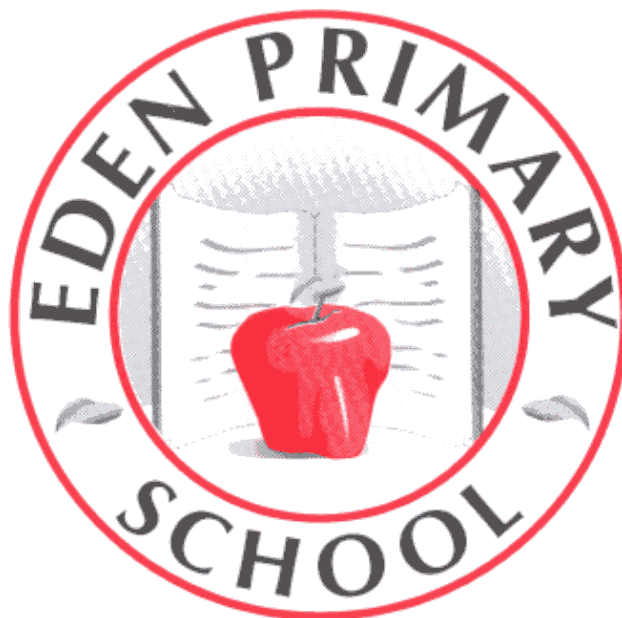


Child Protection Policy



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1. CHILD PROTECTION ETHOS

We in Eden Primary School have a responsibility for the safeguarding and child protection of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action, which is required where abuse or harm to a child is suspected and outlines referral procedures within our school.

Key Principles of Safeguarding and Child Protection

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, "Co-operating to safeguard children and young people in Northern Ireland" (DHSSPSNI, 2017), the Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" Circular 2017/04 (amended September 2023) and the SBNI Core Child Protection Policy and Procedures (2017).

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

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

2. RELATED POLICIES

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

- Anti-Bullying
- Attendance
- Drugs Education
- Positive Behaviour
- Staff Code of Conduct
- Complaints
- Educational Visits
- E-Safety
- Managing Critical Incidents
- First Aid and Administration of Medicines
- Health and Safety
- Intimate Care
- Period Dignity

- Disposal of Records Schedule
- Relationships and Sexuality Education
- Special Educational Needs
- Use of Reasonable Force/Safe Handling
- Volunteers in School
- Whistleblowing

These policies are available to parents and any parent wishing to have a copy should contact the Principal

3. SCHOOL SAFEGUARDING TEAM

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

- Chair of the Board of Governors (Mr. W. McElhinney)
- Designated Governor for Child Protection (Mrs J. Gibson)
- Principal (Dr. M. Sheeran)
- Designated Teacher (Mr. A. Purdy)
- Deputy Designated Teacher (Mrs. E. Donaldson)

ROLES AND RESPONSIBILITIES

Board of Governors must ensure that:

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

Record Keeping in Schools: Safeguarding and child protection concerns; disclosures of abuse; allegations against staff and actions taken to investigate and deal with outcomes; staff induction and training.

Chair of Board of Governors

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

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

Designated Governor for Child Protection

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

- The role of the Designated Teachers;
- The content of Child Protection policies;
- The content of a Code of Conduct for adults within the school;
- The content of the termly updates and full Annual Designated Teacher's Report;
- Recruitment, selection, vetting and induction of staff.

Designated Teacher for Child Protection

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

- The induction and training of all school staff including support staff.
- Being available to discuss safeguarding or child protection concerns of any member of staff.
- Having responsibility for record keeping of all child protection concerns.
- Maintaining a current awareness of early intervention supports and other local services e.g. Family Support Hubs.
- Making referrals to Social Services or PSNI where appropriate.
- Liaison with the EA Designated Officers for Child Protection.
- Keeping the school Principal informed.
- Taking the lead responsibility for the development of the school's Child Protection policy.
- The promotion of a safeguarding and child protection ethos in the school.
- Compiling written reports to the BoG regarding child protection

Deputy Designated Teacher for Child Protection

The role of the DDT is to work co-operatively with the DT in fulfilling his responsibilities. It is important that the DDT works in partnership with the DT so that she develops sufficient knowledge and experience to undertake the duties of the DT when required. DDTs are also provided with the same specialist training by CPSS to help them in their role.

The School Principal

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

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

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

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

Other Members of School Staff

Staff in school see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse. They should remember the 5 Rs:

- ◆ **Recieve**
Listen actively, open body language, accept, no judgement
- ◆ **Reassure**
The right thing, help is coming, don't promise a rosy garden
- ◆ **Respond**
Tell what you are going to do and do it. Ensure child is ok before leaving.
- ◆ **Report**
As soon as possible to the DT
- ◆ **Record**
Vital facts, no opinions – When? Where? Who? What?

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

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

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

Support Staff

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

Parents

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

- Informing the school if the child has a medical condition or educational need;
- Letting the school know if there are any Court Orders relating to the safety or wellbeing of a parent or child;
- Keeping the school updated 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;
- Advising the school if there are any changes to arrangements about who brings their child to and from school;
- Informing the school if their child is absent, and they should send in a note on the child's return to school. This assures the school that the parent/carer knows about the absence;
- Familiarising themselves with the school's Pastoral Care, Anti-Bullying, Discipline and Behaviour, E-Safety, and Safeguarding and Child Protection Policies;
- Reporting to the office when they visit the school; and
- Raising concerns they have in relation to their child, with the 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.

4 CHILD PROTECTION DEFINITIONS

Definition of Harm

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

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

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals. Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm.

Harm can be caused by:

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

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

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.

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.

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.

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

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

Specific Types of Abuse

In addition to the types of abuse described above there are also some specific types of abuse that we in Eden Primary School are aware of and have therefore included them in our policy. Please see **Appendix 2**.

Children with Increased Vulnerabilities

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

5. SIGNS AND SYMPTOMS OF ABUSE

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

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

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

It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s).

Suspicious should be raised by:

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

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

Parental Response to Allegations of Child Abuse Which Raise Concern

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

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

Physical Abuse

Physical Indicators	Behavioural Indicators
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<ul style="list-style-type: none"> • unexplained bruises – in various stages of healing • grip marks on arms; • slap marks; • human bite marks; • welts; • bald spots; • unexplained/untreated burns, especially cigarette burns (glove like); • unexplained fractures, lacerations or abrasions; • untreated injuries; • bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; • injuries occurring in a time pattern, e.g. every Monday 	<ul style="list-style-type: none"> • self-destructive tendencies; • aggressive to other children; • behavioural extremes (withdrawn or aggressive); • appears frightened or cowed in presence of adults; • improbable excuses to explain injuries; • chronic runaway; • uncomfortable with physical contact; • come to school early or stays last as if afraid to be at home; • clothing inappropriate to weather – to hide part of body; • violent themes in art work or stories
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Emotional Abuse

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • well below average in height and weight - “failing to thrive”; • poor hair and skin; • alopecia; • swollen extremities, ie. icy cold and swollen hands and feet; • recurrent diarrhoea, wetting and soiling; • sudden speech disorders; • signs of self-mutilation; • signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness); • extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping). 	<ul style="list-style-type: none"> • apathy and dejection; • inappropriate emotional responses to painful situations; • rocking/head banging; • inability to play; • indifference to separation from family; • indiscriminate attachment; • reluctance for parental liaison; • fear of new situation; • chronic runaway; • attention seeking/needy behaviour; • poor peer relationships.

Neglect

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• looks very thin, poorly and sad;• constant hunger;• lack of energy;• untreated medical problems;• special needs of child not being met;• constant tiredness;• inappropriate dress;• poor hygiene;• repeatedly unwashed, smelly;• repeated accidents, especially burns.	<ul style="list-style-type: none">• tired or listless (falls asleep in class);• steals food;• compulsive eating;• begging from class friends;• withdrawn;• lacks concentration;• misses school medicals;• reports that no carer is at home;• low self-esteem;• persistent non-attendance at school;• exposure to violence including unsuitable videos.

Sexual Abuse

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;• bruises or bleeding in genital or anal areas;• torn, stained or bloody underclothes;• chronic ailments such as recurrent abdominal pains or headaches;• difficulty in walking or sitting;• frequent urinary infections;• avoidance of lessons especially PE, games, showers;• unexplained pregnancies where the identity of the father is vague;• anorexia/gross over-eating.	<ul style="list-style-type: none">• what the child tells you;• withdrawn;• chronic depression;• excessive sexual precociousness;• seductiveness, promiscuity;• children having knowledge beyond their usual frame of reference, eg. young child who can describe details of adult sexuality;• parent/child role reversal;• overly concerned for siblings;• poor self-esteem or self-devaluation;• lack of confidence;• peer problems;• lack of involvement;• massive weight change;• suicide attempts (especially adolescents);• hysterical/angry outbursts;• lack of emotional control;• sudden school difficulties, eg. deterioration in school work or behaviour;• inappropriate sex play;• repeated attempts to run away from home;• unusual or bizarre sexual themes in children's art work or stories;• vulnerability to sexual and emotional exploitation;• exposure to pornographic material.

Exploitation (Including Child Sexual Exploitation)

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• acquisition of money, clothes, mobile phones, etc. without plausible explanation;• appearing distraught/dishevelled or under the influence of substances;• bruising;• bite marks;• change in personal hygiene (greater or less attention).	<ul style="list-style-type: none">• truanting/leaving school without permission;• persistently going missing or returning late;• receiving lots of texts/phone calls prior to leaving;• change in mood – agitated/stressed• inappropriate sexualised behaviour for age;• collected from school by unknown adults or taxis;• new peer groups;• significantly older boyfriend or girlfriend;• increasing secrecy around behaviours;• low self-esteem;• self-harm and other expressions of despair;• evidence or suspicion of substance abuse.

For further details, **See Appendix 4.**

6 Responding to Safeguarding and Child Protection Concerns

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

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

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

If a parent has a concern they can talk to the Class Teacher, the Designated or Deputy Designated Teacher for Child Protection or the Principal.

If they are still concerned they may talk to the Chair of the Board of Governors. At any time a parent may talk to a social worker in the local Gateway team or to the PSNI Central Referral Unit. Details of who to contact are shown in the flowchart in **Appendix 5.**

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

In Eden Primary School, if a child makes a disclosure to a teacher or other member of staff which gives rise to concerns about possible abuse, or if a member of staff has concerns about a child, the member of staff will complete a Note of Concern (**Appendix 1**) and act promptly. **They will not investigate** - this is a matter for Social Services - but will discuss these concerns with the Designated Teacher or with the Deputy Designated Teacher if he is not available.

The Designated Teacher will consult with the Principal or other relevant staff **always taking care to avoid due delay**. If required, advice may be sought from the Education Authority Designated Officer for Child Protection. The Designated Teacher may also seek clarification from the child or young person, their parent/carer.

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

If a child protection referral is required, the Designated Teacher will seek consent from the parent/carer and/or the child (if they are competent to give this) unless this would place the child at risk of significant harm. The Designated Teacher will phone the Gateway team and/or the PSNI and will submit a completed UNOCINI referral form. Where appropriate, the source of the concern will be informed of the action taken.

For further detail please see **Appendix 6**.

Where a complaint has been made about possible abuse by a member of the school's staff or a volunteer

When a complaint about possible child abuse is made against a member of staff the Principal (or the Designated Teacher if the Principal is not available) **must be informed immediately**. If the complaint is against the Principal then the Designated Teacher should be informed and he will inform the Chairperson of the Board of Governors who will consider what action is required in consultation with the employing authority. The procedure as outlined in **Appendix 7** will be followed.

7 CONSENT

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

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

8 CONFIDENTIALITY AND INFORMATION SHARING

Information given to members of staff about possible child abuse cannot be held "in confidence". In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. In keeping with the principle of confidentiality, the sharing of information with school staff will be on a 'need to know' basis. Where there have been, or are current, child protection concerns about a pupil who

transfers to another school we will consider what information should be shared with the Designated Teacher in the receiving school.

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

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

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

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

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

9 SAFE RECRUITMENT PROCEDURES

Vetting checks are a key preventative measure in preventing unsuitable individuals access to children and vulnerable adults through the education system, and schools must ensure that all persons on school property are vetted, inducted and supervised as appropriate, if they are engaged in regulated activity. All staff paid or unpaid who are appointed to positions in Eden Primary School are vetted/supervised in accordance with relevant legislation and Departmental guidance. **(Appendix 9)**

10 CODE OF CONDUCT FOR ALL STAFF - PAID OR UNPAID

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach. All members of staff are expected to comply with the school's Code of Conduct for Employees and Volunteers which has been approved by the Board of Governors. **(Appendix 8)**

11 THE PREVENTATIVE CURRICULUM

The school has developed and provides a 'child protection ethos' and a preventative curriculum. We offer children an alternative model to violent or abusive behaviour and alternative methods of responding. We aim to involve the whole school in creating a 'listening school'.

The school offers protection on two levels:

- Immediate protection – creating a listening environment that makes it easier for children to share their concerns;
- Long term protection, enhancing self-esteem and encouraging pro social skills, breaking the cycle of abusive behaviour.

Our school seeks to promote pupils' awareness and understanding of safeguarding issues, including those related to child protection through its curriculum. The safeguarding of children is an important focus in the school's personal development programme and is also addressed where it arises within the context of subjects. Through the preventative curriculum we aim to build the confidence, self-esteem and personal resiliencies of children so that they can develop coping strategies and can make more positive choices in a range of situations.

Throughout the school year child protection issues are addressed through class assemblies and other initiatives which address child protection and safety issues, such as school visitors e.g. fire fighters, police, health visitor, etc. There is a permanent child protection notice board in the main foyer and relevant information in each classroom, which provides advice and displays Child Helpline numbers. A flow diagram of how a parent may make a complaint is also on display. (**Appendix 5**)

12 OPERATION ENCOMPASS

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

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

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

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

Further information about The Domestic Abuse Information Sharing with Schools etc. Regulations (Northern Ireland) 2022.

13 MONITORING AND EVALUATION

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

On-going evaluation will ensure the effectiveness of the policy.

Date Policy Reviewed: _____

Signed: _____ (Designated Teacher)

_____ (Principal)

_____ (Chair of Board of Governors)