Madar International School

Child Protection Policies

Child Protection

Policy

1) Child protection, for this policy, is defined as all measures, steps and actions that must be taken to protect students from risks that may cause harm or injury while they are in the school's care, traveling to and from the school using school transport, and moving between, waiting for, and taking part in, all activities organized by the school inside or outside the school campus.

2) The school and the school principal are guardians of the right of students of not being exposed to abuse and neglect. The school principal agrees to act as the guardian of all students while they are under the school's care and has to take responsibilities that fall under this role.

3) The school shall ensure the supervision of students before the start of the school day and after school hours. For safety and life reasons, all school staff shall never leave children unattended at any time.

4) Madar is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment

5) All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm at home, in the community or at school

6) If at any point, there is a risk of immediate serious harm to a child, a referral shall be made to the relevant statutory body and public services. Anybody can make a referral. If the child's situation does not appear to be improving, any staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some stage.

7) **Signs and Symptoms -** There are primarily four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect:

   a) Physical abuse - Physical abuse is a form of abuse that may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or career fabricates the symptoms of, or deliberately induces, illness in a child, but is now more usually referred to as fabricated or induced illness.

   b) Emotional abuse - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing

them or 'making fun' of what they say or how they communicate. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger.

c) Sexual abuse - Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact and /or including assault. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

d) Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development provide adequate food, clothing, and shelter (including exclusion from home or abandonment).

8) It shall be the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.

9) A child who is being abused or neglected may:

a) have bruises, bleeding, burns, fractures, or other injuries.

b) show signs of pain or discomfort.

c) keep arms and legs covered, even in warm weather.

d) be concerned about changing for PE or swimming.

e) look unkempt and uncared for.

f) change their eating habits.

g) have difficulty in making or sustaining friendships.

h) appear fearful.

i) be reckless about their own or other's safety.

j) self-harm.

k) frequently miss school or arrive late.

l) show signs of not wanting to go home.

m) display a change in behavior – from quiet to aggressive, or happy-go-lucky to withdrawn.

n) challenge authority.

o) become disinterested in their schoolwork.

p) be constantly tired or preoccupied.

q) be wary of physical contact.

r) be involved in, or particularly knowledgeable about drugs or alcohol.

s) Display sexual knowledge or behavior beyond that normally expected for their age and/or stage of development.

t) acquire gifts such as money or a mobile phone from new 'friends' or adults recently acquainted with the child's family.

10) Staff shall be concerned if a student:

a) Has any injury which is not typical of the bumps/scrapes normally associated with the child's activities.

b) Regularly has unexplained injuries.

c) Frequently has injuries even when reasonable explanations are given.

d) Offers confused or conflicting explanations about how injuries were sustained.

e) Exhibits significant changes in behavior, performance, or attitude.

f) Indulges in sexual behavior which is unusually explicit and/or inappropriate to his or her age.

g) Discloses an experience in which he or she may have been harmed.

11) Dealing with disclosure

If a student discloses that he or she has been harmed in some way, the member of staff should:

a) Listen to what is being said without displaying shock or disbelief.

b) Accept what is being said.

c) Allow the child to talk freely.

d) Reassure the child but not make promises that it might not be possible to keep.

e) Not promise confidentially, as it might be necessary to refer the case to the appropriate authority.

f) Reassure the student that what has happened is not their fault.

g) Stress that it was the right thing to tell.

h) Listen rather than ask direct questions.

i) Ask open questions rather than leading questions.

j) Not criticize the perpetrator.

k) Explain what has to be done next and who has to be told.

12) Individual indicators shall rarely, in isolation, provide conclusive evidence of abuse. They shall be viewed as part of a jigsaw and each small piece of information will help to decide how to proceed.

13) It is mandated to report using the telephone hotline (116111) and the electronic reporting link available on the ADEK website - (https://www.ADEK.ac.ae/ar/Pages/childabusereportingabu-dhabiedusector.aspx).

14) The information submitted electronically through the above-mentioned link are directly transferred to the Ministry of Interior – Child Protection Center.

15) If a child is in immediate danger (risk of serious harm), the police should be called using the 999 services, followed by reporting to the Ministry of Interior – Child Protection Center within one hour upon discovery.

Procedure

16) When a child reports abuse, the teacher shall inform the Designated Child Protection Officer (DCPO) within 48 hours. The teacher shall also inform the Designated Child Protection Officer as soon as possible if there is reasonable cause to believe that abuse is occurring.

17) The Designated Child Protection Officer will take initial steps to gather information regarding the reported incident. At this stage he/she will:

a) Interview staff members as necessary and document information relative to the case.

b) Consult with school personnel to review the child's history in the school.

18) The Designated Child Protection Officer shall then form a school-based response team to address the report. The response team may include the school doctor, nurse, counselor, teacher, and other individuals as the Designated Child Protection Officer sees fit. In all cases, follow-up activities shall be conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained.

19) Based on the acquired information, a plan of action shall be developed to assist the child and family. Actions that may take place are:

a) Discussions between the child and the Designated Child Protection Officer to gain more information.

b) In-class observations of the child by the teacher, counselor, or administrator.

c) Meetings with the family to present the school's concerns.

d) Referral of the student and family to external professional counseling.

e) Consultation with local authorities.

20) The Designated Child Protection Officer shall maintain contact with the child and family to provide support and guidance as appropriate.

21) The Designated Child Protection Officer shall provide the child's teachers with ongoing support, and provide strategies for the teacher to use.

22) The Designated Child Protection Officer shall maintain contact with outside therapists, update the therapist about the progress of the child in school, and keep the school informed about the progress of the therapy.

23) The Principal shall refer the case to local authorities for further action.

24) Responsibilities of the whole school staff:

a) All members of the school staff have a responsibility to identify, and report suspected abuse and to ensure the safety and wellbeing of the students in the school. Necessary advice and support shall be taken as necessary from the Designated Child Protection Officer (DCPO).

b) All staff shall attend regular and relevant professional development sessions.

c) All staff shall provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings, and opinions. Children shall be treated with respect within a framework of agreed and understood behavior.

d) All staff shall be aware of symptoms of abuse, report concerns to Designated Child Protection Officer as appropriate and keep clear, dated, factual and confidential records of child protection concerns.

25) Specific responsibilities of the school Doctor/Nurse and counselor:

a) The school Doctor/Nurse or Counsellor shall provide physical treatment and emotional support after a child has been abused

b) The doctor or nurse may be required to conduct an examination if there are physical injuries and write an initial report about the child's physical and emotional condition

c) The doctor/ nurse and/or counselor shall provide positive encouragement to the child, liaise with family members to determine how best to promote the child's safety both at school and at home.

d) Child abuse can leave deep emotional scars and the doctor or nurse shall recognize these and help develop a rehabilitation plan in liaison with the Designated Child Protection Officer and other appropriate staff.

e) In some cases, the child may have to take medication as a result of the abuse. The doctor or nurse shall ensure that all standards and procedures for administering medications in the school setting are met.

26) Responsibilities of the HR department and Security:
When recruiting any member of the teaching staff or support staff with access to children, all reasonable steps shall be taken to ensure compliance as far as possible with the following:

a) Provision of an up-to-date police 'good conduct' letter and/or criminal records check.

b) That two or more references are taken up from previous employers with follow-up questions about the applicant's compliance with any child protection procedures.

c) A declaration signed by the prospective employee on any application form and/or contract that s/he has not been convicted or undergoing court or disciplinary proceedings for any offense involving child abuse and/or breach in exercising a duty of care for children.

d) The Security staff undertakes to be vigilant and adhere to the procedures governing the access, detailed record-keeping, provision of a visitor's pass to be worn for ease of identification and monitoring of visitors to the school.

27) Allegations against staff or the Principal: Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the Principal. If the Principal is absent, the allegation should be communicated to the Vice Principal.

28) Categories of Abuse

a) **Physical Abuse:**

Is actual or attempted physical injury to a child where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented:

i. Unexplained injuries or burns (particularly if they are recurrent)
ii. Improbable excuses are given to explain injuries
iii. Refusal to discuss injuries
iv. Fear of parents being contacted
v. Withdrawal from physical contact
vi. Fear of returning home
vii. Fear of medical help
viii. Aggression towards others
ix. Self-destructive tendencies

b) **Emotional Abuse:**

Failure to provide for the child's basic emotional needs such as to have a severe effect on the behavior and development of the child. This includes conveying to children the feeling that they are worthless or unloved.

i. Physical/mental/emotional developmental lags
ii. Admission of punishment which seems excessive
iii. Overreaction to mistakes
iv. Fear of new situations
v. Inappropriate emotional response to painful situations
vi. Neurotic behavior (e.g., rocking, thumb-sucking, etc.,)
vii. Fear of parents being contacted
viii. Self-mutilation
ix. Extremes of passivity or aggression

c) **Sexual Abuse:**

Where a child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) – including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behavior.

i. Age-inappropriate sexual knowledge, language, behavior
ii. Loss of appetite or compulsive eating
iii. Regressive behavior such as thumb sucking, needing previously discarded cuddly toys
iv. Becoming withdrawn, isolated
v. Inability to focus
vi. Reluctance to go home
vii. Bed-wetting
viii. Drawing sexually explicit pictures
ix. Trying to be 'extra good'
x. Over-reacting to criticism
xi. Have outbursts of anger/irritability

d) **Neglect:**

Refers to persistent or deliberate failure to meet a child's physical or psychological needs e.g., a failure to provide adequate food, clothing or shelter, failure to protect a child or failure to provide adequate medical care. It may also involve neglect or failure to give an adequate response to a child's emotional needs.

i. Constant hunger
ii. Poor personal hygiene
iii. Constant tiredness
iv. Poor state of clothing
v. Frequent lateness and/or unexplained non-attendance
vi. Untreated medical problems
vii. Low self-esteem
viii. Poor peer relationships
ix. Stealing

CHILD PROTECTION RECORD

Child's Name: Date of Birth:	Gender:	Class/Form: Nationality:

Please pass to the Designated Child Protection Officer

ANY CONCERNS REGARDING A STUDENT MUST BE RECORDED AND PASSED ON Staff should not make any undertakings to absolute confidentiality

Staff should not investigate a situation

Sexual	Emotional	Physical	Neglect
Details of Concern (Please give full factual details including dates and times)			
Date Opened: Time Opened:	Person Reporting:	Signed:	
To Whom Reported:	Designated Child Protection Officer:	Date Closed:	
Action Taken (to be completed by the Designated Child Protection Officer)			
By Whom:	Date:	Signed:	

WHAT TO DO ON DISCLOSURE

Stay calm (Don't over-react, however shocked you may be)

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Listen, hear and believe (Listen carefully, take it seriously)

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Give time for the person to say what they want (Don't make assumptions and don't offer alternative explanations, ask questions beginning with Tell me about…Explain…Describe… Avoid 'who, what, when, where' questions)

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Reassure and explain that they have done the right thing in telling. (Do not promise confidentiality; explain that only those professionals who need to know will be informed)

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Record in writing as near verbatim as possible and as soon as possible on a Child Protection Record Form

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(Use the child's own words, make your record as soon as possible after the event, so that you don't forget anything, and include information about what action was taken afterwards)

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Report to the Designated Child Protection Officer