training session as part of their Induction programme. A number of members of staff will be given Applied Suicide Intervention Skills Training (ASIST) or Safetalk training to assist them in dealing with pupils who may be considering suicide.

Volunteers or employees of other organisations, such as invigilators employed by an examination board or catering/cleaning staff employed by an outside agency, will be issued annually with a summary document outlining the main points from this document.

The Board of Governors have ultimate responsibility for the welfare of all pupils of the school and as such will ensure that all Governors receive relevant training from the Education Authority NI and/or awareness-raising from the Designated or Deputy Designated Teacher for Child Protection. They will consider annually the appropriateness of this Safeguarding and Child Protection Policy and the Code of Conduct for Staff.

Board of Governors must ensure that:

- A Designated Governor for Child Protection is appointed.
- A Designated and Deputy Designated Teacher are appointed in their schools.
- They have a full understanding of the roles of the Designated and Deputy Designated Teachers for Child Protection.
- Safeguarding and Child Protection training is given to all staff and governors including refresher training.
- Relevant safeguarding information and guidance is disseminated to all staff and governors with the opportunity to discuss requirements and impact on roles and responsibilities.
- The school has a Child Protection Policy which is reviewed annually and parents and pupils receive a copy of the child protection policy and complaints procedure every two years.
- The school has an Addressing Bullying Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying. See the Addressing Bullying in Schools Act (NI) 2016.

- The school ensures that other safeguarding policies are reviewed at least every 3 years or as specified in relevant guidance.
- There is a Code of Conduct for all adults working in the school.
- All school staff and volunteers are recruited and vetted, in line with DE Circulars.
- They receive a full annual report on all child protection matters (It is best practice that they receive a termly report of child protection activities). This report should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the school, including training for staff.
- The school maintains the following child protection records in line with DE Circulars - Dealing with Allegations of Abuse Against a Member of Staff and 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.

Recruitment and Vetting of Staff and Volunteers

Vetting checks are a key preventative measure in preventing unsuitable individuals' access to children and vulnerable adults through the education system and schools must ensure that all persons on school property are supervised and vetted as appropriate if they are engaged in regulated activity. The School's Recruitment Policy is also adhered to.

It is the responsibility of the BoG to ensure that there is an official record kept of when vetting checks are successfully completed for all staff.

The Safeguarding Vulnerable Groups (NI) Order 2007 and the Protection of Freedoms Act 2012 provide the legislative framework for a vetting and barring scheme for people who work with children and vulnerable adults.

AccessNI Clearance

DE Circular 2025/06 sets out vetting requirements for schools. In brief, the following groups must have an Enhanced Disclosure Certificate (EDC) from AccessNI before taking up post:

- All new paid teaching and support staff.
- Examination Invigilators.
- Private contracted transport providers - named drivers.

Volunteers

There are two types of volunteers working in schools: those who work unsupervised and those who work under supervision. Volunteers who work unsupervised are required to have an EDC. A volunteer who works under supervision is not required to obtain an EDC, however, schools/ organisations must determine whether the level of supervision meets the statutory standard. Schools must ensure that volunteers, e.g. coaches, music tutors, school photographers etc, who are employed by others, have the necessary clearances in place and a record of these should be maintained by the Principal.

Chair of Board of Governors

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

In the event of a safeguarding or child protection complaint being made against the Principal, it is the Chairperson who must assume lead responsibility for managing the complaint/allegation in keeping with guidance issued by the Department (and relevant

guidance from other Departments when it comes to other early years settings), employing authorities, and the school's own policies and procedures.

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

Designated Governor for Child Protection

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

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

Designated Teacher for Child Protection

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

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having responsibility for record keeping of all child protection concerns.
- Ensuring staff are aware that Notes of Concern should be completed using the template provided in DE circular 2020/07
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs.
- Making referrals to Social Services or PSNI where appropriate.
- Liaison with the EA Designated Officers for Child Protection.
- Keeping the school Principal informed.
- Lead responsibility for the development of the school's child protection policy.
- Promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the BoG regarding child protection.
- Representing the school in multi-agency processes.

Deputy Designated Teacher for Child Protection

The role of the DDT is to work co-operatively with the DT in fulfilling his/her responsibilities. It is important that the DDT works in partnership with the DT so that he/she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role. Schools may have more than one DDT depending on their size, location, (e.g. split site schools) and the presence of an additional provision such as a nursery, learning support

centre, speech and language unit, or boarding department. Schools to specify for their individual circumstances.

The School Principal

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

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

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

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

Other Members of School Staff

- Members of staff must refer concerns or disclosures initially to the Designated Teacher for Child Protection or to the Deputy Designated Teacher if he/she is not available.
- Class teachers and Heads of Year should complete the Note of Concern ([Appendix 4](#)) if there are safeguarding concerns such as: poor attendance and punctuality, poor presentation, changed or unusual behaviour including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about pupil abuse or serious bullying and concerns about home circumstances including disclosures of domestic abuse.
- Staff should not give children a guarantee of total confidentiality regarding their disclosures, should not investigate nor should they ask leading questions.

Support Staff

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

Parents

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

- Parents can play their part in safeguarding by informing the school.
- If the child has a medical condition or educational need.
- If there are any Court Orders relating to the safety or wellbeing of a parent or child.
- If there is any change in a child's circumstances for example - change of address, change of contact details, change of name, change of parental responsibility.

- If there are any changes to arrangements about who brings their child to and from school.
- If their child is absent and should send in a note on the child's return to school. This assures the school that the parent/carer knows about the absence. More information on parental responsibility can be found on the EA website at:
www.eani.org.uk/schools/safeguarding-and-child-protection

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

Safer Schools Northern Ireland App

DE currently fund iNEQE Safeguarding Group to provide the Safer Schools Northern Ireland app to schools in Northern Ireland. The app provides safeguarding and child protection support for school staff, and includes functionality that can be adapted to individual school needs, including connecting them to their wider school community. Resources are available on the app for teachers and for parents/carers and pupils, who can also register to use the app. To learn more about the Safer Schools Northern Ireland app, visit the Safer Schools homepage: Safer Schools NI.

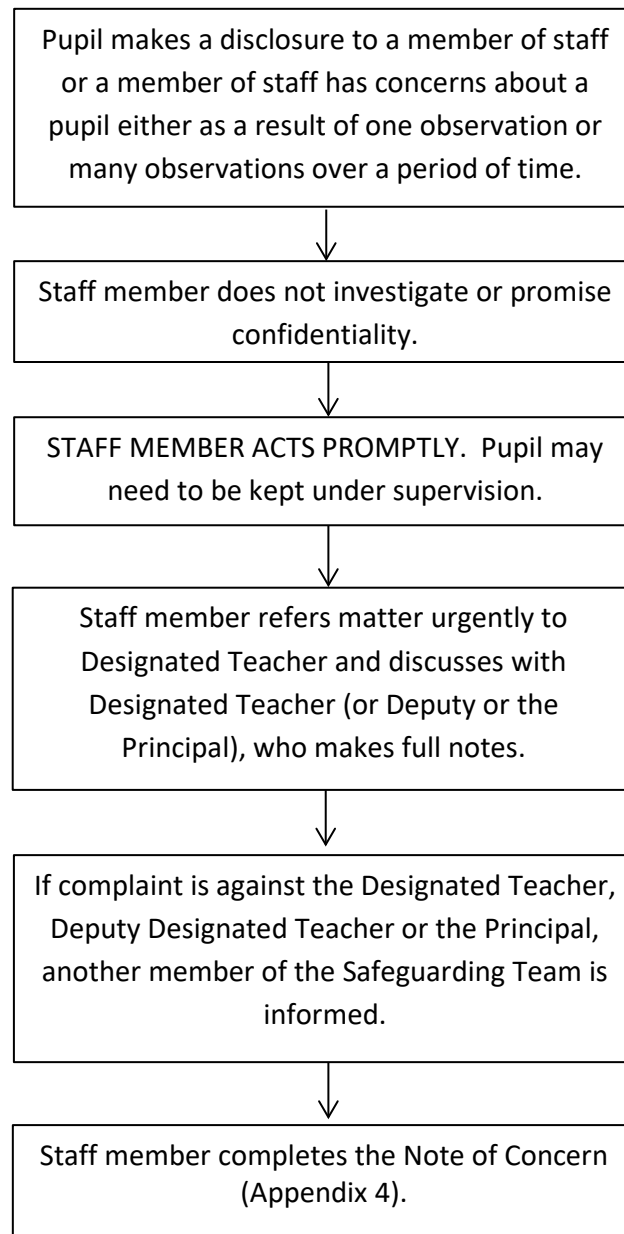
SECTION 5: PROCEDURES FOR ALL ADULTS REPORTING A SUSPICION OR DISCLOSURE THAT A PUPIL IS AT RISK OF HARM

If, at any time, a pupil makes a disclosure to a teacher or other member of staff that gives rise to concerns about possible abuse or other risk, or if a member of staff has concerns about the safety of a pupil, **the member of staff must act promptly**. He/she should not investigate - this is a matter for the Social Services – but should report these concerns **immediately** to the Designated Teacher (or, in his/her absence, the Deputy Designated Teacher or the Principal), explain the matter to him/her. The member of staff should not ask the pupil for a written record, but forward the **Note of Concern** (Appendix 4) to the Designated Teacher promptly. The pupil may be at immediate risk, he/she should not be left unattended. If any member of staff feels unsure about what to do if he/she has concerns about a pupil, or is unsure about being able to recognise the signs or symptoms of possible abuse or harm, he/she should speak to the Designated Teacher. It should be noted that information given to members of staff about possible abuse or other risk cannot be held in confidence since, in the interests of the pupil's safety, safeguarding staff may need to share this information with other professionals. The informant should be advised accordingly, but assured that only those who need to know will be told. The above procedures will apply unless the complaint is against the Designated Teacher, his/her Deputy or the Principal, in which case the Chairperson of the Board of Governors or another member of the Safeguarding Team should be informed.

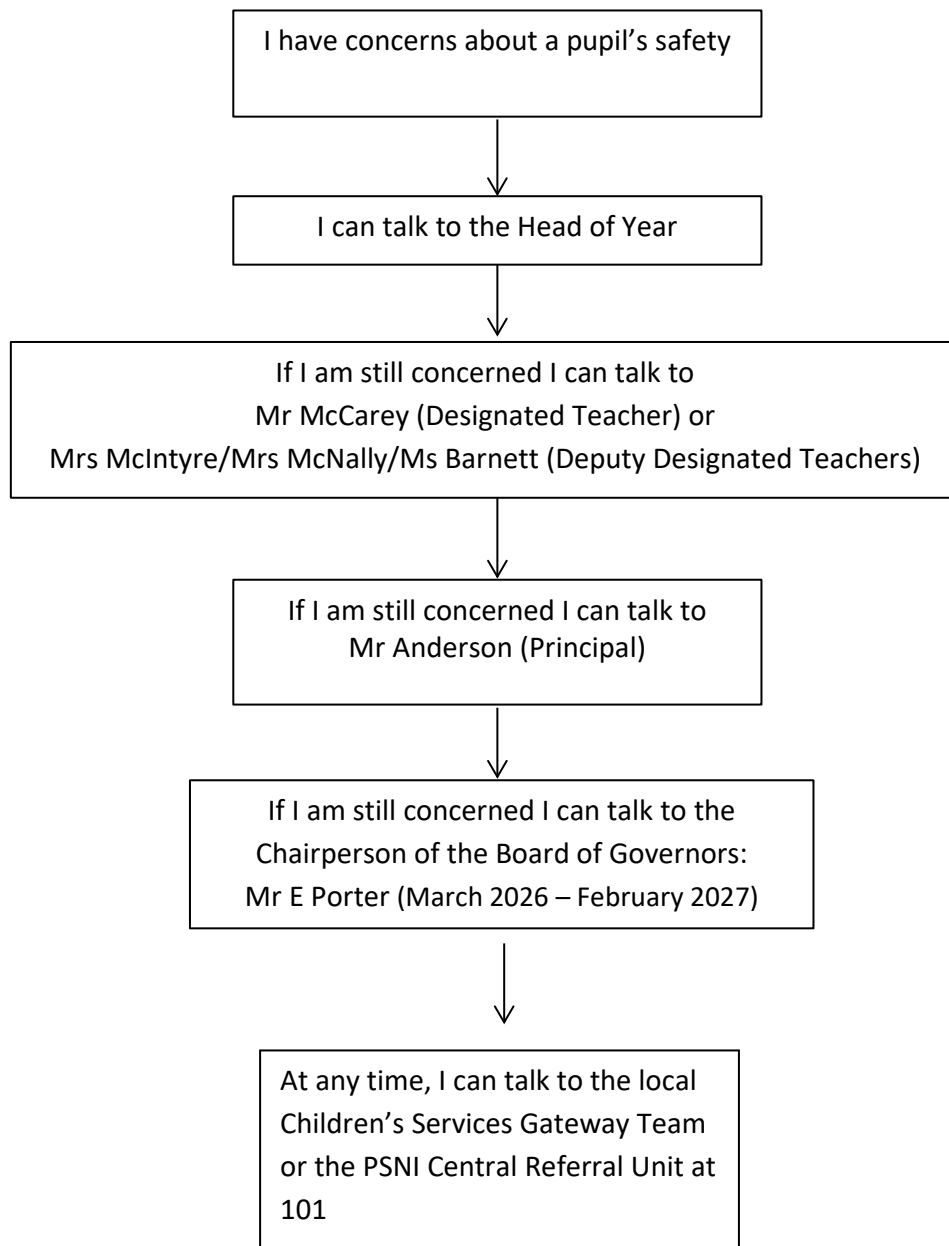
If a concern regarding significant harm is brought to any adult in the School Community, it is important that the adult takes the situation seriously and responds using the advice below:

Do: listen to the pupil sensitively and carefully. Praise the pupil for telling you.	Do not: ask leading questions which can later be interpreted as putting ideas into the pupil's mind
Do: give reassurance but tactfully explain you will have to tell someone else, but only those who need to know.	Do not: give a promise of confidentiality – it cannot be kept.
Do: say, for example, "Tell me what happened."	Do not: make suggestions, for example, "Did they do X to you?"
Do: if possible establish what happened, where it happened, when it happened and who did it.	Do not: interrogate or investigate and do not dwell too much on the alleged perpetrator.
Do: immediately afterwards complete the Note of Concern using the actual words used.	Do not: write as the pupil talks to you. Give your whole attention to the pupil.
Do: immediately afterwards talk to the Designated Teacher who will inform the Principal.	Do not: wait until your next non-teaching period, or the end of the day to notify the Designated Teacher/Deputy Designated Teacher.

Summary:



HOW A PARENT CAN RAISE A CONCERN



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

Any person listed above may be contacted by telephoning the main School switchboard on 028 9074 0423.

SECTION 6: THE RESPONSE OF THE SAFEGUARDING TEAM

The Gillick Principle / Fraser Guidelines will be applied in every case. However, it is expected to be rare that this will result in a parent not being informed of concerns.

Abuse

Following a report of suspected or disclosed abuse, the Designated Teacher will plan a course of action, including whether, in the best interests of the pupil, the matter needs to be referred to Social Services. The Principal and/or the Chairperson of the Board of Governors may be consulted during this process. The Designated Teacher may also seek clarification or advice and consult with one of the Education Authority NI Designated Officers for Child Protection, or a Duty Social Worker, before a referral is made. If there are concerns that a pupil is at risk of abuse, the School has a duty to make a referral to Social Services. Social Services may refer the matter on to the PSNI but there may also be a duty on the school, in appropriate cases, to refer the matter directly to the PSNI (Appendix 7).

The Principal will be informed of any course of action. The Designated Teacher will ensure that a written record is made, whether or not a referral is made.

Where a referral to Social Services or the PSNI takes place, Education Authority NI Designated Officer will be informed. Parents will be informed prior to the referral unless there are reasons why this may be deemed to put the pupil at risk. Referral to Social Services may be done initially by telephone, if urgent, and in any case by means of a written UNOCINI (Understanding the Needs of Children in Northern Ireland) form.

The above procedures will apply unless the complaint is against the Designated Teacher, his/her Deputy, the Principal, or the Chairperson, in which case the remaining members of the Safeguarding Team will be informed and will take the necessary action.

Any concerns regarding possible abuse by a member of staff should be directed in the first instance to the Designated Teacher, the Deputy Designated Teacher or the Principal. The School will consult with the EA CPSS or any relevant authority prior to undertaking any internal investigation. The Chairperson of the Board of Governors will be informed and the Board will decide on the appropriate course of action. This may result in no further action, disciplinary action, dismissal, referral to Social Services or, in appropriate circumstances, referral to the PSNI (Appendix 6).

A Record of Child Abuse Complaints will be maintained by the Principal and will be reported on annually to the Board of Governors.

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

Where appropriate the source of the concern will be informed of the action taken. There is a difficult balance between gaining consent for a referral into Adult Protection Gateway services and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld, then a referral will not be made into the Adult Protection Gateway unless there is reasonable doubt regarding the capacity of the adult to give/withhold consent. In this case contact will be made with the local Adult Protection Gateway team to seek further advice.

In situations where there is reasonable doubt regarding an individual's capacity, they will be informed of the referral, unless to do so would put them at any further risk.

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

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

Self-Harm

If there are concerns that a pupil has self-harmed or may be at risk of self-harm, the parents will normally be informed and advised to make an urgent appointment for the pupil with a General Practitioner. If there are compelling reasons why the pupil should be allowed to attend a GP without informing a parent, evidence of attendance at the GP will be required by the Designated Teacher. If a referral is made by the GP to the Child and Adolescent Mental Health Service (CAMHS), contact may be sought with them, with parental consent, in the interests of supporting the pupil appropriately. The Designated Teacher will ensure that a written record is kept of all concerns. Members of staff of the P.E. Department will normally be informed so that sensitivity can be exercised regarding changing into or out of P.E. kit.

Suicidal thoughts

If there are concerns that a pupil may be at risk of suicide, the Designated/Deputy Designated Teacher, or a member of staff with ASIST training, will attempt to negotiate with the pupil an agreed plan for the pupil's safety. The pupil's parent will be informed of the situation and the pupil will be placed in his/her care with the advice that the pupil should be taken urgently to a GP, or if the pupil is already being treated by CAMHS, the parent should consult them urgently. On return to School the pupil will be closely supported by the Head of Year, the Matron, the Designated/Deputy Designated Teacher for Child Protection and/or any member of staff to whom the child relates. The Designated Teacher will ensure that the pupil is aware of the people to whom he/she can speak if in distress while in School. The Designated Teacher will also draw the pupil's attention to an emergency helpline such as LifeLine, or the Samaritans, whose numbers are available in the homework diary. The Designated Teacher will ensure that a written record is kept of events. If a referral is made by the GP to CAMHS, contact may be sought with them, with parental consent, in the interests of supporting the pupil appropriately.

Where a pupil is deemed to be at risk of harm, in addition to the procedures outlined above, the Head of Year and the School Matron will normally be informed.

If the pupil is not already receiving counselling and is not being treated by CAMHS, counselling or mentoring will be offered, either through the School Counsellor or through an external agency.

Sharing Nudes, Semi-Nudes and Generate Artificial Intelligence.

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

Advice from CPSS will be sought in all instances of sharing nudes and Semi-nudes. 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. Sharing nudes or semi-nudes situations involving pupils may include the following:

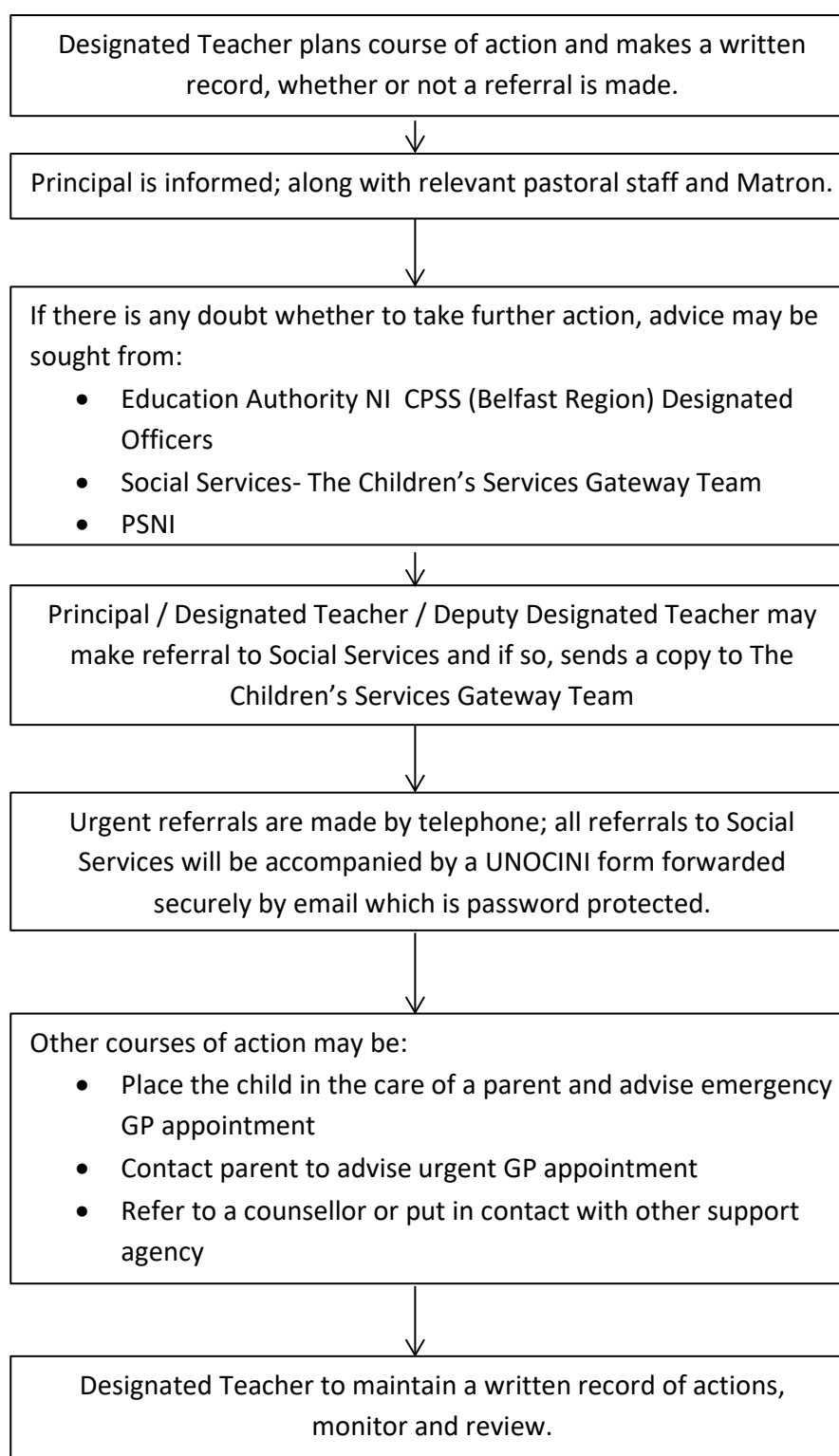
- A child who takes a sexually explicit image of him/herself has committed an offence. If that child then sends the image to another person, then the child has committed a further offence of distributing the image and the person who receives the image will also be liable for an offence of possessing the image. If a member of staff becomes aware that a pupil is involved in any such activity, the matter should be reported immediately to the Designated Teacher or his/her Deputy, who will contact CPSS for advice and guidance. The matter will be dealt with sensitively, taking account the age of the young person/people involved.
- Any text/chat which incites a child to engage in sexual activity or to make or distribute sexual images of themselves or another child will be reported to the police for further guidance. Every attempt will be made to ensure that relevant material is not deleted.

The appropriate responses in other sexting situations are outlined in 'Sexting and the Law', published by the Safeguarding Board for Northern Ireland.

The school recognises the emerging safeguarding risks posed by Generative Artificial Intelligence (GenAI), specifically the use of 'deepfake' technology, 'nudify' applications, and image-generation tools. The creation, possession, or distribution of artificially generated, altered, or manipulated images/videos that depict any pupil or member of staff in a sexualised, indecent, or intentionally embarrassing manner is strictly prohibited. In line with guidance from the Education Authority (EA) and the Safeguarding Board for Northern Ireland (SBNI), any AI-generated image that constitutes Child Sexual Abuse Material (CSAM) will be treated with the same severity as non-synthetic material under the Protection of Children Act 1978 and the Sexual Offences Act 2003. This behaviour is a criminal offence, regardless of whether it is intended as a joke, a form of bullying type behaviour, or peer-on-peer

abuse. The school will immediately contact CPSS for advice and likely report any such incidents to the Police Service of Northern Ireland (PSNI). A consequence will be issued in line with the school's Positive Behaviour and Safeguarding policies.

SUMMARY OF PROCEDURES FOR RESPONSE BY THE SAFEGUARDING TEAM



If a member of staff suspects a pupil might be at risk, in the absence of the Designated Teacher or Deputy Designated Teachers or any other member of staff from whom advice could be sought, staff may contact any of the organisations listed on Page 7 of this policy document.

Record-keeping

The procedures outlined in Circular Number 2020/07, 'Child Protection: Record-keeping in Schools', updated June 2022, published by the Department of Education for Northern Ireland regarding the recording, storage, sharing, retention and disposal of child protection records will be adhered to by the school as outlined in the Child Protection Records Management Policy. A summary of the procedures to be followed by staff is as follows:

Apart from informing the Designated Teacher, any information received from a pupil about a safeguarding or child protection matter should be held in strict 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.

Detailed and factual records will be kept of all suspected or disclosed cases of child abuse (including exploitation), sexting, self-harm or suicidal thoughts. Paper records will be held by the Designated Teacher in a secure location: only the Designated Teacher, the Deputy Designated Teachers and the Principal will have access. Digital records will be kept for internal information-sharing purposes and will be stored in a Private Folder on the school system or on CPOMS to which only the Principal and the Designated and Deputy Designated Teachers have access. 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. A discreet tag will be placed on the main pupil file to indicate that there are further notes kept on the pupil within the Child Protection records.

The Note of Concern (Appendix 4) is emailed to all staff and hard copies will be available in the General Office, Learning Support Centre and with the Estates Manager. The Note of Concern along with any additional notes, shall be given to the Designated Teacher who will hold them securely with all Safeguarding and Child Protection records as outlined above. Those submitting a report should keep a record of the date, time and to whom the record was passed. **They should not keep copies of any such report.**

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

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

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

SECTION 7: SCHOOL TRIPS

All members of staff taking pupils on a residential school trip will be required, as part of their risk assessment, to forward, at an early stage in making the arrangements, a provisional list of the pupils involved to the Designated and Deputy Designated Teachers for Child Protection, specifically requesting that any significant risk to any pupil on the list should be made known to the staff with responsibility for the trip. If there is deemed to be a significant risk to a pupil who wishes to participate in the trip, consultation will take place between:

- the Principal
- the Designated or Deputy Designated Teacher for Child Protection
- the staff with responsibility for the trip
- at least one parent

regarding whether or not the pupil can be supported to participate in the trip and if so, under what circumstances. In taking this decision, the school will consider the welfare of:

- the pupil
- the other pupils on the trip
- the staff with responsibility for the trip.

The final decision regarding whether or not a pupil shall participate in the trip will rest with the Principal.

SECTION 8: THE PREVENTATIVE CURRICULUM

The overarching aim of the Northern Ireland Curriculum is to empower young people to achieve their potential and to make informed and responsible decisions throughout their lives. The preventative curriculum is a term used to encompass safeguarding practices, Personal Development and Mutual Understanding, and Relationships and Sexuality Education (RSE). At primary level, RSE is covered within the 'Personal Development and Mutual Understanding' (PDMU) area of learning, whilst at post-primary level it is covered within 'Learning for Life and Work' (LLW). The provision of a high-quality preventative curriculum provision is crucial to safeguarding our children and providing them with the knowledge and information they need to stay safe, develop healthy relationships, beliefs and attitudes and to navigate the complex world around them.

The statutory personal development curriculum requires schools to give specific attention to pupils' emotional wellbeing, health and safety, relationships, and the development of a moral thinking and value system. The curriculum also offers a medium to explore sensitive issues with children and young people in an age-appropriate way which helps them to develop appropriate protective behaviours. (DE guidance "Child Protection and Safeguarding in Education" Circular 2026/17)

SECTION 9: OPERATION ENCOMPASS

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

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

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

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All members of the safeguarding team 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 see [The Domestic Abuse Information Sharing with Schools etc. Regulations \(Northern Ireland\) 2022](#).

SECTION 10: MONITORING AND EVALUATION

This policy will be reviewed at least 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.

Appendix 1:
Staff Code of Conduct
OBJECTIVE, SCOPE AND PRINCIPLES

This Code of Conduct, which applies to all staff and volunteers, is designed to give guidance on the standards of behaviour which should be observed. School staff and volunteers are role models, in a unique position of influence and trust and their behaviour should set a good example to all the pupils within the school.

It does not form part of any employee's contract of employment. It is merely for guidance and specific breaches of the Code must not be viewed as a disciplinary offence.

The Code includes sections on:

- Setting an Example
- Relationships and Attitudes
- Private Meetings with Pupils
- Physical Contact with Pupils
- Honesty and Integrity
- Conduct Outside of Work
- E-Safety and Internet Use
- Confidentiality

1. Setting an Example

- 1.1 All staff and volunteers in schools set examples of behaviour and conduct which can be copied by pupils. Staff and volunteers should therefore, for example, avoid using inappropriate or offensive language at all times and demonstrate high standards of conduct in order to encourage our pupils to do the same. All staff and volunteers should be familiar with all school policies and procedures and to comply with these so as to set a good example to pupils.
- 1.2 Staff and volunteers must always comply with statutory requirements in relation to such issues as discrimination, health and safety and data protection.

2. Relationships and Attitudes

- 2.1 All staff and volunteers should treat pupils with respect and dignity and not in a manner which demeans or undermines them, their parents or carers, or colleagues. Staff and volunteers should ensure that their relationships with pupils are appropriate to the age and maturity of their pupils. They should not demonstrate behaviours that may be perceived as sarcasm, making jokes at the expense of pupils, embarrassing or humiliating pupils, discriminating against or favouring pupils. Attitudes, demeanour and language all require thought to ensure that conduct does not give rise to comment or speculation. Relationships with pupils must be professional at all times and sexual relationships with current pupils are not permitted and may lead to criminal conviction.

- 2.2 Staff and volunteers may have less formal contact with pupils outside of school; perhaps through mutual membership of social groups, sporting organisations, or family connections. Staff and volunteers should not assume that the school would be aware of any such relationship and should therefore consider whether the school should be made aware of the connection.
- 2.3 Staff and volunteers should always behave in a professional manner which, within the context of this Code of Conduct, includes such aspects as:
- acting in a fair, courteous and mature manner to pupils, colleagues and other stakeholders;
 - cooperating and liaising with colleagues, as appropriate, to ensure pupils receive a coherent and comprehensive educational service;
 - respect for school property;
 - taking responsibility for the behaviour and conduct of pupils in the classroom and sharing such responsibility elsewhere on the premises;
 - being familiar with communication channels and school procedures applicable to both pupils and staff and volunteers;
 - respect for the rights and opinions of others.

3. Private Meetings with Pupils

- 3.1 It is recognised that there will be occasions when confidential interviews with individual pupils must take place. As far as possible, staff and volunteers should conduct interviews in a room with visual access or with an open door and ensure that another adult knows that the interview is taking place. Where possible, another pupil or (preferably) another adult should be present or nearby during the interview.

4. Physical Contact with Pupils

- 4.1 To avoid misinterpretations, and so far as is practicable, staff and volunteers are advised not to make unnecessary physical contact with a pupil.
- 4.2 Staff and volunteers should therefore be cognisant of the guidance issued by the Department on the use of reasonable force (Circular 2021/13 Interim Guidance on the use of restraint and seclusion in educational settings) and be familiar with the school's policy on Safe Handling and Use of Reasonable Force.

5. Honesty and Integrity

- 5.1 All staff and volunteers are expected to maintain the highest standards of honesty and integrity in their work. This includes the handling and claiming of money and the use of school property and facilities.

- 5.2 Gifts from suppliers or associates of the school (e.g. a supplier of materials) must be declared to the Principal. A record should be kept of all such gifts received. This requirement does not apply to “one off” token gifts from pupils or parents e.g. at Christmas or the end of the school year. Staff and volunteers should be mindful that gifts to individual pupils may be considered inappropriate and could be misinterpreted.

6. Conduct Outside of Work

- 6.1 Staff and volunteers should not engage in conduct outside work which could damage the reputation and standing of the school or the staff/ volunteer’s own reputation or the reputation of other members of the school community.
- 6.2 Staff and volunteers may undertake work outside school, either paid or voluntary and should ensure it does not affect their work performance in the school. Advice should be sought from the Principal when considering work outside the school.

7. E-Safety and Internet Use

- 7.1 A staff member or volunteer’s off duty hours are their personal concern but all staff and volunteers should exercise caution when using information technology and be fully aware of the risks to themselves and others. For school-based activities, advice is contained in the school’s E-Safety and Acceptable Use Policy.
- 7.2 Staff and volunteers should exercise particular caution in relation to making online associations/friendships with current pupils via social media and using texting/email facilities to communicate with them. It is preferable that any contact with pupils is made via the use of school email accounts or telephone equipment when necessary.
- 7.3 Staff are encouraged not to make links to parents in online platforms. However, if they chose to do so, they must ensure that they follow this policy.

8. Confidentiality

- 8.1 Staff and volunteers may have access to confidential information about pupils including highly sensitive or private information. It should not be shared with any person other than on a need to know basis. In circumstances where the pupil’s identity does not need to be disclosed the information should be used anonymously.
- 8.2 There are some circumstances in which a member of staff or volunteer may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals should pass information on without delay, but only to those with designated child protection responsibilities.
- 8.3 If a member of staff or volunteer is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff. Any media or legal enquiries should be passed to senior leadership.

- 8.4 Staff and volunteers need to be aware that although it is important to listen to and support pupils, they must not promise confidentiality or request pupils to do the same under any circumstances. Additionally, concerns and allegations about adults should be treated as confidential and passed to the Principal or a member of the safeguarding team without delay.
- 8.5 The school's child protection arrangements should include any external candidates studying or sitting examinations in the school.

PHYSICAL CONTACT WITH PUPILS

All staff have a responsibility to maintain confidence in their ability to safeguard the welfare and best interests of children and young people. Integral to this is a clear understanding of standards of behaviour expected and in particular the acceptable boundaries of physical contact with pupils. School staff must accept that all physical contact can be open to scrutiny and that even perfectly innocent actions can sometimes be misconstrued.

The Code of Conduct makes it clear that whilst, as a general principle, staff are advised not to make unnecessary physical contact with children and young people, it is also unnecessary and unrealistic to suggest that physical contact should only happen in emergencies. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Staff should, therefore, use their professional judgement at all times and be guided by the Use of Safe Handling guidelines document.

As a general rule, when physical contact is made with pupils this should be in response to their needs at the time, of limited duration and appropriate given their age, stage of development, gender, ethnicity and background. Appropriate physical contact in schools may occur most often with younger pupils, for example, physical comforting can give welcome reassurance to a distressed younger child.

SAFE HANDLING/USE OF REASONABLE FORCE

The underpinning principles of safe handling and the use of reasonable force are that these should be in line with the rights of the child under the United Nations Convention on the Rights of the Child (UNCRC) and should never be used as a punitive measure, i.e. as a form of punishment. This is reiterated in the abolishment of corporal punishment, making it illegal for education staff to use physical harm to punish a child under their care. In relation to seclusion, a child should never be placed involuntarily in any environment in which they are alone and/or physically prevented from leaving as a form of punishment, as this may constitute an act of 'Deprivation of Liberty' without the appropriate authority to do so. Supportive practices in meeting the health and wellbeing needs of pupils, including those with Special Educational Needs, should be agreed with the appropriate health care professionals and parents/carers of the pupil.

These guidelines are offered by the Department and the Education Authority NI under its control.

Prevention of situations where physical contact with a pupil has to be considered is at all times preferable to having to react to such situations. The difficulties of achieving this in practice are clearly recognised. An ethos within the school which encourages good behaviour and a sense of shared community is important. At an individual level, teachers

should focus on class and pupil management techniques (including the use of the Solihull Approach) which minimise conflict and encourage pupils to take less aggressive approaches to situations. Reasonable force or restraint should only be used as a last resort.

If Physical Contact with a Pupil Cannot Be Avoided

1. In a situation where other behaviour management strategies have failed to resolve the problem, or are inappropriate (e.g. in an emergency), there is a wide variety of circumstances in which physical contact with a pupil might be appropriate, or necessary, to restrain or control a pupil. They will fall into three broad categories:
 - a. to prevent a pupil from committing an offence;
 - b. to prevent a pupil causing personal injury to, or damage to the property of, any person (including the pupil themselves);
 - c. to prevent a pupil from engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its students.
2. Examples of situations that fall into one of the first two categories (a and b) are:

a pupil attacks a member of staff, or another pupil;

 - pupils are fighting;
 - a pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials, substances or objects;
 - a pupil is running in a corridor or on a stairway in a way in which he/she might have, or cause, an accident likely to injure him or herself or others;
 - a pupil absconds from a class or tries to leave school **(N.B. this will only apply if a pupil could be at risk if not kept in the classroom or at school)**.
3. Examples of situations that fall into the third category (c) are:
 - a pupil persistently refuses to obey an order to leave a classroom;
 - a pupil is behaving in a way that is seriously disrupting a lesson.
- 4.(a) Any physical contact with a pupil must not be more than that which is both reasonable and appropriate in the circumstances. These are the standards which would be applied by a court in deciding whether use of physical force in a particular case might have constituted assault and/or battery.
- 4.(b) However, some practical considerations also need to be taken into account:
 - Before intervening physically, a member of staff should seek to deploy other behaviour strategies. Where these have failed, the member of staff should, wherever practicable, tell the pupil who is misbehaving to stop, and what will happen if he/she does not. The member of staff should continue attempting to communicate with the pupil throughout the incident, and should make it clear that physical contact will stop as soon as it ceases to be necessary. A calm and measured approach to a situation is needed and staff should never give the impression that they have lost their temper, or are acting out of anger or frustration, or that they wish to punish the pupil.
 - Sometimes a member of staff should not intervene in an incident without help (unless it is an emergency), for example, when dealing with an older pupil, or a physically

large pupil, or more than one pupil, or if the teacher believes he/she may be at risk of injury. In those circumstances the member of staff should remove other pupils who might be at risk, and summon assistance from a colleague or colleagues, or where necessary telephone the Police. The member of staff should inform the pupil(s) that he/she has sent for help. Until assistance arrives the member of staff should continue to attempt to defuse the situation orally, and try to prevent the incident from escalating.

- Situations where a pupil refuses to obey an order to leave a classroom need to be handled carefully as they can be a prelude to a major confrontation, especially if physical contact with a pupil is used to eject older pupils. Where a pupil persistently refuses to leave a classroom and the teacher believes that the use of reasonable force will endanger the teacher or other pupils, assistance should be summoned quickly, for example by sending a trusted pupil for help.
- If a school is aware that a pupil is likely to behave in a disruptive way that may require the use of reasonable force, it will be sensible to plan how to respond if the situation arises. Such planning needs to address:
 - managing the pupil (e.g. reactive strategies to de-escalate a conflict, holds to be used if necessary);
 - involving the parents to ensure that they are clear about the specific action the school might need to take;
 - briefing staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance);
 - ensuring that additional support can be summoned if appropriate.

5. Teachers have a duty of care to take all reasonable steps to ensure that pupils in their charge are not exposed to the risk of harm or suffer any undue injury. The discharge of this duty may necessitate the use of physical contact with a pupil but teachers should not attempt to restrain a child if they are likely, by doing so, to put themselves at greater risk of injury than would be justified by the duty of care to that child or others.

6.(i) What might be regarded as constituting reasonable force?

Physical intervention can take a number of forms. It might involve staff:

- physically interposing between pupils;
- blocking a pupil's path;
- holding;
- pushing;
- pulling;
- leading a pupil by the arm;
- shepherding a pupil away by placing a hand in the centre of the back; or (in extreme circumstances) using more restrictive holds.

6.(ii) While it is difficult to define what a court might deem to be acceptable use of physical force, the following would probably be considered to be reasonable and appropriate:

- a) a holding tactic in which a pupil is restrained without injury to enable the pupil to calm down;
- b) the holding of a pupil's arms or legs to prevent or restrict punching or kicking;

- c) the use of just enough physical force, without causing injury, to remove a weapon or a dangerous object from a pupil's grasp; and
 - d) physically preventing a pupil from exposing him/herself to possible danger by leaving the premises.
7. In exceptional circumstances, where there is an immediate risk of injury, a member of staff may need to take any necessary action that is consistent with the concept of 'reasonable force', for example, to prevent a young pupil running off a pavement onto a busy road, or to prevent a pupil hitting someone, or throwing something. **However, staff should never act in a way that might reasonably be expected to cause injury, for example by:**
- holding a pupil round the neck, or by the collar, or in any other way that might restrict the pupil's ability to breathe;
 - slapping, punching, kicking or using any implement on a pupil;
 - throwing any object at a pupil;
 - twisting or forcing limbs against a joint;
 - tripping up a pupil;
 - holding or pulling a pupil by the hair or ear;
 - holding a pupil face down on the ground.
8. Staff should also avoid touching or holding a pupil in any way that might be considered indecent.
9. Before intervening physically, teachers should:
- a) if at all possible, warn the child that physical restraint will be used if he/she does not desist; and
 - b) make every effort to ensure that another teacher is present to act as assistant and witness.
10. While intervening physically, teachers should:
- a) use only the minimum force necessary to prevent injury or damage;
 - b) use physical force for the minimum period necessary to allow the child to regain self-control;
 - c) talk to the child constantly and reassuringly; and
 - d) keep their own temper under control.
11. When the immediate crisis has passed and the situation brought under control:
- a) the circumstances and justification for the physical contact with a pupil should be recorded immediately, along with an account of what happened by the teacher and witness;
 - b) the incident should be discussed as soon as possible with the teacher's line manager who should offer support and guidance;
 - c) the pupil should be given the opportunity to discuss why physical contact was necessary;
 - d) parents and/or those with parental responsibility should be informed of the facts as soon as possible; and
 - e) the incident should be fully recorded by the school.

That report should include:

- the name(s) of the pupil(s) involved, and when and where the incident took place;
- the names of any other staff or pupils who witnessed the incident;
- the reason that force was necessary (e.g. to prevent injury to the pupil, another pupil or member of staff);
- briefly, how the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long;
- the pupil's response, and the outcome of the incident;
- details of any obvious or apparent injury suffered by the pupil, or any other person and of any damage to property.

SECURITY IN SCHOOLS: OFFENSIVE WEAPONS ACT 1996

Since 1 September 1996, under Section 4 of the Offensive Weapons Act, it is an arrestable offence to carry a knife or other offensive weapon on school premises, including playgrounds and playing fields. The Police have powers of entry and search in respect of such weapons on School premises.

Appendix 2:

PARTNERSHIP WITH PARENTS

The School will seek to work in partnership with parents to promote a safeguarding culture through maintaining strong channels of communication on safeguarding matters.

1. The School will help parents to understand its responsibility for the welfare of all the children and young people in its charge. Parents will be made aware, through the Handbook for Parents, the School website, parents' meetings or by postal or electronic mailing, of the School's Safeguarding and Child Protection arrangements and the fact that this may require pupils to be referred to the investigative agencies where appropriate.
2. If a case of suspected abuse is referred to the investigative agencies, the School will continue to inform parents of the educational progress of the pupil.
3. Parents also need to know how they can make a complaint, and the recourse that they have if they are not satisfied with the outcome. The School will inform parents annually in writing of its arrangements for parents to make known to staff any concerns they may have about the safety of their (or another) child: often, this will be by speaking directly to the Designated Teacher for Child Protection, but other arrangements, such as informing the Principal, the Deputy Designated Teacher or the Head of Year may also be appropriate. The information will also make clear what will happen when any such concerns or complaints are reported, indicating:
 - which members of staff or other professionals will need to be informed;
 - who will report back to the parents on the progress and outcome of their complaint and (approximately) by when; and
 - what further avenues are open to them to pursue their complaint if they remain dissatisfied with the outcome and how they may do this. If the Principal has already been involved, this will normally involve referring their complaint onward to the Chairperson of the Board of Governors.

The diagram on Page 17 summarises how a parent may express a concern about a pupil.

Appendix 3:

PHOTOGRAPHIC IMAGES OF PUPILS

- The Data Protection Act (DPA) and Human Rights Legislation require that the School take care in the use of photographs, videos and web cams in the School environment.
- All photographs held on file (both electronic and paper) of the pupils exist in accordance with the DPA.
- Photographs and videos of the pupils taken during the year to promote the School for publicity use in the prospectus or in other printed material will be subject to consent by the parents. Images being used will portray the pupils appropriately attired.

- Digital video recordings may be made at various functions or of class activities. These can help encourage creativity, motivate and enthuse pupils and improve communication and team-working skills and may be used for assessment purposes.
- Consent of staff members to use photographic images of them will be assumed unless explicitly withdrawn.
- Photographs taken for the purpose of journalism are exempt from the DPA and on all occasions the pupils will be aware that their photograph may be used.
- Photographs or film footage by parents or guardians of their children at School events is permitted under an exemption in the DPA.
- It is strictly forbidden for pupils to take photographic images in School unless for use for a school purpose and authorised by a member of staff. Breach of this rule of School discipline will be subject to disciplinary action in accordance with the School's Positive Behaviour Policy.
- The use of camera phones or the internet to send offensive pictures to other pupils is not permitted and will be dealt with under the School's Anti-Cyber Bullying Policy.
- The use of camera phones or the internet to send obscene or indecent pictures of or to a child is illegal and any pupil found to be engaging in such an activity will be referred to Social Services and/or the PSNI. Mobile phones may be confiscated by the School to retain evidence.
- Any incident of improper use of photographs should be reported to the Designated Teacher immediately.
- The misuse of School computer equipment is dealt with under the School's Acceptable Use Policy.

Appendix 4:

Belfast Royal Academy



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:

(N.B. Good practice would be to obtain the full name of the person that you are speaking to and notify them that you are making a note of the advice given)

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 5

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 LGBT&T children and young people.

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

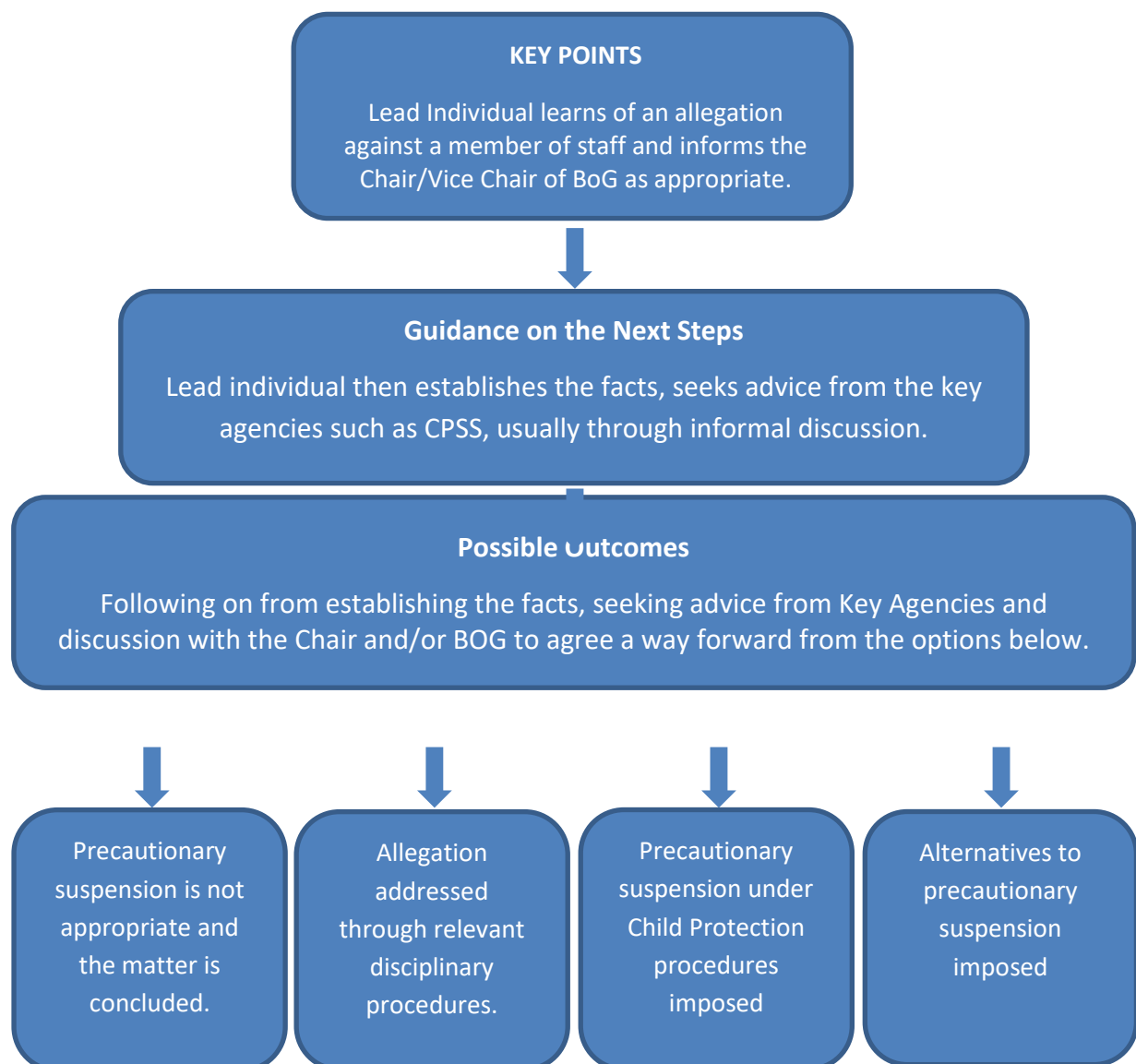
- **Work Experience, School Trips and Educational Visits**

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. We will follow DE and EA

guidance on educational visits, school trips and work experience to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

APPENDIX 6

Dealing with Allegations of Abuse against a Member of Staff



Appendix 7

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



APPENDIX 8

Signs and Symptoms of Child Abuse

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

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

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

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

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

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

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

Suspicious should be raised by e.g.

- discrepancy between an injury and the explanation
- conflicting explanation, or no explanation, for an injury
- delay in seeking treatment for any health problem
- injuries of different ages
- history of previous concerns or injuries
- faltering growth (failure to thrive)
- parents show little, or no, concern about the child's condition or show little warmth or empathy with the child

- evidence of domestic violence
- parents with mental health difficulties, particularly of a psychotic nature
- evidence of parental substance abuse

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

Parental Response to Allegations of Child Abuse Which Raise Concern

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

- there may be an unequivocal denial of abuse and possible non-compliance with enquiries.
- parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child.
- there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time.
- parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm.
- parents may seek to minimise the severity of the abuse or not accept that their actions constitute abuse.
- parents may fail to engage with professionals.
- blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party.
- parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries).
- the parents and/or child may go missing.

Physical Abuse

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

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

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

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

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

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

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

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

Less common sites for accidental bruising include:

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

Non-accidental bruises may be:

- frequent
- patterned, e.g. finger and thumb marks

- in unusual positions, (note developmental level and activity of the child).

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

The following should give rise to concern e.g.

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

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

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

b) Eye Injuries

Injuries which should give cause for concern:

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

c) Burns and Scalds

Accidental scalds often:

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

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

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

When a

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

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

d) Fractures

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

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

- any fracture in a child under one year of age

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

e) Scars

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

f) Bites

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

g) Other Types of Physical Injuries

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

1.1.1 h) Fabricated or Induced Illness

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

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

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

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

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

- deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm.

- claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits.
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous.
- obtaining specialist treatments or equipment for children who do not require them.
- alleging psychological illness in a child.

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

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

Concerns may arise when:

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

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

Sexual Abuse

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

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

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

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

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

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

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

Recognition of Sexual Abuse

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

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

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

Pre-School Child (0-4years)

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

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

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

Possible behavioural indicators include:

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

Primary School Age Children

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

- poor peer group relationships and inability to make friends.

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

The Adolescent

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

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

Possible behavioural indicators include:

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

Emotional Abuse

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

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

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

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

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

Recognition of Emotional Abuse

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

Child Behaviours associated with Emotional Abuse

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

Possible behaviours that may indicate emotional abuse include:

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

Parental Behaviour Associated with Emotional Abuse

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

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

Neglect

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

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

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

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

Recognition of Neglect

Neglect is a chronic, persistent problem. The concerns about the parents not providing "good enough" care for their child will develop over time. It is the accumulation of such concerns

which will trigger the need to invoke the Child Protection Process. In cases of neglect, it is important that details about the standard of care of the child are recorded and there is regular inter-agency sharing of this information.

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

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

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

Child

Health presentation indicators include:

- non-organic failure to thrive (growth faltering)
- poor weight gain (improvement when away from the care of the parents)
- poor height gain
- unmet medical needs
- untreated head lice/other infestations
- frequent attendance at 'accident and emergency' and/or frequent hospital admissions
- tired or depressed child, including a child who is anaemic or has rickets
- poor hygiene
- poor or inappropriate clothing for the time of year
- abnormal eating behaviour (bingeing or hoarding).

Emotional and behavioural development indicators include:

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

Family and social relationship indicators include:

- high criticism/low warmth
- excluded by family
- sibling violence
- isolated child
- attachment disorders and /or seeking comfort from strangers
- left unattended/or to care for other children

- left to wander alone day or night
- constantly late to school/late being collected
- not wanting to go home from school or refusing to go to school
- poor attendance at school/nursery
- frequent name changes and/or change of address or parental figures within the home.
- management of a child with a disability who is not attaining the level of functioning which is commensurate with the disability.

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

Parents

Lack of emotional warmth indicators include:

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

Lack of stability indicators include:

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

Issues relating to providing guidance and setting boundaries indicators include:

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

Social Presentation

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

Health

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

Home and Environmental Conditions

The following home and environmental conditions should be considered:

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

Impediments to ongoing assessment and appropriate multidisciplinary support

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

(Hammersmith & Fulham Inter-Agency Procedures 2002)

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

Children with Disability

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

Recognition of Abuse of Children with Disability

Recognition of abuse can be difficult in that:

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

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

1.1.2

1.1.3

Risk Factors Associated with Child Abuse

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

Child

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

Parents

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

- unplanned pregnancy
- unrealistic expectations of themselves as parents.

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 9

Specific Types of Abuse

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

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

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

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

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

Statutory Responsibilities

CSE is a form of child abuse and, as such, any member of staff suspecting that CSE is occurring will follow the school's child protection policy and procedures, including reporting to the appropriate agencies. A National Referral Mechanism referral should be made for every child who is a suspected victim of exploitation, this can be submitted to the PSNI, HSC Trusts and the Youth Work Alliance.

Domestic and Sexual Abuse

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

Domestic Abuse is:

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

Sexual Abuse is:

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

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

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

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

Children Who Display Harmful Sexual Behaviour

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

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

It is important to distinguish between different sexual behaviours - these can be defined as normal, inappropriate, problematic, abusive or violent. Healthy sexual behaviour will generally have no need for intervention; however, consideration may be required as to appropriateness within a school setting.

Problematic sexual behaviour requires some level of intervention, depending on the activity and level of concern. If the behaviour is considered to be more serious advice from the EA CPSS should be sought

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

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

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

Problematic, abusive and violent sexual behaviours are of significant concern and guidance on the management of the pupils within the school and referral to other agencies such as the PSNI or Social Services will be sought from CPSS. Allegations of child-on-child abuse (including harassment, violence and harmful sexual behaviour) will be treated with a zero-tolerance approach. It will never be passed off as "banter", "just having a laugh", "part of growing up", "boys being boys" or "girls being girls". This can lead to a culture of misogyny and unacceptable behaviour.

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

Online safety

Online safety means acting and staying safe when engaging in the online world. It is wider than simply internet technology and includes electronic communication via text messages, making

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

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

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

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

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

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

Sharing Nudes and Semi-Nudes

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

Sharing nudes and semi-nudes between individuals in a relationship

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

Sharing an Inappropriate Image with an Intent to Cause Distress

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

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

Adult Safeguarding

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

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

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 understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/Emotional Abuse

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 10 The Safeguarding Team

Designated Teacher



Mr. C McCarey

Deputy Designated Teachers



Mrs McIntyre



Mrs McNally



Ms Barnett