Strathearn Prep

Safeguarding and Child Protection Policy

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Note: Where the term 'staff' is used in this policy it shall be deemed to include both teaching and non-teaching staff unless expressly stated otherwise.

1. Introduction

Strathearn Prep has a responsibility for the safeguarding and child protection of the children in our care. We are committed to providing a safe, caring and supportive environment, valuing individuals for their unique talents and abilities, in which all our young people can learn and develop to their full potential.

All staff should be alert to the signs of possible abuse and should know the procedures to be followed.

This policy sets out guidance on the action which is required where abuse or harm to a child is suspected and outlines the referral procedures within our School.

2. Aims of the Policy

1. To promote safeguarding through the preventative curriculum;
2. To ensure staff act in the best interests of the pupil at all times;
3. To inform all staff, volunteers and governors of the statutory requirements in relation to suspected or alleged child abuse;
4. To provide all staff, volunteers and governors with definitions of abuse and the potential signs of abuse;
5. To provide clear procedures for staff, volunteers and governors to follow in case of suspected or alleged abuse;
6. To explain the role and obligations of personnel involved in reporting such abuse; and
7. To enable pupils and parents to make a complaint or report of child abuse if necessary.

3. 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*" (DHSSPSNI, 2017 and 2024), the Department of Education (Northern Ireland) guidance "*Safeguarding and Child Protection in Schools"* Circular 2017/04 (and subsequent amendments) and the SBNI *Core Child Protection Policy and Procedures* (2017).

Safeguarding

Co-operating to Safeguard Children and Young People in Northern Ireland (DHSSPS, 2016) states that :

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

The following principles form the basis of the School's Safeguarding and Child Protection Policy:

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

We work to establish an inclusive community where all pupils and staff are treated with dignity and respect, regardless of individual differences including culture, race, religion, beliefs, sexual or gender orientation, appearance and personal capability. One way in which we seek to protect our pupils is by helping them learn about the risks of possible abuse, helping them to recognise unwelcome behaviour in others and acquire the confidence and skills they need to keep themselves safe.

The purpose of the following procedures on safeguarding and child protection is to protect our pupils by ensuring that everyone who works in our School (teachers, non-teaching staff, coaches, peripatetic tutors and volunteers) and governors - has clear guidance on the action which is required where abuse or neglect of a child is suspected.

The welfare of the child must be the paramount consideration of all caring adults**.** The problem of child abuse will not be ignored by anyone who works in our School, and we know that some forms of child abuse also constitute criminal offences.

Further information on wider safeguarding issues can be found in Appendix 2.

4. Adult Safeguarding

Adult safeguarding involves empowering and enabling all adults, including those at risk of harm, to manage their own health and wellbeing 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 will follow the procedures, outlined in this policy, when responding to concerns or disclosures of abuse relating to our pupils aged 18 or over.

5. Other related policies

The Safeguarding and Child Protection Policy (incorporating Intimate Care Procedures) should be read in conjunction with a range of other School policies which, together, ensure that procedures are in place to keep pupils safe. These policies include:

- Addressing Bullying Type Behaviour Policy;
- Code of Conduct for Staff and Volunteers;
- eSafety Policy;
- Educational Visits Policy;
- Health and Safety Policy;
- Medication Administration Policy;
- Pastoral Care Policy;

- Positive Behaviour Policy;
- Pupil Attendance Policy;
- Relationships and Sexuality Education Policy;
- Safe Handling and Reasonable Force Policy;
- Special Educational Needs and Inclusion Policy;

Copies of all policies can be found on the School's website www.strathearnprep.org.uk Alternatively, paper copies are available, upon request, from the school office.

6. Strathearn Prep Safeguarding Team

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

Chair of the Board of Governors	Mrs R Bailie
Designated Governor for Child Protection	Mrs L Mallon
Principal	Mrs N Connery
Designated Teacher	Mrs E Andrews *(Mrs N Sinnerton)**
Deputy Designated Teacher	Mrs L Martin

*Strathearn School

7. Roles and Responsibilities

Everyone in education plays a part in keeping children and young people safe from harm and abuse. All staff at Strathearn Prep, including coaches involved in the provision of timetabled or extra-curricular activities, and peripatetic tutors have a responsibility to ensure that the protection and welfare of children is paramount. This also extends to any volunteers accepted to work in the School during school hours when pupils are on the premises.

Board of Governors

The Education and Libraries (NI) Order 2003 places a statutory duty on the Board of Governors to:

- safeguard and promote the welfare of registered pupils;
- ensure there is a Child Protection Policy and that it is implemented;
- address the prevention of bullying through their Positive Behaviour Policy and consult with pupils and parents in the development of the Positive Behaviour Policy.

The Board of Governors must ensure that:

- a Designated Governor for Child Protection is appointed;
- a Designated Teacher and Deputy Designated Teachers for Child Protection are appointed;
- they have a full understanding of the roles of the Designated Teacher and Deputy Designated Teachers for Child Protection;
- 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 students receive a copy of the Child Protection Policy and Complaints Policy every two years;
- the School has an Addressing Bullying Type Behaviour Policy which is reviewed at intervals of no more than four years and maintains a record of all incidents of bullying or alleged bullying in line with the Addressing Bullying in Schools Act (NI) 2016;
- all safeguarding policies are reviewed at least every three years, or as specified in the relevant guidance;
- there is a Code of Conduct for all adults working in the School;
- all School staff and volunteers are recruited and vetted in line with DE Circular 2025/02;
- they receive a termly report of child protection activities and a full annual report on all child protection matters. These reports should include details of the preventative curriculum and any initiatives or awareness raising undertaken within the School, including training for staff;
- the Record of Child Abuse Complaints (Allegations Against Staff) is made available to them at least annually; and
- the School maintains the following child protection records in line with DE Circulars: 2015/13 *Dealing with Allegations of Abuse Against a Member of Staff* and 2020/07 *Child Protection: Record Keeping for 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.

All Governors in Strathearn School are provided with initial Child Protection training with the Chair and Designated Governor for Child Protection undertaking full Child Protection Support Service (CPSS) training. All Governors undertake refresher Child Protection training every term of office (four years).

Chair of Board of Governors

The Chairperson of the Board of Governors plays a pivotal role in creating and maintaining the safeguarding ethos within the School environment. They will ensure that the application of the Safeguarding and Child Protection Policy is monitored, that confidential records are maintained, and that regular reports are made to the Board of Governors. They should also ensure that the Record of Child Abuse Complaints is signed and dated annually, even if there have been no entries.

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 the School's own policies and procedures.

Designated Governor for Child Protection

The Board of Governors 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 the School's Child Protection Policy;
- The content of a Code of Conduct for adults within the School;

- The content of the termly updates and full Annual Designated Teacher's Report; and
- Recruitment, selection, vetting and induction of staff.

Principal

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

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

The Principal ensures that parents and pupils receive a copy, or summary, of the Safeguarding and Child Protection Policy when pupils join Strathearn School and at least every two years thereafter.

The Principal will ensure that Child Protection and Safeguarding is a standing agenda item for each meeting of the Board of Governor's Curriculum and Pastoral committee and at termly Full Board meetings. The Principal will chair meetings of the Safeguarding team.

Designated Teacher for Child Protection

Every school is required to have a Designated and Deputy Designated Teacher 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;
- Being available to discuss safeguarding or child protection concerns of any member of staff;
- Responsibility for record keeping of all child protection concerns;
- Ensuring staff are aware that Child Protection - Notes of Concern should be completed using the template provided in DE circular (2020/07) (Appendix 9);
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs;
- Making referrals to Social Services or the Police Service of Northern Ireland (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 Safeguarding and Child Protection Policy;
- Promotion of a safeguarding and child protection ethos in the School; and
- Compiling written reports for the Board of Governors regarding child protection.

Deputy Designated Teacher for Child Protection
The role of the Deputy Designated Teacher is to work co-operatively with the Designated Teacher in fulfilling their responsibilities.

The Deputy Designated Teacher works in partnership with the Designated Teacher so that they may undertake the duties of the Designated Teacher when required.

The Deputy Designated Teacher is provided with the same specialist training by CPSS to help them in their role.

Safeguarding Team
As best practice, in the best interests of the children, and as a support for the Designated Teachers, the School should establish a Safeguarding Team. This team includes the Chair of the Board of Governors, the Designated Governor for Child Protection, the Principal (as Chair) and the Designated Teachers for Strathearn School and Strathearn Preparatory Department. The team may co-opt other members as required to help address specific issues, for example, ICT Co-ordinator, School Health Nurse etc. Should the School employ an individual with social work qualifications/experience, the postholder may be included in the Safeguarding Team. However, only members of the teaching staff can assume the safeguarding role and responsibilities of the Designated Teacher.

The Safeguarding Team works to ensure effective co-ordination and co-operation between the key individuals responsible for safeguarding throughout the school.

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

The responsibilities of the team include:

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

The Safeguarding Team reviews the School's child protection / safeguarding practices annually using the self-evaluation proformas available from the Education and Training Inspectorate (ETI).

Staff
Everyone in education plays a part in keeping children and young people safe from harm and abuse.

All staff who work in Strathearn Prep, coaches, peripatetic tutors and any volunteers (paid or unpaid), need to know:

- how to identify the signs and symptoms of possible abuse;

- what the School's Child Protection procedures are, and, in particular, what the reporting procedures are;
- how to talk, in an appropriate way, to children about whom there are concerns and how to record the information they have acquired; and
- who the Designated Teacher is and who will carry out their responsibilities if they are unavailable or are the subject of the complaint.

Self-employed individuals, coaches and persons from external organisations who are involved in the provision of extra-curricular activities will receive a copy of the School's Requirements and Agreement (Appendix 13). This should be completed and returned to the Designated Teacher prior to commencement of the provision.

New Staff
As part of their induction programme, all new staff are provided with a copy of this policy and are required to complete and return necessary documentation (Appendix 12). This should be passed without delay to the Designated Teacher to ensure that all staff are included in Child Protection training as soon as possible after appointment.

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

Parents are required to inform the School:

- If their 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. In doing so, the parent should provide a reason for absence. The reason should be sent via Strathearn Prep's email address info@penrhyn.belfast.ni.sch.uk no later than 9.00 am on the first morning of their absence from school.

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. The School should also be notified by the Parent/Carer if there are any court orders affecting access to the child.

Parents should be aware that the School will protect the best interests of the child and, in cases of suspected abuse, may refer cases to the investigative agencies.

8. Child Protection Definitions

Definition of Harm
(Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017):

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

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

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

Harm can be caused by:

- Sexual abuse
- Emotional abuse
- Physical abuse
- Neglect
- Exploitation

Sexual abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, include hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Neglect is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person, to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, 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 may be sexual in nature.

Although exploitation is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from, or caused by, the exploitation of children and young people can be categorised within the existing Child Protection Register categories. 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 in this section there are also some specific types of abuse that we in Strathearn Prep are aware of and have, therefore, included them in the policy. See Appendix 1.

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. Information about children with increased vulnerabilities can be found in Appendix 3.

Adult Safeguarding

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

- Personal characteristics and/or;
- 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 wellbeing, 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.

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.

Further information can be found at: Adult Safeguarding: Prevention and Protection in Partnership key documents | Department of Health.

9. Signs and Symptoms of Possible Abuse

Because of their day-to-day contact with individual children, School 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, or drug, alcohol or solvent misuse. Sometimes, however, they may be due to child abuse. For example:

- 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, bite marks and burns may be apparent, particularly when children change their clothes for physical education, swimming and other sports activities, or children with special educational needs are helped with toileting;
- possible indicators of physical neglect, such as inadequate clothing, poor growth, hunger or apparently deficient nutrition may be identified;
- possible indicators of emotional abuse, such as excessive dependence or attention-seeking, may be noticeable;
- sexual abuse may be reflected in physical signs, or lead to a substantial behavioural change including precocity, withdrawal or inappropriate sexual behaviour.

No list of symptoms can be exhaustive (see Appendix 5 for further examples). 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. However, teachers and other staff should be aware of the possible implications of all such signs and alert attention to them, particularly if they appear in combination or are regularly repeated.

The definition of signs and symptoms of abuse are taken from Co-operating to Safeguard Children and Young People in NI (October 2024)**.** Specific detail in relation to signs and symptoms of possible abuse can be found in Appendix 5.

10. Responding to Safeguarding and Child Protection Concerns

At Strathearn Prep we aim to work closely with parents/guardians in supporting all aspects of their child's development and wellbeing. Any concerns a parent may have will be taken seriously and dealt with in a professional manner.

Parents should contact the School if they are concerned about a pupil's safety or welfare. If a parent has a concern they can talk to the Form Tutor, Head of Prep, Designated or Deputy Designated Teacher for Child Protection or the Principal.

Pupils may disclose information about themselves or another pupil on a wider range of safeguarding issues which may or may not, in themselves, be connected to any form of abuse. In such cases guidance should be sought from the Designated Teacher/Deputy Designated Teacher, in line with the procedures contained in this policy, to ensure that the pupil can be supported and safeguarding issues addressed. In these situations, it is almost always appropriate to inform parents and to recommend a GP appointment.

If a parent remains concerned, they may talk to the Chair of the Board of Governors.

At any time, a parent may talk to a social worker in the local Gateway Team or to the PSNI Central Referral Unit. Contact details can be found in Section 11 of this policy.

If a parent has a concern, more information can be found in Appendix 6.

Where School has a concern or has been given information about possible abuse by someone other than a member of staff

If a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff should complete a *Child Protection - Note of Concern* (Appendix 9). The member of staff will not investigate the incident, this will be a matter for Social Services. However, they should discuss their concerns with the Designated Teacher or with the Deputy Designated Teacher if the Designated Teacher is not available.

When a member of staff receives information about an allegation of child abuse they should respond using the five R's as follows:

Receive

- Stay calm.
- Listen actively with open body language.
- Accept what the child/young person is saying.
- Be supportive and non-judgemental.

Reassure

- Reassure the child/young person that they have done the right thing.
- Tell them that help will be sought.
- Do not promise the child/young person that the information will be kept confidential. However, let them know that only those who need to know will be informed.

Respond

- Use open phrases (e.g. tell me what happened, when was this?).
- Do not ask leading questions (e.g. did this happen during the night?).
- Explain what you are going to do next which will be to speak to the Designated Teacher.

- Ensure that the child/young person feels safe and secure.

Report

- Report to the Designated Teacher. This should be in person and as soon as possible.

Record

- Make objective, detailed, handwritten notes of the discussion using the *Child Protection – Note of Concern* (Appendix 9).
- Ensure the notes are factual (e.g. when the incident occurred, where, by whom, what occurred).
- Use the child/young person's exact words as much as possible.
- Sign the *Child Protection – Note of Concern* and record the date and time at which this was passed to the Designated Teacher.

  The *Child Protection – Note of Concern* will be filed by the Designated Teacher and may we provided to the Court as evidence.

For information on how to talk to children where there are concerns about possible abuse, staff should refer to Appendix 8.

Dealing with Allegations of Abuse

Once the allegation has been shared with the Designated Teacher, they will inform the Principal, always taking care to avoid undue delay. The Safeguarding Governor or Chair of the Board may be consulted, if required and subsequently kept informed of the course of action taken.

The Designated Teacher may also seek clarification from the child or young person and/or their parent/carer.

The Principal / Designated Teacher / Safeguarding Governor / Chair of the Board may seek clarification or advice and consult with one of the Education Authority Designated Officers for Child protection or a Duty Social Worker before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on the basis of appropriate advice.

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

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

The Designated Teacher will phone the Gateway Team and/or the PSNI and will submit a completed UNOCINI Referral Form.

More information on how staff can report a concern can be found in Appendix 7.

If a complaint has been made about possible abuse by a member of the School's staff or a volunteer.

When a complaint about possible child abuse is made against a member of staff, the Principal (or the Designated Teacher if the Principal is not available) must be informed immediately. If the complaint is against the Principal, then the Designated Teacher should be informed, and they will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the Education Authority. The procedure as outlined in Appendix 10 will be followed.

Every effort to maintain confidentiality and guard against unwanted publicity must be made. Allegations should not be shared with other staff or children.

11. Contact Details

Strathearn Prep
157 Belmont Church Road
Belfast
BT4 2DA

Telephone	028 9047 4684
Email	info@penrhyn.belfast. ni.sch.uk

Any person may make contact with the Chair (Mrs R Bailie) or Vice Chairs of the Board of Governors (Mrs L Mallon) through the Secretary to the Board, Mrs M Ferguson. All contacts will be dealt with in a strictly confidential manner.

Gateway Teams

Belfast Gateway Service	028 9050 7000 (9am – 5pm)
	028 9504 9999 (out of hours)
South Eastern Gateway Service	0300 1000 300
	028 9056 5444 (out of hours)

The number for the **Adult Protection Gateway Team** (**for pupils who are 18 and over)** is 028 9504 1744. This number is available from 9am to 5pm. If you need to speak to someone outside these hours, contact the Emergency Social Work Service on 028 9504 9999.

PSNI

The Central Referral Unit (CRU) based in Antrim Road PSNI station is part of the Public Protection Unit and is the central referral point for child sexual and physical abuse allegations. Where a matter is being reported to the PSNI as an alleged crime, the Designated Teacher will seek advice from CPSS prior to reporting to the PSNI. Contact with CRU will be made via email using the following email address: cru@psni.police.uk.

Child Protection Support Service (CPSS)

The helpline number is **028 9598 5590** and operates from Monday to Friday from 9.00am until 4.30pm.

12. Consent

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

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

There is a difficult balance between gaining consent for a referral into Adult Protection Gateway Services and also ensuring a vulnerable adult is protected from harm. Consent will always be sought from the person for a referral to statutory agencies.

If consent is withheld, then a referral will not be made 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, for example, in the following circumstances:

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

The School endeavour to take care in the use of pupil images. Upon admittance to the School, parental consent is sought to use images of pupils (Appendix 11).

13. Confidentiality, Information Sharing and Record Keeping

The recognition and management of appropriate confidentiality underpins an effective Child Protection Policy. Information given to members of staff about possible child abuse cannot be held in confidence. In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with Strathearn Prep staff will be on a need to know basis.

Where there have been, or are current, child protection concerns about a pupil who transfers to another school, we will give due regard to DE Circular 2020/07: *Child Protection: Record Keeping in Schools*, in determining what information should be shared with the Designated Teacher in the receiving school.

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

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

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

Information which is held electronically, whether on a PC, a laptop/SurfacePro or on a portable memory device, must be encrypted and appropriately password protected. Child Protection information should be recorded, and stored, using CPOMS. Access to these records will be through two-factor authentication.

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

If a pupil from Strathearn Prep attends an EOTAS provision, a member of the Safeguarding Team will share any child protection concerns they have with the Designated Teacher in the EOTAS provision. 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 and any subsequent updates.

14. Recruiting and Vetting of Staff and Volunteers

Vetting checks are a key preventative measure in preventing unsuitable individuals from having access to children and vulnerable adults through the education system. Schools must ensure that all persons on School property are vetted, inducted and supervised as appropriate if they are engaged in regulated activity. All staff, paid or unpaid, who are appointed to positions in Strathearn Prep will be vetted/supervised in accordance with relevant legislation and Departmental guidance. The School will pay due regard to DE Circular 2025/06.

The following groups must have an Enhanced Disclosure Certificate (EDC) from Access NI **before** taking up post:

- All new, **paid** staff;
- Examination Invigilators; and
- Private contracted transport providers - named drivers.

External Agencies and Individuals
External agencies or self-employed individuals who work with pupils in Strathearn Prep must have an appropriate Child Protection policy in place which has been presented to the School's Safeguarding Team of Strathearn for approval, or they must agree to abide by the School's Policy. Such a policy will be reviewed with the School's Designated Teacher on an annual basis and when there are key staffing changes in the child protection personnel of either party. The contractual obligation to have a Child Protection Policy in place forms part of the service level agreements that apply to all external agencies supporting the curriculum in Strathearn School. Such external agencies include coaching companies for various sports activities (Appendix 13).

Volunteers
Volunteers who work unsupervised are required to have an EDC. Volunteers who work under supervision are not required to obtain an EDC, and Strathearn School has a responsibility to monitor their supervision.

Code of Conduct for all Staff - Paid or Unpaid
All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards a child or 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 Staff and Volunteers which has been approved by the Board of Governors.

Visitors
Visitors to Strathearn Prep, such as parents, suppliers of goods and services, etc. do not routinely need to be vetted. However, such visitors should be managed by School staff and their access to areas and movement within the School should be restricted as needs require. All volunteers and visitors to Strathearn School are required to sign in at Reception and wear a visitor's lanyard when moving around the School. Key staff with responsibility for individual volunteers and visitors will provide appropriate supervision throughout their stay.

Pupils on Work Experience
Pupils coming into Strathearn Prep on work experience do not require Access NI clearance if they are fully supervised by School staff. The normal child protection induction processes apply.

15. The Preventative Curriculum

Strathearn Prep's ethos of safeguarding and child protection is underpinned by the Preventative Curriculum. Through the Personal Development programme, the aim is to empower pupils with the knowledge and skills they need to make healthy, informed life choices; with a focus on personal safety and wellbeing, as well as that of others in the school community and wider society. 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.

Further information can be found in the following DE guidance: https://www.education-ni.gov.uk/publications/circular-201704-safeguarding-and-child-protection-schools-guide-schools.

At Strathearn School we seek to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection matters, through the School's curriculum, including within the relevant subjects.

Throughout the academic year safeguarding and child protection issues are addressed through assemblies including specific safeguarding assemblies in September, and during Antibullying and Children's Mental Health weeks. Pastoral posters provide advice and contact details for various support services. Posters within each classroom or learning space provide information relating to the Safeguarding Team.

The School encourages parents, pupils and staff to register for, and access, the Safer Schools NI app, funded by the Department of Education. Details of the app are sent to parents at the beginning of the academic year.

16. Monitoring and Evaluation

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Governors for dissemination to parents, pupils and staff. All members of staff are issued with a copy of this Safeguarding and Child Protection policy on an annual basis or upon commencing employment with the School. Parents receive a paper copy of the policy when their child is admitted to the School. They then receive a digital copy, as well as a policy summary, biennially. Members of the Board of Governors are issued with a copy of this Safeguarding and Child Protection policy on an annual basis or upon commencement of their term in office.

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

Designated Teacher	Signed	
Principal	Signed	
Chair of Board of Governors	Signed	

Appendix 1: Definitions of Specific Forms 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. This creates a particular problem because it 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 we become aware of signs that may indicate grooming, the School will take early action and follow the Safeguarding and Child Protection Policies and Procedures. The Health and Social Care Trust (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 the latters control over the victim to be put in place without delay.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

(a) in exchange for something the victim needs or wants, and/ or
(b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE 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 Safeguarding and Child Protection Policy and Procedures, including reporting to the appropriate agencies.

Potential indicators of CSE:

- Acquisition of money, clothes, mobile phones etc without plausible explanation
- Truanting/leaving school without permission
- Persistently going missing or returning late
- Receiving excessive texts/phone calls prior to leaving
- Change in mood – agitated/stressed
- Appearing distraught/dishevelled or under the influence of substances
- Inappropriate sexualised behaviour for age
- Physical symptoms e.g. bruising, bite marks
- Collected from school by unknown adults or taxis
- New peer groups
- Significantly older boyfriend or girlfriend
- Increasing secretiveness around behaviours
- Low self-esteem
- Change in personal hygiene (greater attention or less)
- Self-harm and other expressions of despair
- Evidence or suspicion of substance abuse

While these indicators can be useful in identifying potential risk, their presence does not necessarily mean CSE is occurring. More importantly, nor does their absence mean it is not.

Domestic and Sexual Violence and Abuse

The Northern Ireland 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 Violence and 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). 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).

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

Operation Encompass

We are an Operation Encompass School. Operation Encompass is an early intervention partnership between the PSNI and our School, aimed at supporting young people who are victims of domestic violence and abuse. As a School, we recognise that exposure to domestic violence is a traumatic event for young people.

Those that experience 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 young people 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 aim to make contact with the School at the start of the next working day to share this information with a member of the School's Safeguarding Team. Where there is a lower level incident, the PSNI may choose to contact the Designated Teacher by email asking them to make contact with a named police officer. In each of these cases, the School's Safeguarding Team can provide immediate emotional support to the pupil. This will also give 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 pupil's child protection file. The information received on an Operation Encompass call from the PSNI will only be shared outside of the Safeguarding Team on a proportionate and need to know basis. All members of the Safeguarding Team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding Team.

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

Female Genital Mutilation (FGM): is a form of child abuse and violence against women and girls. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The procedure is also referred to as 'cutting', 'female circumcision' and 'initiation'. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is

carried out and in later life. FGM is a form of child abuse and, as such, staff have a statutory duty to report cases, including suspicion, to the appropriate agencies, through agreed established procedures set out in the School's Safeguarding and Child Protection 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 staff at Strathearn Prephave knowledge or suspicion of a forced marriage in relation to a child or young person the PSNI will be contacted 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.

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

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

Harmful sexual behaviour can include:

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

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/Healthy sexual behaviour will generally have no need for intervention. However, consideration may be required as to appropriateness within the 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.

The School will also take guidance from DE Circular 2022/02 to address concerns about Harmful Sexualised Behaviour displayed by children and young people.

Online safety:

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

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

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

Further information can be found using the following link: Online Safety Hub - Safeguarding Board for Northern Ireland (safeguardingni.org).

Strathearn Prep has 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-Nude:

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 relationship). In these cases the School is required to contact local PSNI on 101 for advice and guidance. It should be noted 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 these are not forwarded on to anyone else. 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. By contacting the PSNI, further distribution of the image may be prevented and damage caused from the distribution may be contained. Further information can be found using the following link: Criminal Justice and Courts Act 2015.

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 set out in this policy should be followed.

Adult Safeguarding

The main forms of abuse experienced by adults include:

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.

Sexual Violence and Abuse

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

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

Appendix 2: Wider Safeguarding Issues

Information on the safeguarding issues identified below is taken from the ***NHS.UK website.***

Self-harm: is when an individual intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress**.** Sometimes when people self-harm, they feel on some level that they intend to die. Over half of people who die by suicide have a history of self-harm. However, the intention is more often to punish themselves, express their distress or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help.

Low-mood/Depression: Difficult events and experiences can leave a person in low spirits or cause depression. It could be relationship problems, bereavement, sleep problems, scholastic stress, bullying, chronic illness or pain. Sometimes there is no obvious reason.

A general low mood can include:

- sadness
- feeling anxious or 'panicky'
- worry
- tiredness
- low self-esteem
- frustration
- anger

However, a low mood will tend to lift after a few days or weeks. Making some small changes in life, such as resolving a difficult situation, talking about problems or getting more sleep, can usually improve mood. A low mood that does not go away can be a sign of depression.

Depression can include:

- low mood lasting two weeks or more
- not getting any enjoyment out of life
- feeling hopeless
- feeling tired or lacking energy
- not being able to concentrate on everyday things like schoolwork or watching television
- comfort eating or loss of appetite
- sleeping more than usual or being unable to sleep
- having suicidal thoughts or thoughts about harming oneself

Anxiety: Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Everyone has feelings of anxiety at some point in their life – for example, before sitting an exam or having a medical test. During times like these, feeling anxious can be perfectly normal. However, persistent and uncontrolled worry can affect daily life and health.

Anxiety is the main symptom of several conditions, including: panic disorder, phobias, post-traumatic stress disorder (PTSD) and social anxiety disorder (social phobia). Generalised anxiety disorder (GAD) is a long-term condition that causes a person to feel anxious about a wide range of situations and issues, rather than one specific event. People with GAD feel anxious most days and often struggle to remember the last time they felt relaxed. As soon as one

anxious thought is resolved, another may appear about a different issue. GAD can cause both psychological (mental) and physical symptoms.

Anxiety symptoms can include:

- feeling restless or worried
- having trouble concentrating or sleeping
- dizziness or heart palpitations

Eating Disorders: An eating disorder is when an individual has an unhealthy attitude to food, which can take over his/her life and make him/her ill. It can involve eating too much or too little, or becoming obsessed with weight and body shape. Men and women of any age can get an eating disorder, but they most commonly affect young women aged 13 to 17 years old. The most common eating disorders are:

- anorexia nervosa – when an individual tries to keep his/her weight as low as possible by not eating enough food, exercising too much, or both;
- bulimia nervosa – when an individual eats a lot of food in a very short amount of time (binging) and is then deliberately sick, uses laxatives, restricts what is eaten, or does too much exercise to try to stop gaining weight;
- binge eating disorder (BED) – when a person regularly loses control of his/her eating, eats large portions of food all at once until he/she feels uncomfortably full, and is then often upset or feels guilty;
- other specified feeding or eating disorder (OSFED) – when symptoms of the disorder don't exactly match those of anorexia, bulimia or binge eating disorder, but nonetheless pose a risk to health.

Gender Dysphoria: Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. It is sometimes known as gender identity disorder (GID), gender incongruence or transgenderism. This mismatch between sex and gender identity can lead to distressing and uncomfortable feelings that are called gender dysphoria. Gender dysphoria is a recognised medical condition, for which treatment is sometimes appropriate. It is not a mental illness.

Arrangements for Supporting Transgender Pupils:

Strathearn Prep takes all necessary steps to ensure that the needs of all pupils are addressed appropriately and to support individual pupils in fulfilling their potential at School. In particular, the safeguarding needs of all pupils are prioritised in Strathearn Prep and we work together to ensure that pupils are happy and supported at School.

While Strathearn Prep is a school for girls, we will seek to support a pupil who identifies as transgender. Relevant issues will be discussed, on an individual basis, with the young person and their parents/guardians. Such issues will include:

- Preferred name and pronouns
- Toilet facilities
- Arrangements for PE lessons and changing
- School uniform
- Confidentiality and the sharing of information

The Designated Teacher for Child Protection will liaise directly with the pupil and their family throughout the pupil's time at Strathearn Prep. Reasonable adjustments will be made.

Appendix 3: Children with Increased Vulnerabilities

Children With a Disability

Children and young people with disabilities (i.e. any child or young person who has a physical, sensory or learning impairment or a significant health condition) may be more vulnerable to abuse. 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 should 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 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 involving 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

At Strathearn Prep we aim to provide an environment where all young people feel safe and secure. We feel that 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. The Department of Education (DE) requires all grant-aided schools to develop their own policy on how they will address Relationships and Sexuality Education (RSE) within the curriculum. Through this policy, we are expected to cover issues relating to relationships and sexuality, including those affecting LGBT 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.

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 give due regard to DE and EA guidance on educational visits and school trips to ensure our current safeguarding policies are adhered to and that appropriate staffing levels are in place.

Appendix 4: Intimate Care Procedures

1. Principles

1.1 Strathearn Prep will act in accordance with the principles and guidelines set out in the DE circular *'Safeguarding and Child Protection'* (2017/04), DHSSPS '*Co-operating to Safeguard Children and Young People in Northern Ireland*' (2016) and '*The Area Child Protection Committee, Regional Policy and Procedures'* (2005) in safeguarding pupils[1] at this school.

1.2 All staff working with children must vetted by the School. This included students on work placements and volunteers. Vetting includes:

- Access NI checks
- Pre-employment checks
- Two independent referees

1.3 The School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.4 The Governing Body recognises its duties and responsibilities in relation to the equality legislation which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.5 This intimate care document should be read in conjunction with the Schools' policies on:

- Safeguarding and Child Protection
- Staff Code of Conduct
- Health and Safety
- Special Educational Needs and Inclusion
- Administration of medicines procedures

1.6 The Board of Governors is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.7 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

[1] References to 'pupils' throughout this appendix includes all children and young people who receive education at Strathearn School.

1.8 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Parental permissions must be signed and kept in the pupil's file.

1.9 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care document.

1.10 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.11 **Only staff named by School will undertake the intimate care of children.**

1.12 All staff must be trained in the specific types of intimate care they carry out. Additional trained staff should be available to cover for absent colleagues when necessary.

1.13 This Intimate Care document has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child focused principles of intimate care

The following are the fundamental principles upon which the Intimate Care Procedures are based:

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

3. Definition

3.1 Intimate care can include:

- Feeding and oral care
- Washing
- Dressing and undressing
- Toileting and menstrual care
- Treatments such as enemas, suppositories and enteral feeds
- Catheter and stoma care

3.2 It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

4.1 Pupils who require regular assistance with intimate care have a written Personal Learning Plan (PLP), health care plan or intimate care plan agreed by staff, parents/carers and any other professionals actively involved, such as the School Health Nurse, Health & Social Care Trust nurses, physiotherapists or occupational therapists. The plan should be agreed at a meeting at which all key staff and the pupil should also be present, as appropriate. Any historical concerns (such as former child protection issues) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where a care plan or PLP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. Information on intimate care will always be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.3 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (according to multi-agency guidance).

4.4 Accurate records should also be kept when a child requires assistance with intimate care where this is not part of the regular routine; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.5 These records will be kept in the child's file and available to parents/carers on request.

4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for herself as possible.

4.7 Staff who provide intimate care on a regular, planned basis are trained in personal care (e.g. EA training in *Safe Handling*) according to the needs of the pupil. Staff should be fully aware of best practice for example, regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.8 Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation.

4.9 There must be careful, age-appropriate communication with each pupil who needs help with intimate care; permission should be sought before starting an intimate procedure.

4.10 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who, and how many, carers might need to be present when she needs help with intimate care. Reducing the numbers of staff involved

helps to preserve the young person's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.11 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.12 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.13 Ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.14 Adults who assist pupils with intimate care should be employees of the School, not students or volunteers, and therefore have the usual range of safe recruitment checks.

4.15 All staff will be made aware of the need for confidentiality in intimate care issues. Sensitive information will be shared only with those who need to know.

4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

5.1 The Governors and staff at Strathearn Prep recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The School's child protection procedures will be fully adhered to.

5.3 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc he/she will immediately report concerns to the Designated Teacher for Child Protection. A clear written record of the concern will be completed and normal child protection referral procedures will be initiated.

5.4 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Teacher for Child Protection, who will follow School procedures to ensure the safeguarding of the young person concerned.

5.5 Similarly, any adult who has concerns about the conduct of a colleague at the School or about any improper practice will report this to the School Principal or to the Chair of Governor, in accordance with the child protection procedures and 'whistle-blowing' document.

6. Physiotherapy

6.1 Pupils who require physiotherapy whilst at School should have this carried out by a trained physiotherapist. If it is agreed in the PLP or care plan that a member of the School staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances will School staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. Medical Procedures

7.1 Any members of staff who administer first aid should be appropriately trained in accordance with EA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Appendix 5: Signs and Symptoms of Possible Abuse

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

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

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

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

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

Suspicions should be raised where there may be, for example:

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

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

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

Parental Response to Allegations of Child Abuse Which Raise Concern

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

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

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

Where an injury is not felt to be compatible with the explanation given or where it suggests abuse may have taken place, this should be discussed with EA CPSS.

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.

Signs of Physical Abuse

Bruises and Soft Tissue Injuries

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

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

Less common sites for accidental bruising include:

- eyes
- ears
- cheeks
- mouth
- neck
- shoulders
- chest
- upper and inner arms
- stomach
- genitals
- upper and inner thighs
- lower back and buttocks
- upper lip and frenulum
- back of the hands.

Non-accidental bruises may be:

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

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

The following should give rise to concern

- 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.

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. 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.

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 their bottom without also scalding their 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.

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.

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:

- 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.

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.

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.

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.

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 (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 include:

- 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.

Signs and 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.

Possible Physical Indicators

- 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

- unusual behaviour associated with the changing of 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 or simulated sexual activity with 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.;
- 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 - playing alone and withdraws into a private world;
- inappropriate displays of affections between parent and child who behave more like lovers;
- sleep problems - insomnia, recurrent nightmares, 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.

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;
- 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;
- repeated running away from home;
- 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.

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 their environment, may appear to meet the child's needs. However, it is important to remain aware of the interactions and relationship which occur between the child and their 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.

Signs and 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.

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

Possible Behavioural indicators

- 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. However, persistent neglect over long periods of time is likely to have causes other than poverty. There has to be a distinction made between financial poverty and emotional poverty.

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

- medical neglect;
- educational neglect;
- simulative neglect;

- environmental neglect;
- failure to provide adequate supervision and a safe environment.

Signs and 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 Emergency Department 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;
- 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.

Parents

Lack of emotional 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 them;
- 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;
- low 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

- 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.

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.

Signs and 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.

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's name or sibling's names previously on the Child Protection Register;
- a child with feeding/sleeping difficulties;
- birth defects/chronic illness/developmental delay.

Parents

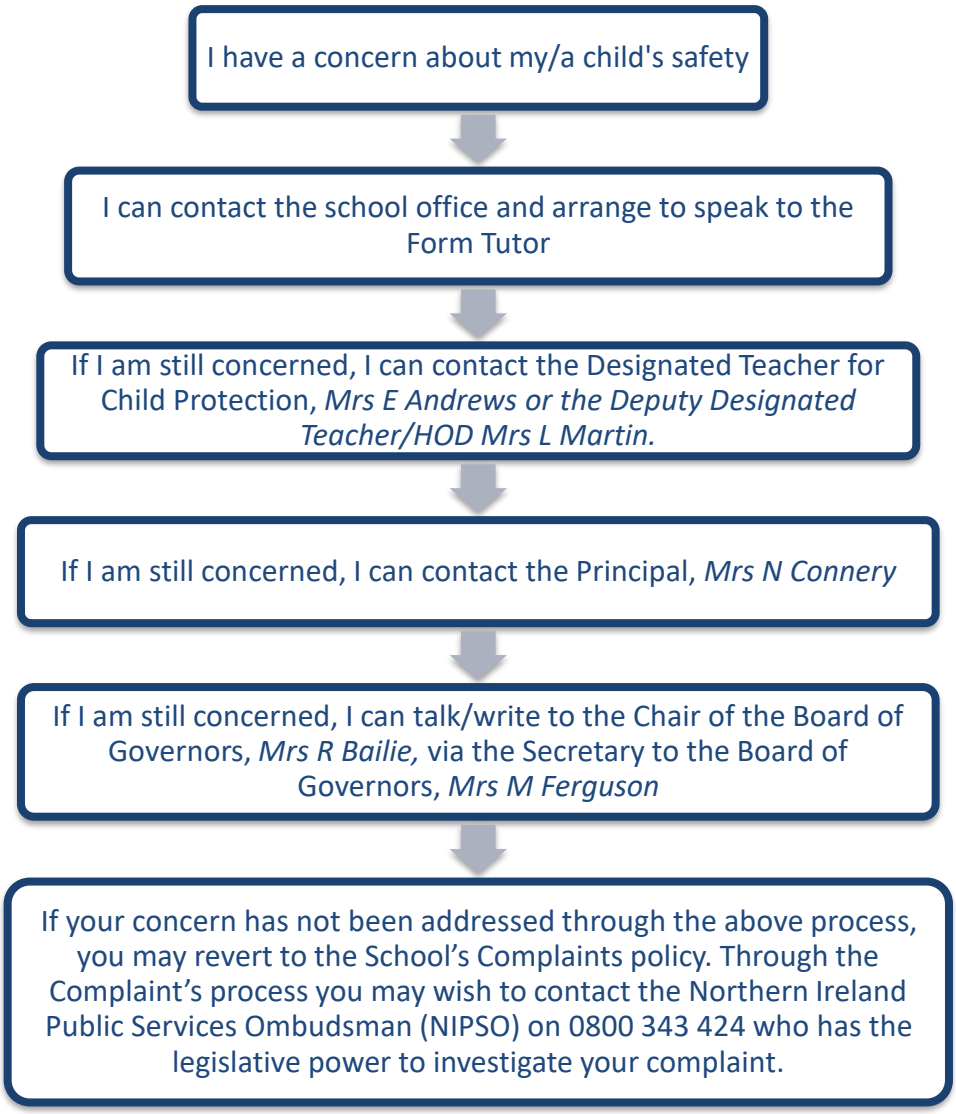
- both young and immature (i.e. aged 20 years and under) at birth of the child;
- parental history of deprivation and/or abuse;
- show jealousy and rivalry with the child;
- expect the child to meet their own needs;
- unrealistic expectations/rigid ideas about child development;
- history of mental illness 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.

Co-operating to Safeguard Children and Young People in Northern Ireland | Department of Health

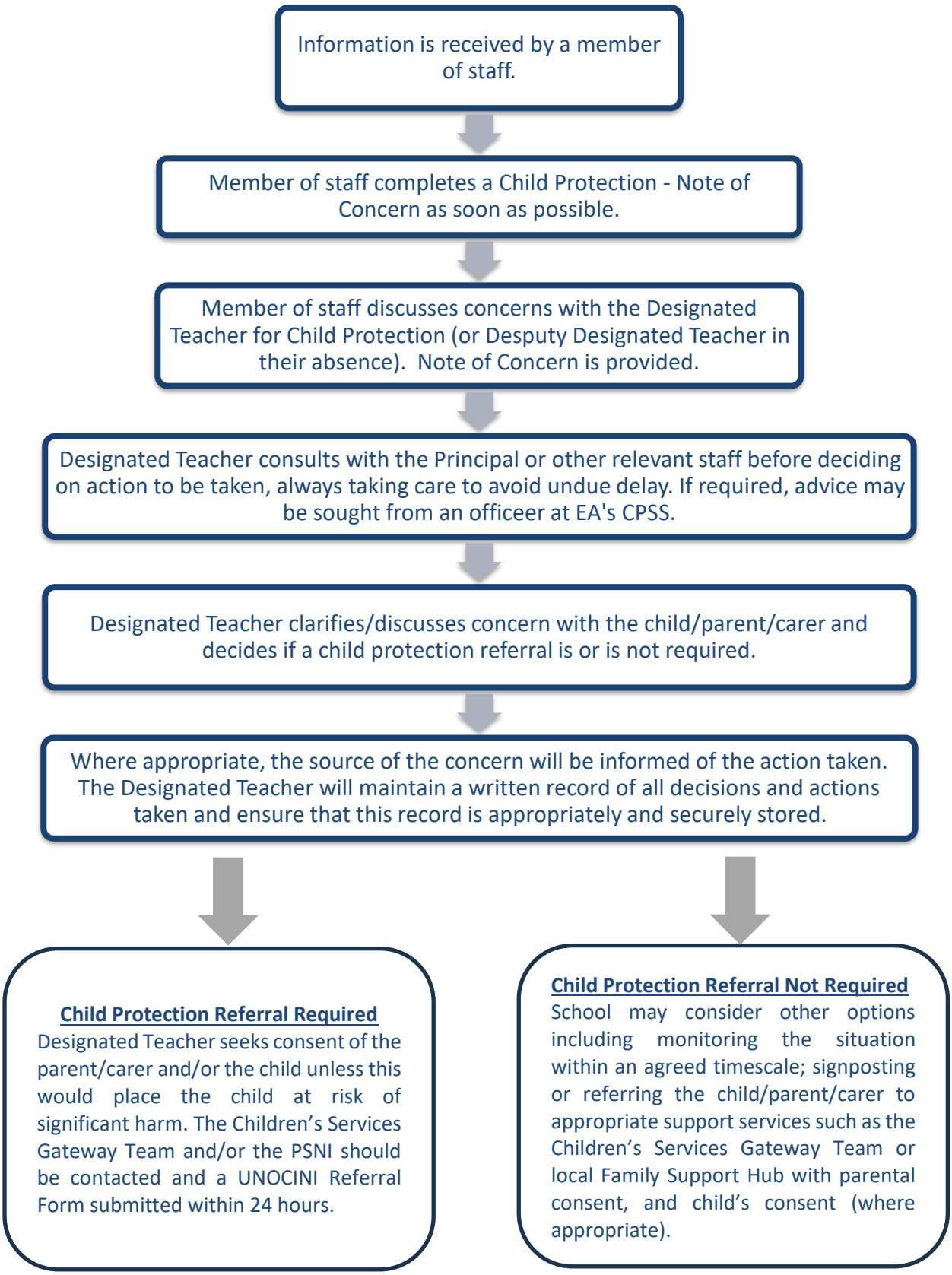
Appendix 6: If a Parent/Carer has a potential concern about their child/another child



Parents can, at any time, contact the following:

Children's Services Gateway Team (Belfast):	028 9050 7000
Emergency Social Work Service (out of hours):	028 9504 9999
Children's Services Gateway Team (South Eastern):	0300 100 0300
Emergency Social Work Service (out of hours):	028 9056 5444
Adult Gateway Team (for pupils aged 18 or over):	028 9504 1744
PSNI Central Referral Unit:	cru@psni.police.uk

Appendix 7: Where the School has concerns or has been given information about possible abuse by someone other than a member of staff



Appendix 8: Talking to Children where there are Concerns about Possible Abuse

If, at any time, a child makes a disclosure to a teacher or other member of staff that gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, **the member of staff must act promptly**.

Where teachers see signs which cause them concern, they should, as a first step, seek some clarification from the child with tact and understanding. If any member of staff feels unsure about what to do if he/she has concerns about a child, or unsure about being able to recognise the signs or symptoms of possible abuse, he/she should speak to the Designated Teacher.

Care must be taken in asking, and interpreting children's responses to, questions about indications of abuse. The same considerations apply when a child makes an allegation of abuse, or volunteers' information which amounts to that. In some circumstances, talking to the child will quickly clarify initial concerns into a suspicion that abuse has occurred, and point to the need for an immediate referral. Staff should be aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings, and the extent of questioning should, therefore, be kept to a minimum:

- Members of staff **should not investigate** - this is a matter for the Social Services - but should report these concerns immediately to the Designated Teacher, discuss the matter with her, and make full notes;
- Staff receiving any disclosure of child abuse should follow the five R's set out in *Section 10: Responding to Safeguarding and Child Protection Concerns;*
- Staff should not ask the child leading questions, as this can later be interpreted as putting ideas into the child's mind;
- Staff should not, therefore, ask questions which encourage the child to change her version of events in any way, or which impose the adult's own assumptions. For example, staff should say, "Tell me what has happened", rather than, "Did they do X to you?";
- The priority at this stage is to actively listen to the child, and not to interrupt or try to interpret if she is freely recalling significant events *(the child must not be asked to unnecessarily recount the experience of abuse)*, and as soon as possible afterwards to make a record of the discussion to pass on to the Designated Teacher, using *Appendix 9: Child Protection - Note of Concern* document. The note should record the time, date, place and people who were present, as well as what was said. Signs of physical injury observed should be described in detail, but *under no circumstances should a child's clothing be removed nor a photograph taken*;
- Any comment by the child, or subsequently by a parent or carer or other adult, about how an injury occurred, should be written down as soon as possible afterwards, quoting words actually used;
- Staff should not give the child or young person undertakings of confidentiality, although they can and should, of course, reassure that information will be disclosed only to those professionals who need to know;
- Staff should be aware that their note of the discussion may need to be used in any subsequent court proceedings. *It is therefore essential that accurate contemporaneous records are maintained*; and
- Staff should **not** ask the child to write an account of their disclosure for the record.

In Summary

✓ Listen to the pupil sensitively and carefully. Support the child for telling you.	× Do not ask leading questions which can later be interpreted as putting ideas into the pupil's mind
✓ 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.
✓ Say, for example, "Tell me what happened."	× Do not make suggestions, for example, "Did they do X to you?"
✓ If possible establish what happened, where it happened, when it happened and who did it.	× Do not interrogate and do not dwell too much on the alleged perpetrator.
✓ Immediately afterwards make notes especially actual words used.	× Do not write as the pupil talks to you. Give your whole attention to the pupil.
✓ Immediately afterwards talk to the Designated Teacher who will inform the Principal.	× Any information received from the child should be held in strict confidence.

Appendix 9: Child Protection – Note of Concern

Strathearn Prep
157 Belmont Church Road
Belfast
BT4 2DA

Child Protection
Note of Concern

Please complete and sign this NOTE OF CONCERN and pass it immediately to the Designated Teacher for Child Protection.

PUPIL DETAILS			
Pupil Name		Form Class	
Date of incident		Time of incident	
Date of disclosure		Time of disclosure	

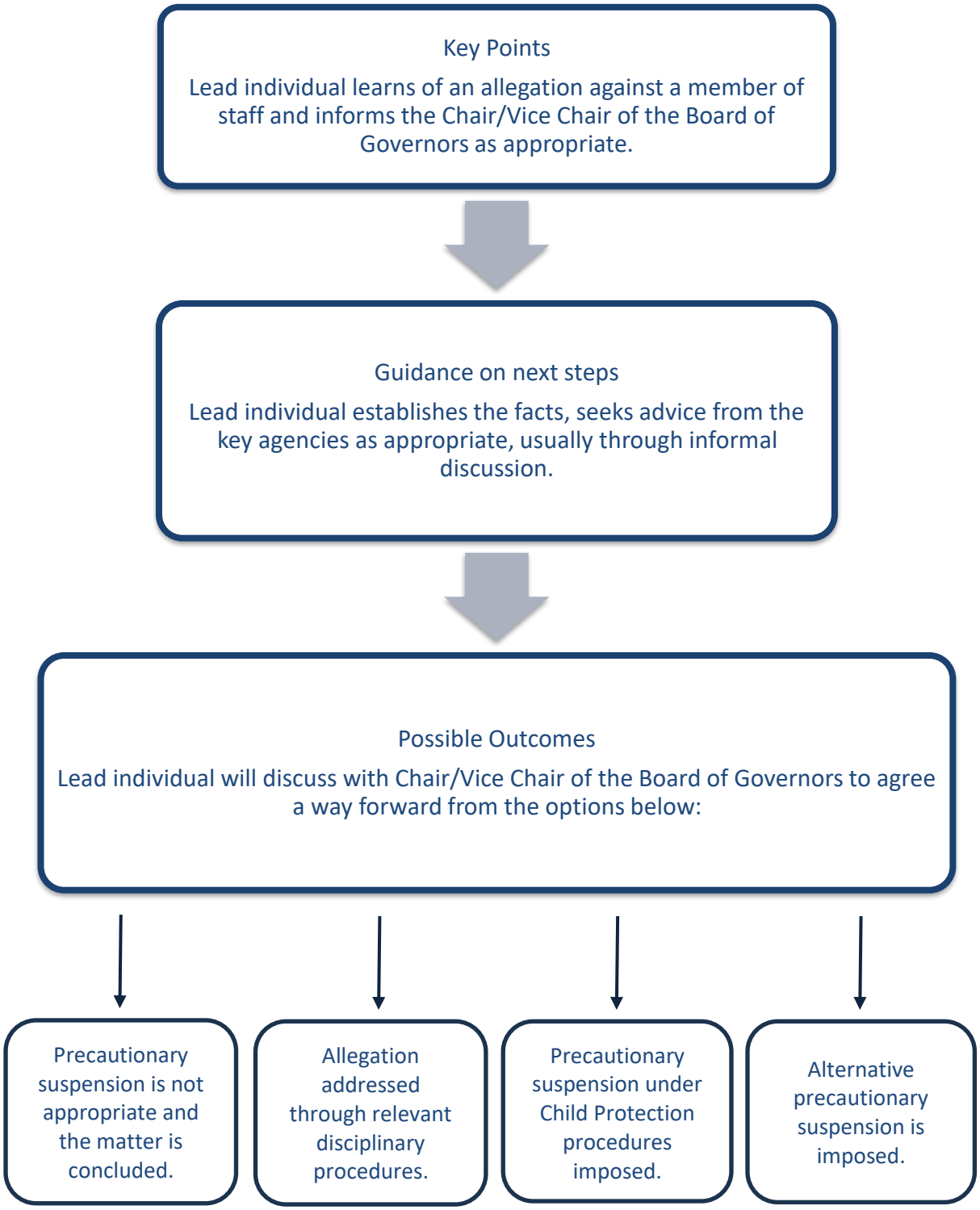
DETAILS OF CONCERN	
Details of Concern: 1. Circumstances of the incident/disclosure 2. Nature and description of the concern 3. Parties involved, including any witnesses to the incident; what was said or done by whom 4. Action taken at the time of the incident 5. Details of any advice sought following the incident, from whom and when 6. Any further action taken	**Information for staff when recording:** 1. Record facts (When? Where? Who? What 2. Make detailed, handwritten notes of the discussion 3. Use the pupil's exact words as much as possible 4. Do not ask leading questions

Details of Concern (continued):

Note of Concern passed to Designated Teacher					
Passed to Designated Teacher	Yes / No *(delete as appropriate)*	Date		Time	
If 'No', state reason					
In the absence of the Designated Teacher, please pass to a Deputy Designated Teacher who will pass to the Designated Teacher.					
Placed on pupil's Child Protection file	Yes/No *(completed by Designated Teacher)*	Date		Time	

Name of staff member making the report			
Signature of staff member		Date	
Signature of Designated Teacher		Date	

Appendix 10: Dealing with Allegations of Abuse against a Member of Staff



Appendix 11: The use of images of pupils, letter to parents and consent form

The General Data Protection Regulation, 2018 (GDPR) 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 GDPR.

- Photographs and videos of the pupils taken during the year to promote the School for publicity, used in the Prospectus or in other printed material, will be subject to consent by 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. Furthermore, they may be used for assessment purposes.

- Photographs of School staff will only be used with the consent of that staff member.

- Photographs taken for the purpose of journalism are exempt from the GDPR 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 GDPR.

- 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 Positive Behaviour Policy.

- Any incident of improper use of photographs should be reported to the Designated Teacher immediately.

STRATHEARN
SCHOOL
BELFAST

SAFEGUARDING & CHILD PROTECTION

Dear Parent

Re: The storage and use of visual images

You will have no doubt noticed how, in Strathearn Prep, we are delighted to celebrate the activities and achievements of our pupils in many ways and not least through photographs and video. On our website: www.strathearnprep.org.uk, in classrooms and corridors, and in publications, we display photographic records from a wide range of activities including class presentations, from charity events, sporting activities or success of any nature. For your daughter to be involved we need to have your consent and I would ask you to read the following information.

Background

In line with our Safeguarding & Child Protection Policy (available on request or on our website) we issue guidelines, on the storage and use of image of visual images, to all new pupils ~~(see page 9)~~. Through the policy we wish to take a pragmatic approach and allow the pupils and School to celebrate success and give credit and recognition for achievement.

A School photograph is taken annually and a copy of this is held on file (both electronic and paper) in accordance with GDPR. A copy is also available for you to purchase. Other official photographs include a Form Class photo and membership of any music groups or sports teams. In addition to 'official' photographs, photographs and video may be taken at various times throughout the year, for example, pupils putting on class dramas or recording sporting or musical events. On each occasion the pupils will be aware why video or photographs are being taken and if for publication in newspapers, the papers in which they may appear. We also use photographs and/or video recordings in our School magazine and prospectus, on Open Morning, via the School's social media channels and on other public occasions to recognise and enjoy the work of the pupils. The celebration of the success of our pupils is very natural and the girls are delighted to see video or photographs of themselves used in this way.

I hope you find this useful with regard to images taken by the School as well as any you may wish to take yourself. If you have any questions, please contact Mrs Andrews (Designated Teacher) or myself.

Yours sincerely

N. Connery

N Connery

STRATHEARN
SCHOOL
BELFAST

Consent Form

Conditions for Using Images of Pupils

Name of Pupil: _____ Form _____

Having read the School's policy on 'The use of images of pupils'

1. I give consent for my daughter's image to be used in the school prospectus and other printed material such as the school magazine in order to record and celebrate her success.

   Yes / No

2. I give consent for my daughter's image to be used on the school website or video recordings which may be used to record and celebrate occasions in the school year. This may also include recordings taken for assessment and teaching purposes

   Yes / No

3. I give consent for my daughter's photograph to appear in the media including newspapers and our school Instagram andFacebook pages.

   Yes / No

4. I give consent for my daughter's photograph to be taken for school records.

   Yes / No

Parent/Guardian's signature: _____ Date: _____

Please return this to your daughter's class teacher

Appendix 12: Safeguarding and Child Protection - New Staff Induction

School Safeguarding Team

Designated Teacher for Child Protection: Mrs Erin Andrews
Deputy Designated Teacher: Mrs Leonora Martin

Principal: Mrs Nicola Connery

It is essential that you report any Safeguarding / Child Protection concerns to one of the teachers named above **without delay.** This should be done in person and not via email.

Training in Safeguarding and Child Protection will be organised for you by the Designated Teacher as soon as possible.

STAFF DETAILS			
Name:		Date:	
Role in School:			
Number of years working in a school environment:			

Have you received and read a copy of the current Strathearn School *Safeguarding and Child Protection Policy* and the *Code of Conduct for Staff and Volunteers*?	Yes	
	No	

Please return this form to Mrs Erin Andrews without delay.

Appendix 13: Requirements and Agreement for Organisations, Self-Employed Individuals and Coaches Involved in Extra-Curricular Provision

Strathearn School

Organisations, Self-Employed Individuals and Coaches Involved in Extra-Curricular Provision

Requirements and Agreement

1. Purpose of Document

The purpose of this document is to regulate the safeguarding of external organisations, self-employed individuals and coaches who provide services to students of Strathearn School.

2. Safeguarding

Any organisation / individual wishing to provide extra-curricular activities in connection with Strathearn School must fulfil the safeguarding requirements of the School. These requirements are as follows:

Organisation or self-employed individual

2.1 The Organisation / Individual must have a Safeguarding Policy in line with the School's expectations as well as the legal obligations placed on any organisation / individual working with children. This should include:

- How signs, disclosures or allegations of abuse will be reported.
- Procedures for referring matters to a designated safeguarding officer within the Organisation, one of the Designated Teachers within the School, or to social services;
- Codes of Conduct should include specific guidance to staff/volunteers in contact with children on social media or outside of the organisation; photographs/videos; physical touch/care; behavioural management/restraint. If the Organisation / Individual is working one to one, this should also be referenced in the Code of Conduct and should clearly set out how volunteers/staff can manage safely working with children one on one;
- How allegations against individuals within the organisation / individuals themselves will be addressed and managed.

2.2 The Organisation / Individual will review the School's Safeguarding Policy and Code of Conduct for staff and volunteers and, where necessary defer to any aspects of this policy which are not covered in the Organisation's / Individual's own policy.

2.3. If a safeguarding issue arises the Organisation / Individual should inform the School's Designated Teacher as well as following their own safeguarding procedures.

2.4 The Organisation / Individual should be able to provide evidence of current relevant qualifications of any individuals involved in the activity being provided.

2.5 The Organisation / Individual is responsible for making sure any individuals working with pupils at Strathearn have a current Access NI check and that a certificate is provided to the School for confirmation.

2.6 The Organisation / Individual is responsible for making sure any individuals working with pupils at Strathearn have completed the School's Child Protection training and any relevant documentation to confirm this is returned to the School.

Individual coach employed at Strathearn School

2.1 The Individual will review, and adhere to, the School's Safeguarding Policy and Code of Conduct for staff and volunteers.

2.2 The Individual will meet with the Designated Teacher for Child Protection to review the School's policies and arrange to undertake appropriate safeguarding training.

2.3. If a safeguarding issue arises the Individual should inform the School's Designated Teacher.

2.4 The Individual should be able to provide evidence of current relevant qualifications involved in the activity being provided.

2.5 The Individual will provide details and the relevant fee to allow the School to carry out an Access NI check.

2.6 The individual will provide the names of two referees, one of whom should have relevant recent experience of their work as a coach.

3. Risk Assessments

Any organisation / self-employed individual wishing to provide activities in connection with Strathearn School must provide a risk assessment relevant to the activities being provided. An individual coach must adhere to risk assessments that have been made by the School in relation to the activities being provided.

4. Insurance

Any organisation / individual wishing to provide activities in connection with Strathearn School must have adequate insurance to cover the activities being provided. Individual coaches, engaged / employed by Strathearn School will be insured under the School's insurance.

5. Data Collection

Any organisation / individual wishing to provide activities in connection with Strathearn School must fulfil the data collection and processing requirements of the School. These requirements are as follows:

5.1 The Organisation / Individual is responsible for personal data of students and their parents and must be compliant with GDPR obligations.

5.2 The Organisation / Individual should make clear on any information or data collection forms that they are an external organisation / individual and that data will be processed in accordance with their GDPR policy. Parents should be made aware of how they can access this policy if required. Individual coaches, engaged / employed by Strathearn School, should make clear on any information or data collection forms that data will be processed in accordance with GDPR obligations. Parents should be made aware of how they can access the EA policy on data management if required.

5.3 Any information or data collection should provide details of how to contact the Organisation / Individual should a parent require to do so.

6. Termination of Agreement

The School can terminate its agreement with an organisation / individual if there is any breach of the safeguarding or GDPR requirements.

Agreement – Organisation / Self-employed individual

The following is an agreement between Strathearn School and _____

Details of The Organisation

Organisation / Individual's Address	
Telephone Number	
Email Address	

Details of Individual/s working with students

Name		**Name**	
Access NI Number		**Access NI Number**	
Name		**Name**	
Access NI Number		**Access NI Number**	

Documentation

Documents Provided by Organisation / Self-employed individual: ☐ Safeguarding and Child Protection Policy ☐ Code of Conduct for Staff ☐ Risk Assessment ☐ Insurance Details ☐ Coaching Qualifications ☐ First Aid Qualifications ☐ Confirmation of Access NI certificate ☐ Confirmation of completion of Child Protection training (Appendix A if individual has not attended face to face training at Strathearn)	Documents Provided by Strathearn School: ☐ Safeguarding and Child Protection Policy ☐ Code of Conduct for Staff

I have read and agree to the requirements set out by Strathearn School. I have provided the necessary documents and information as described in the agreement. I have been given a copy of the School's Safeguarding and Child Protection Policy and Code of Conduct for Staff and Volunteers.

Signed:

On behalf of Strathearn School:		Date:	
Organisation / Individual:		Date:	

All information provided on this form will be processed and held in accordance with the School's GDPR policy. If you require a copy of this, please contact the School's Bursar.

Agreement – Extra-curricular staff to include Coaches / Music Tutors / Duke of Edinburgh staff

The following is an agreement between Strathearn School and _____

Personal Details

Address	
Telephone Number	
Email Address	

Referees	
Name: **Address:**	**Name:** **Address:**

Documents Provided by Coach:	Documents Provided by Strathearn School:
☐ Access NI Return ☐ Appropriate Qualification (if applicable) ☐ First Aid Qualification (coaches / DoE staff only) ☐ Confirmation of completion of Child Protection training (Appendix A if individual has not attended face to face training at Strathearn)	☐ Safeguarding and Child Protection Policy ☐ Code of Conduct for Staff ☐ Access NI application details ☐ Payment details form ☐ Child Protection training ☐ GDPR training

Child Protection

If you were unable to attend child protection training, held in Strathearn School, please watch the training using the following link, https://youtu.be/lqlPhqFsK7o, complete the questions (Appendix A) and return to the Designated Teacher, Mrs N Sinnerton, on nsinnerton018@c2ken.net or leave at Reception.

GDPR

Please complete GDPR training via the following link, http://www.strathearnschool.org/gdpr, and return a screen shot of your result to lturner548@c2ken.net.

I have read and agree to the requirements set out by Strathearn School. I have provided the necessary documents and information as described in the agreement. I have been given a copy of the School's Safeguarding and Child Protection Policy and Code of Conduct for Staff and Volunteers.

Signed:

On behalf of Strathearn School:		Date:	
Coach:		Date:	

All information provided on this form will be processed and held in accordance with the School's GDPR policy. If you require a copy of this, please contact the School's Bursar.

Appendix A

Safeguarding and Child Protection Training

Follow the link https://youtu.be/lqlPhqFsK7o *and watch the presentation on Safeguarding and Child Protection. It is important that you watch and understand the content of this presentation as it is a statutory requirement that you are*

trained to understand your responsibilities within safeguarding and child protection. Complete the details below and return to N Sinnerton. You will also be provided with a copy of the School's Safeguarding and Child Protection Policy which contains supplementary information regarding our policy and procedure.

Name: _____

To confirm that you have watched and understood the presentation please note the answers to the following questions:

1. What are the 4 broad categories of abuse?

2. Who is the School's Designated Teacher for Child Protection?

_____

3. What should you do if have a concern that a child is showing signs of abuse?

4. If a child makes a disclosure of abuse, what should you never do?

5. After a child has made a disclosure what 2 things should you do?

Signed: _____ **Date**: _____

Please return to info@penrhyn.belfast.ni.sch.uk or leave at school office.