DUBAI BRITISH SCHOOL
EMIRATES HILLS

Child Protection & Safeguarding Policy

This procedure is reviewed annually to ensure compliance with current regulations

Approved/reviewed by	
Head of Primary / Secondary/Principal	
Date of review	August 2021
Date of next review	August 2022

Designated Safeguarding Leads (DSL)

The Designated Safeguarding Leads (DSL) at Dubai British School EH work in coordination with an appointed SLT team as the core group to ensure the safety of all their learners.

Child Protection Core Group

The Child Protection Co-ordinators will call together the Core Group, as appropriate, who will consider all or any evidence gathered and decide on the action to be taken. The Core Group will consist of the Principal, the Head of Primary, the Head of Secondary (and or DSL) the School Counsellor and the School Nurse. The Office Manager will act as clerk to these meetings. All documentation will be held in locked central storage within the Principals' office.

Where the Core Group decides to set up a sub-group to deal with a specific situation, this group might include Key Stage Leaders and/or Class Teacher/Form Tutor as appropriate. Information gathered and the agreed action plan will be shared with the relevant sub-group.

[NB: Child abuse allegations against staff and the use of restraint on students are covered in a separate policy.]

Building Relationships with Students

This can be done by:

- Consulting with students
- Providing someone to talk to
- Providing an appropriate environment
- Supporting learning in class
- Encouraging students to have positive relationships with peers
- Building good student/teacher relationships

The School Needs to be a Safe, Caring Environment Where we:

- Actively promote the self-esteem of the children
- Have the child at the centre of our philosophy
- Encourage independence, self-confidence and assertiveness in the children
- Offer a curriculum which provides the opportunity to discuss emotions, relationships, etc. through
- PSHE and other elements of the wider curriculum
- Establish good links with parents and other professionals working with children in our school
- Provide a curriculum where children can solve problems and are able to make decisions and choices
- Respect each other regardless of gender, race, creed or colour
- Have clear policies on health education (including drug education), equal opportunities, behaviour and bullying

What do we hope to achieve?

- A positive self-image
- Respect for self and others
- A caring approach to others
- The ability to take responsibility for oneself and ones actions

Confidentiality

Staff should not give undertakings of absolute secrecy. An abused child or a person disclosing information about abuse is likely to be under severe emotional stress, and the staff member may be the only person whom the child or adult is prepared to trust. When information is offered in confidence, the member of staff will endeavour to reassure the child or adult, whilst explaining that the matter will be shared only with people who need to know about it in order to follow procedures aimed at safeguarding their welfare.

The Role of the DSL:

- To make all staff aware of the school's policy
- To liaise with other staff who offer pastoral care
- To ensure staff are trained on the use of CPOMS for the recording of incidents
- To monitor CPOMS and take action as appropriate
- To attend child protection conferences
- To lead an annual staff safeguarding briefing followed by ensuring the online completion of the National Online Safety Level 1 Award
- To review, revise and maintain the Child Protection Policy within the school

The Role of the Class Teacher/Form Tutor

During the assessment process, teachers may be expected to provide information about:

Attendance
General manner in school – attendance, moods or mood swings, appearance, etc.
Ability and performance in work
Social development
Attitudes towards adults
Behaviour
Self-confidence
Physical ability
Observations of the child at play
Any strengths or weaknesses not mentioned above
Known behaviour, interests or unusual routines outside school
Parents/carers attitudes towards school
Any other relevant information

This information will be stored securely and confidentially on CPOMS.

The Management of Suspected Abuse

The following categories form the criteria for registration on the Child Protection Register:

Neglect
Physical injury
Sexual abuse
Emotional abuse
Self-harm or abuse

The notes in Appendix A provide guidance. If a member of staff is in doubt about signs or indications of abuse, should log through CPOMS assigning to the coordinator. Staff should only ask students open-ended questions in relation to suspected abuse. They should not "investigate".

General Points
Information, which needs to be available to all staff, will be shared at staff meetings. Information is for "professional use" and should remain absolutely confidential outside of the school.

Information might include:

- Details of actual or suspected physical abuse
- Parental non-contact details following legal decisions
- Mood swings, aggression and/or tantrums
- Withdrawal by child and wanting to be on his/her own

All staff must be aware of this policy, of the procedures outlined and where further details and guidance are stored.

Staff referrals and Child Protection records will be kept by the Child Protection Co- ordinator within the school's medical centre, under lock and key. Parents do not have a right of access to these files.

On transfer, the Principal will decide which records, if any, will be passed on to the next school.

Appendix A Need for Protection – some indicators
Appendix B Questions which might establish a cause for concern
Appendix C The order of procedure for all staff in school

Appendix A (Child Protection & Safguarding Policy)

Need for Protection – Some Indicators

Physical Abuse

Physical Indicators	**Behavioural Indicators**
Unexpected bruises (in various stages of healing)	Self-destructive
Welts, human bite marks, bald spots	Withdrawn or aggressive behaviour
Unexplained burns, especially cigarette or immersion burns (glove like)	Uncomfortable with physical contact
Unexplained lacerations, fractures or abrasions	Arrives at school early or stays late as if afraid to be at home
	Chronic runaway (teenagers)
	Complaints of soreness
	Wears clothing inappropriate for weather to cover body

Neglect

Physical Indicators	**Behavioural Indicators**
Abandonment	Tired or listless, falls asleep in class
Consistently unattended medical needs	Steals food, begs for food from classmates
Consistent hunger	Reports that there is no caretaker at home
Inappropriate dress, poor hygiene	Frequently absent or late
Lice, distended stomach, emaciated	Self-destructive

Child Sexual Abuse

Physical Indicators	**Behavioural Indicators**
Torn, stained or bloody underclothes	Withdrawal, chronic depression
Pain or itching of genital area	Excessive sexual precociousness, seductiveness
Difficulty with walking or sitting	Role reversal, overly concerned for siblings
Bruising or bleeding in external genitalia	Poor self-esteem, self-devaluation, lack of confidence
Venereal disease	Peer problems, lack of involvement
Frequent urinary or yeast infections	Massive weight change
Avoidance of lessons, especially PE, games and showers	Suicide attempts, especially in adolescents
	Hysterical, lack of emotional control
	Sudden school difficulties
	Inappropriate sex play
	Premature understanding of sex
	Threatened by physical contact

The above factors are not designed as a checklist – if in any doubt about signs or indications, speak to the School Nurse.

Common Sites for **Accidental** Injuries	Common Sites for **Non-Accidental** Injuries	
Forehead	Eyes	Bruising, black (particularly both eyes)
Nose	Skull	Fracture, bruising or bleeding under skull
Chin		(from shaking)
	Cheeks	Bruising, finger marks
Spine	Mouth	Torn frenulum (ligament behind upper lip)
Elbows	Neck	Bruising grasp marks
Forearm	Shoulders	Bruising grasp marks
	Upper & Inner Arms	Bruising grasp marks
Hips	Genitals	Bruising
	Back, Buttocks,	Linear bruising, outline of belt/buckles, scalds
Knees	Thighs	and burns
Shins	Knees	Grasp marks

Commonest Forms of Physical Child Abuse	**Indicators for Suspicion for Non - Accidental Injury**
Fingertip bruising, caused by the child being slapped Thumb marks under the clavicles – bilateral Bruising of the face or head Bruising of the genitalia Bruising on limbs – often fingertip marks Linear bruising – from a belt or strap Linear burns Scalds or burns from dunking or splashing Adult bite marks Cigarette burns of different ages Mouth injuries – torn lips, gums, frenulum Ear injuries Bilateral black eyes – from a fist punch Intraocular hemorrhage Head injury – blows or shaking in young baby Baby with non-moving limb – fractures Abdominal injuries – ruptured liver Other injuries diagnosed on x-ray by skeletal survey	Child brought late for medical examination and treatment – medical neglect Injuries of multiple or mixed type Inappropriate history: · To the injury · To the age of the child Complicated history Variable history Inappropriate parental reaction – affect abnormal Child's appearance and interaction with the parents are abnormal Frequent visits to the surgery for apparently trivial reasons What the child says – record and date if appropriate

Indicative Behavioural Signs of Sexual Abuse	**Symptoms of Emotional Abuse**
Mood changes, tantrums and aggression Insecurity, fear of men Sleep and eating disorders Anxiety, depression and despair Withdrawal, secretiveness Poor peer relations Lies, stealing, arson School failure, truancy Running away from home Suicide attempts, self poisoning, self mutilation Unexplained money Sexualised behaviour · Drawing from a sexual context · Knowledge of adult sexual behaviour · Apparent sexual approaches to adults Abuse of drugs, solvents or alcohol Promiscuity at an early age	Lack of parent/child bonding - pushes child away, child clings then gives up Sanctions of self-esteem - endless criticism, negative all the time Lack of special/quality time - parents' lack of time, inability to play Sanctions of interpersonal skills - lack of befriending Discipline and control - a big issue

Appendix B (Child Protection Policy)

Making a Start

Think of a child of whom you have concerns. Can you answer the following questions?
1) Is the child average weight/height?
2) Is the child clean and well kempt?
3) Does the child glow with health - do you know of any health problems?
4) Is attendance regular, are absences straightforward?
5) Does the child concentrate well?
6) Is the child achieving Satisfactorily?
7) Is the child withdrawn, aggressive, moody?
8) Does the child understand "taking turns"?
9) Can the child use personal experiences for creative work?
10) How does the child respond to adults?
11) Who are the child's friends?
12) Are those relationships equal?
13) Does the child have irritating habits?
14) What do you know about the child's home life?
15) What is your most worrying concern?

How many questions can you answer for any student in your care?