



Kings' School Dubai

Safeguarding and Child Protection Policy



2021 - 2022

Kings' Dubai fully recognises its responsibilities for safeguarding.

Our policy applies to every member of the school community. There are five main elements to our policy:

- Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raising awareness of safeguarding and child protection issues and equipping children with the skills needed to keep them safe.
- Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- Supporting pupils who have been abused in accordance with the agreed safeguarding and child protection policy.
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities within the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the school to:

- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated Safeguarding Lead (DSL) responsible for safeguarding children.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for safeguarding children by setting out its obligations in the school policy, available to parents via The Communicator (D6).
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters.
- Ensure that the DSL is informed and involved at all stages of concern through constant dialogue with staff.
- Ensure all incidents of concerns about children are recorded on CPOMS.
- Ensure all staff involved with identified children are informed and involved in monitoring and sharing information on a need to know basis.
- Develop and follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the child through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the child knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.

- Liaison with other agencies that support the child.

This policy should be read in association with the Positive Behaviour, Anti-Bullying Policy and Online Safety Policy.

Responsibility

At KSD the management staff with designated responsibility for Safeguarding and Child Protection issues are:

Mr Bede Higgins (Principal)

Mrs Georgia Lavery (Deputy Headteacher)

Mrs Louise Barber (Assistant Headteacher)

Mrs Nisha Henry (Head of Pastoral and Well Being)

Miss Rebecca Hayward (Head of Inclusion and SENCo)

(See Appendix 7)

They are responsible for coordinating action within the school and liaising with outside agencies/professionals as appropriate. Their role includes:

- Following the agreed procedures when receiving reports of any concerns
- Knowing how to identify the signs and symptoms of abuse
- Providing advice and support to staff in matters of safeguarding and child protection
- Maintaining relevant records of incident reports on CPOMS and follow-up
- Ensuring all records are kept confidentially within CPOMS
- Knowing when and how to make a referral to outside agencies/ professionals
- Contributing to and monitoring a safeguarding and child protection plan
- Reporting cases of safeguarding and child Protection to the relevant authorities, as is mandatory in Federal Law no. 3 of 2016

Staff training related to safeguarding and child protection must be conducted for all new staff and existing staff should have a refresher training session at least every three years. People with particular responsibilities in relation to safeguarding and child protection issues should update their training every two years.

Abuse issues

Staff training will be provided to ensure that instances of abuse are identified and that those involved are supported either using resources available within school or by referral to outside resources.

As harm may be caused by others or be self-inflicted, the various categories will be highlighted: emotional, neglect, physical and sexual.

Dealing with Disclosure of Abuse and Procedure for Reporting (See existing Reporting Arrangements flowchart)

If a staff member suspects or knows of any abuse of any child, the DSL must be informed immediately in person or via CPOMS. Even if the information is based on rumours of abuse, or there is a suspicion but no firm evidence, the DSL should be contacted regarding the concerns. Therefore even if the incident does not seem serious it must be reported as it may be a small part of a much larger picture.

If a member of staff is told about abuse (disclosed to), any discussion with the child needs to be done with care and sensitivity and the child needs to be reassured that the matter will only be discussed with people who need to know.

Do:

- Arrange a place and time where you can talk as soon as possible, preferably with another DSL present.
- Stay calm and reassuring and tell the child that she/he is right to tell someone.
- Let the child know that she/he is not to blame
- Allow the child to speak and keep questions to a minimum
- Let him/her know that you understand how difficult it is to talk about such experiences
- Explain that you will need to involve other people and why
- Keep a log of bruises or physical harm on a body map (see Appendix 4)
- Be supportive and give realistic encouragement
- Talk to someone about your feelings and seek support for yourself

Do not:

- Promise confidentiality. Even if the child is not at risk there may be other children who are and therefore staff cannot promise confidentiality
- Make promises or reassurances you cannot keep
- Press for details or ask leading questions as this can affect subsequent investigation
- Ask the child to repeat the details unnecessarily
- React emotionally
- Interrupt or stop a child during a disclosure
- Underestimate your role as a trusted adult
- Forget to make time and seek support for yourself

Staff should not investigate concerns or allegations themselves, but should report them immediately. The incident must be recorded on CPOMS and DSLs must be alerted. The record of the incident should include:

- Where, when and how disclosure took place and the names of anyone present and/or asked to attend
- The date, time and place where the alleged abuse happened
- The names of those present when the abuse occurred if disclosed
- The account that was given of the allegations with nature of abuse and outcome, if known
- In the first instance, communication about such incidents should be directed only to the DSL in order to protect all concerned

All incident records are kept confidentially on CPOMS.

**Reporting and dealing with allegations of abuse against staff by staff
(See existing Allegation against Staff flowchart)**

The procedures apply to all staff. Those dealing with an allegation maintain an open mind and ensure that further action is not subject to delay.

The DSL will make an initial assessment of the allegation, consulting others as necessary. Where the allegation is considered to be either a potential criminal act or indicates that the child has suffered, is suffering or is likely to suffer significant harm, the matter will be reported immediately to the CEO. The initial assessment should be on the basis of the information received and gives rise to a decision whether or not the allegation warrants further investigation and if so by whom.

Staff training is provided to develop an awareness of procedures that protect them from allegations of abuse.

Reporting and dealing with allegations of Staff abuse against a child

- If a member of Staff/volunteer suspects or is informed about an allegation involving a child, the School should listen and treat in good faith.
- The School should establish the initial salient details of the allegation and then contact the family of the child for discrete appointments to discuss the area of concern.
- The School will ask the family to support the School's disciplinary approach with a view to developing a cooperative process.
- The School will liaise with the KHDA sharing the nature of the area of concern and work towards a mutually acceptable solution.
- In association with the KHDA, the requirement to report the area of concern to the Police should be discussed.
- The School will seek legal advice with regard to the safety of the child returning to the School.
- The School will request that the family undertakes counselling as required regarding the child's return to School.

National laws in the U.A.E. govern any legal action taken in cases of child abuse. However, staff should know that upon allegation they may also be prosecuted in their country of origin or residency (as in the case of the UK under the Sexual Offences Act 2003). Internet, email and mobiles constitute an important element of school life and their use is encompassed within these guidelines e.g. bullying via SMS or MSN.

APPENDIX 1

Signs of possible Child Abuse

It is important to remember that lists such as the one below are neither completely definitive nor exhaustive. The information in such lists has to be used in the context of the child's whole situation and in combination with a range of other information related to the child and his/her circumstances. There can be an overlap between all the different forms of child abuse and all or several can co-exist.

1. Emotional Abuse - Some level of emotional abuse is present in all forms of abuse. Persistent emotional ill treatment or rejection can cause serious effects on behaviour and emotional development and usually leads to a sense of low self-worth. It may involve inappropriate expectations (e.g. by age or ability), repeated criticisms that convey to a child that he or she is worthless or unloved. It may involve causing children frequently to feel unhappy, frightened or in danger.

Signs of possible emotional abuse

- Low self-esteem
- Continual self-deprecation
- Sudden speech disorder
- Significant decline in concentration
- Socio-emotional immaturity
- 'Neurotic' behaviour (e.g. rocking, head banging)
- Self-mutilation
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness

2. Neglect – This 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 adequate response to a child's emotional needs.

Signs of possible physical neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness and/or unexplained non-attendance
- Untreated medical problems
- Low self-esteem
- Poor peer relationships
- Stealing

3. Physical Injury – This involves physical harm to a child e.g. hitting, shaking, scalding, and may be deliberate or a result of failure to take adequate precautions. It can also include the deliberate withholding of physical needs e.g. food. It can involve the abuse of dangerous substances and alcohol.

Signs of possible physical abuse

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries, or delay in reporting them.
- Excessive physical punishment.
- Arms and legs kept covered in hot weather
- Fear of returning home.
- Aggression towards others.

- Running away.

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons, e.g. genuine accidents or medical disorders.

4. Sexual Abuse – This involves the child being forced or coerced into participating in or watching sexual activity. The apparent consent of the child is irrelevant. The acts may involve physical contact, penetrative or non-penetrative. They may involve non-contact activities such as involving children in looking at or in the production of pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways. This includes under-age sex.

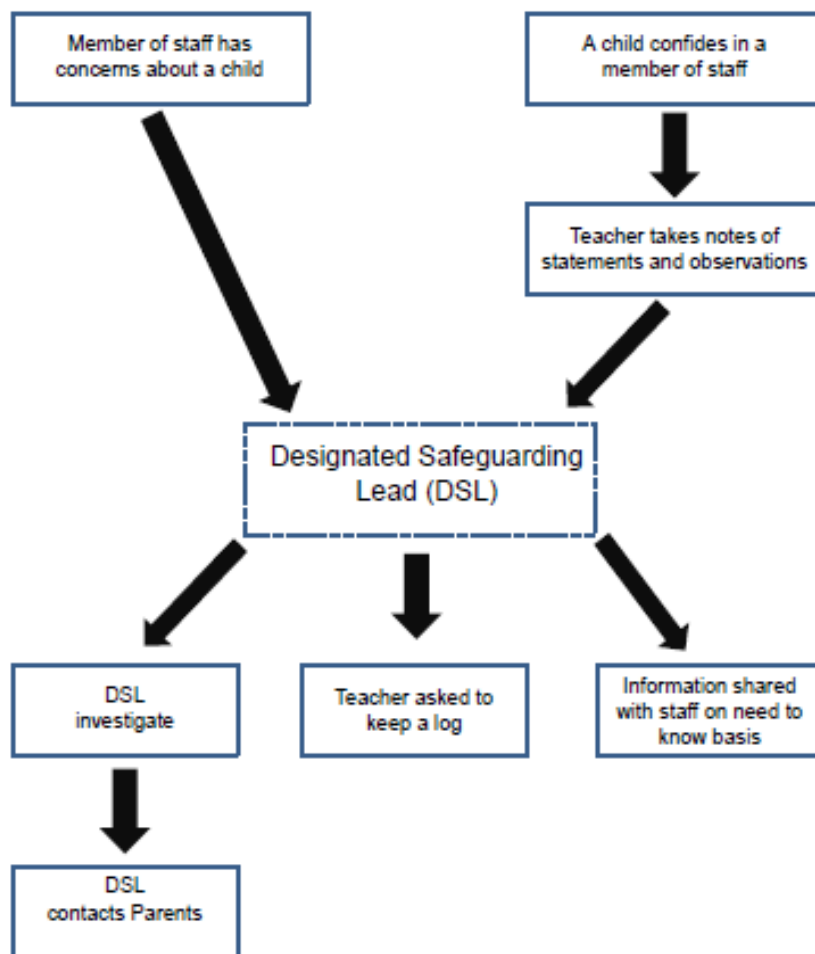
Not all children are able to tell parents/adults that they have been assaulted and changes in behaviour may be a signal that something has happened. It is important to remember that in sexual assault there may well be no physical or behavioural signs.

Signs of possible sexual abuse

- Lack of trust in adults or over-familiarity with adults
- Fear of a particular individual
- Social isolation – withdrawal or introversion
- Sleep disturbance (nightmares, irrational fears)
- Running away from home
- Girls taking over the mothering role
- Reluctance or refusal to participate in physical activity or to change clothes for physical activities
- Low self-esteem
- Display of sexual knowledge beyond the child's years e.g. 'French kissing'
- Unusual interest in the genitals of adults or children or animals
- Fear of bathrooms, showers, closed doors
- Abnormal sexualised drawing
- Fear of medical examinations
- Developmental regression
- Poor peer relations
- Over-sexualised behaviour
- Compulsive masturbation
- Stealing
- Psychosomatic factors, e.g. recurrent abdominal pain or headache
- Sexual promiscuity
- Bruises, scratches, bite marks on top of the thighs or genital areas
- Itching, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Pain on passing urine or recurrent urinary infection
- Stained underwear
- Unusual genital odour
- Anxiety/depression
- Eating disorder, e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy – particularly when reluctant to name father
- Venereal disease, sexually transmitted diseases
- Soiling or wetting in children who have been trained
- Self-mutilation/suicide attempts

APPENDIX 2

What to do on suspicion or disclosure



APPENDIX 3

What happens after the initial report has been recorded on CPOMS?

- The staff responsible for safeguarding will liaise with each other to discuss next steps
- The safeguarding team should arrange a family conference where possible.
- The principal will liaise with the CEO where necessary.
- The CEO/ Principal will liaise with the KHDA where necessary.
- If the child is at risk (e.g. self-harming, suicidal thoughts) the School must inform parents.

Monitoring

The DSL will set a timescale for monitoring a child about whom a concern has been expressed (nominally 6 – 8 weeks but on a case-by-case basis). If no indicators are found or appear to develop, the monitoring will cease. If indicators and concerns continue, appropriate action will be taken and recorded.

As part of good practice, parents should be advised that their child is to be monitored and involved in the process as much as possible.

All information including the details of how the allegation was followed up and resolved together with a note of any action taken and decisions reached, should be updated on CPOMS and is only accessible to DSLs.

Confidentiality and Information Sharing

All confidential issues relating to children should be dealt with on a need to know basis. Therefore only information relevant for a particular purpose should be passed on to the recipient, who in turn may not pass this information onto another individual, without consulting the safeguarding team.

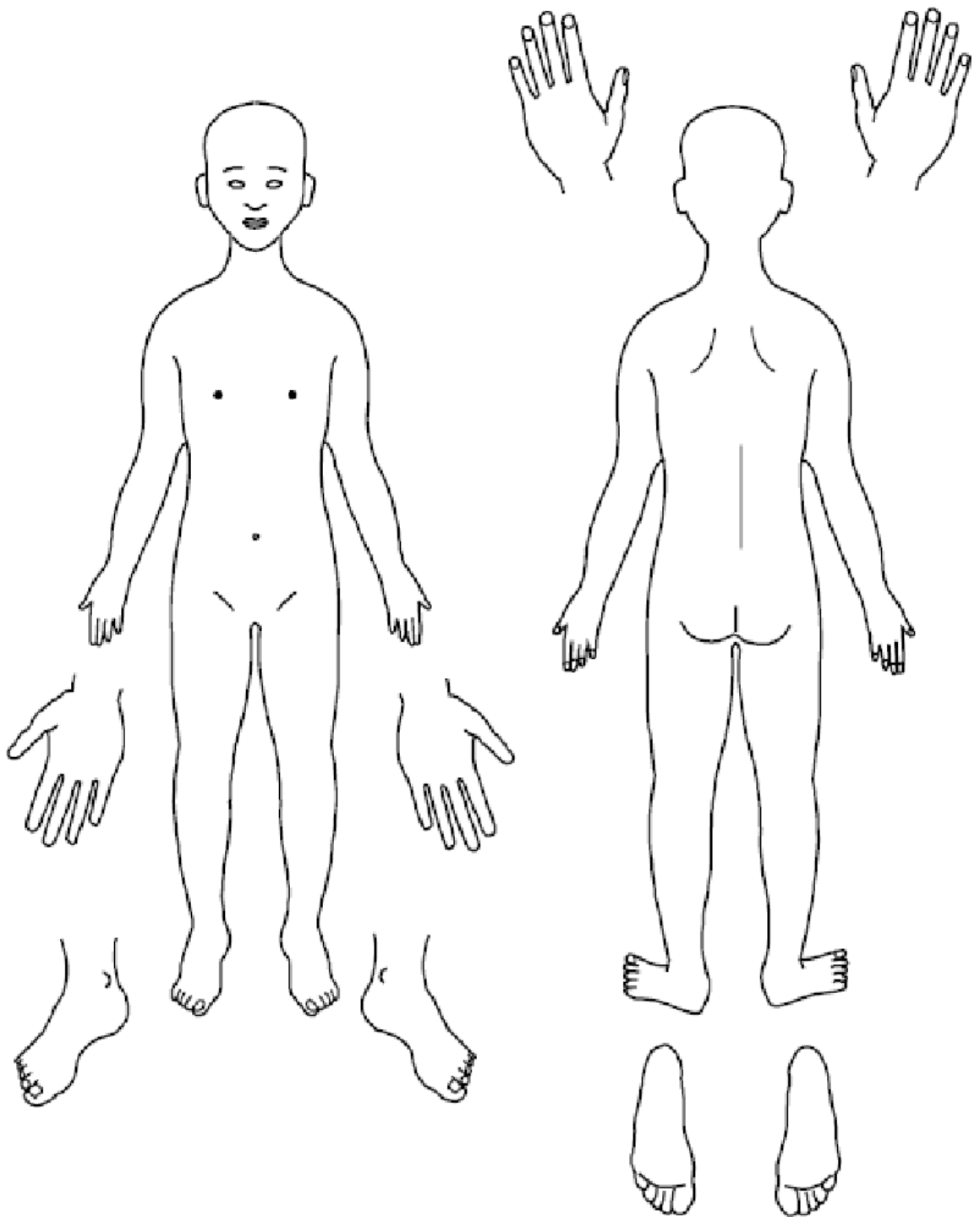
Only relevant members of Staff need to know the details of concerns relating to a child in need i.e. the Designated Safeguarding Lead, Principal, Head of Pastoral and Well-Being, nurses and anyone involved in monitoring particular aspects of a child's behaviour. The affected child should also know which members of staff are in possession of what information, when it will be shared, why and with whom.

Remember that instead of disclosing information unnecessarily, it is fine to say that "a concern has been raised and it is being dealt with following the School's procedures".

Any note-taking needs to be cognisant of our context. The DSL will make contact and maintain open communication with parents. When a child or staff member leaves Kings' Dubai, any safeguarding issues should be passed on to the new school in the form of a phone call to the new Principal from either the Principal or the CEO whenever possible.

APPENDIX 4

BODY MAPS



Name of Child: _____

Date of birth: _____ Date of recording: _____

Your name: _____

APPENDIX 5

Intimate Care

Guidance on Toileting Needs in Schools and Early Years Settings

Introduction

The vast majority of children are appropriately toilet trained and able to manage their own needs competently before they start school. This policy will apply to children who, for whatever reason, require toilet training or special arrangements with toileting.

This guidance:

- Identifies the importance of working in partnership with parents/carers
- Sets out the principles of good practice
- Provides practical guidance
- Sets guidance for all children including those with special educational needs and disabilities
- Provides Safeguarding and Child Protection advice
- Raises awareness of the need to protect the dignity of the child.

Partnership with Parents/carers

Open and supportive communication with parents is fundamental to planning for and meeting the child's toileting needs effectively and sensitively. Many parents may feel anxious that their child is not able to use the toilet independently and may have already experienced some difficulties with toilet training and/or experienced negative attitudes from others towards the issue. For some children their toileting needs may be relatively short term and related to initial toilet training, whereas others may require a long term toileting programme. Parents will need to feel confident that the setting is able to support their child's toileting needs and is positive about doing so, and should be encouraged to be open about and able to discuss any concerns in this area.

Partnership with Children

The active involvement of the child in their toileting programme is vital to make sure they have ownership and understanding of their targets.

Principles of Good Practice

- Children who need special toileting arrangements must be treated with respect, dignity and sensitivity.
- Staff should ensure that they work in partnership with parents in planning for toileting needs.
- It is important to adopt consistent approaches at home and at school.
- The setting, supported by senior leaders, should positively address issues raised by toileting needs in a constructive and problem solving way.
- Staff should be provided with access to appropriate resources and facilities and be supported by clear plans, policy guidelines and training. All staff supporting pupils with toileting difficulties must receive appropriate information and specific training as required.
- It is important to alert Senior Leaders if any school attendance difficulties develop as a consequence of toileting concerns.

Starting school

Before the child starts school it is important to:

- Gather information from parents and any professionals involved.
- Establish effective partnership with parents and any professionals involved.
- Focus on health and safety implications and determine whether a risk assessment is required.
- Arrange for any specialist advice, training, resources to be in place before the child starts school.
- Agree a plan with parents.
- Make sure that all staff are informed and clear about their responsibilities.

It is important for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

It is reasonable to discuss the level of independence with toileting before a child starts school. It is important to agree a plan which will work towards maximum independence and support the child's attendance in the educational setting.

Good Practice Guidance

Each child and situation is of course unique. However teachers may find the following guidance helpful in deciding what "reasonable steps" should be taken to support pupils who require toilet training.

- Gather as much information as possible from the parents/carers and child. How have they tried to introduce toilet training at home? What happens at home? Has the child any regular routines or daily patterns which could inform the routine set up by the school? Have the parents/carers noticed any particular difficulties or phobias which the school should be aware of? Can the parents/carers suggest a strategy or procedure for dealing with the problem?
- An appropriate toileting programme will need to be discussed and agreed so that the child, parents and staff are aware of their roles and responsibilities. The plan must have regular monitoring and review arrangements. The plan should give careful consideration to choosing which adults should be involved in toileting care.
- Clothes should be easy for the child to pull up and down.
- No child should be left wet or dirty for a parent to change later if known. Adults changing children should do so with another adult present.
- It is not reasonable to expect parents to be on emergency stand-by to change children during the school day.
- Staff should ask parents to provide the school with a couple of appropriate changes of pants/trousers etc in case of accidents.
- It is the responsibility of parents to deal with wet/soiled clothing. Staff should liaise accordingly and make the necessary arrangements.
- Organise that a member of staff familiar with the child is given the responsibility of taking the child to the toilet at fixed, appropriate intervals throughout the morning/day. Careful observations, social stories, use of visuals and discussions with the child may identify when the child "needs to go".

- Ensure that the routine established in school is strictly maintained from the start and try hard to avoid accidents. If necessary shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas.
- Drinking water should be easily accessible for all children and staff should encourage them to have "little and often".
- Reminders to use the toilet should be discreet and staff may consider the use of signs, pictures or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Give extra attention when they have made the effort to go to the toilet independently
- After a period of training it may be sufficient to remind the child to go to the toilet on their own. Be positive and patient and praise the child for effort.
- It is important to anticipate toileting needs for these pupils before planning off site activities. Children should not be excluded from off-site activities because of their toileting needs.

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents and seek their agreement before involving further professional guidance and support.

Children with special educational needs and disabilities

In addition to the good practice guidance described above the following considerations may apply:

- In consultation with parents, other professionals will provide any relevant medical information, training and advice.
- Toileting targets may be included within individual educational/ learning plans.

APPENDIX 6

Briefing Sheet for Temporary or Voluntary Staff

For staff on short contracts in Kings' School Dubai

While working in Kings' School Dubai, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child, particularly if you suspect or think they may be at risk of abuse or neglect, it is your responsibility to share that concern with one of the school's Designated Safeguarding Leads (DSL), who are Bede Higgins (Principal), Georgia Lavery (Deputy Headteacher), Louise Barber (Assistant Headteacher), Nisha Henry (Head of Pastoral and Well Being) and Rebecca Hayward (Head of Inclusion).

The following is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental.
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- observing behaviour that leads you to be concerned about a child or young person.
- a child telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate.

The school has a policy on safeguarding children which you can find, together with the local procedures to be followed by all staff, in the policies folder on the school's server.

Remember, if you have a concern, discuss it with the DSL.

APPENDIX 7

SAFEGUARDING AND CHILD PROTECTION: KEY INFORMATION

Role	Name
All DSLs report to the Principal	Bede Higgins
Designated Safeguarding Lead (Deputy Headteacher)	Georgia Lavery
Designated Safeguarding Lead (Assistant Headteacher)	Louise Barber
Designated Safeguarding Lead (Head of Pastoral and Well Being)	Nisha Henry
Designated Safeguarding Lead (Head of Inclusion and SENCo)	Rebecca Hayward

Reporting a concern in the UAE:

Ministry of Interior Child Protection Centre:
Hotline number 116111
<http://www.moi-cpc.ae/en/default.aspx>
'Hemayati' (Arabic for protect me) app

Other channels:

- hotline: 800988
- hotline: 8007283
- 800111

Community Development Authority- CDA on
EWAA Shelter for Women and Children on
[Dubai Foundation for Women and Children](#) on

APPENDIX 8

Useful Documents

'Keeping Children Safe in Education (September 2021)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

'What To Do If You're Worried A Child Is Being Abused' () DfE march 2015

<https://www.gov.uk/government/collections/statutory-guidance-schools>

'Working Together to Safeguard Children' July 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

'Information Sharing: Practitioners' Guide' July 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Guidance for Safer Working Practice (May 2019)

<https://c-cluster-110.uploads.documents.cimpress.io/v1/uploads/13ecce28-e8f2-49e9-83c6-c29337cd8071~110/original?tenant=vbu-digital>

Useful Websites

Keeping Children Safe Online

www.ceop.gov.uk
www.missdorothy.com
www.ceop.org.uk/thinkuknow

Bullying & child abuse

www.anti-bullyingalliance.org
www.kidscape.org.uk
www.childline.org.uk
www.nspcc.org.uk

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