المدرسة الإسبانية في أبوظبي
The Spanish School of Abu Dhabi

Child Protection Policy
December 2022

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Lead Reviewer | Designated Officer for Child Protection - Principal

1. INTRODUCTION

The Spanish School of Abu Dhabi is fully committed to promoting children's rights, notably their right to be protected from harm, abuse, and exploitation and to be involved in any decisions that directly affect them. We are committed to developing the children's understanding of their rights and responsibilities as global citizens, in line with The United Nations Convention on the Rights of the Child to which the UAE is a signatory.

The UN Convention on the Rights of the Child

Article 34
The Government should protect children from sexual abuse.
Article 33
The Government should provide ways of protecting children from dangerous drugs.
Article 39
Children who have been neglected or abused should receive special help to restore their self-respect.
Article 19
Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
Article 36
Children should be protected from any activities that could harm their development.
Article 12
Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

This policy defines the responsibilities, processes and procedures relating to the protection of students at The Spanish School of Abu Dhabi, SSAD. The overall intention and purpose behind this policy is underpinned by the fundamental principle of the Children Act 1989 and The United Nations Convention on the Rights of the Child.

This policy should be read in association with the Health and Safety and the Well-Being Policies that address issues such as behavior management, E-safety, bullying (including cyber- bullying), attendance and punctuality.

1.1. Aims

1. To provide clear direction to staff and others about expected codes of behavior in dealing with Child Protection issues.
2. To make explicit the school's commitment to the development of good practice and sound procedures so that child protection concerns and referrals are handled sensitively, professionally and in ways that supports the needs of the child.
3. To integrate Child Protection issues into the curriculum
4. To take account of policies in related areas such as behavior and anti-bullying.

1.2. Definitions

a. Neglect - The persistent or severe neglect of a child which results in impairment of health or development.
b. Physical Abuse - Actual or likely physical injury to a child, or failure to prevent physical injury or suffering.
c. Sexual - Actual or likely exploitation of a child by involvement in sexual activities without informed consent or understanding, or that violate social taboos or family roles.
d. Emotional - Actual or likely severe adverse effects on the emotional and behavioral development of a child by persistent or severe emotional ill-treatment, neglect, or rejection.
e. Potential abuse - Situations where children may not have been abused but where social and medical assessments indicate a high degree of risk that they might be abused in the future; including situations where another child in the household has been abused, or where there is a known abuser.
f. Bullying - Any persistent and uninvited behavior which insults, hurts or intimidates someone (includes cyber bullying).

1.3. Framework – Working together to safeguard children

UAE schools are expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse. These procedures should also cover circumstances in which a member of staff is accused or suspected of abuse.

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- Designated Leaders should have responsibility for coordinating action within the school
- All staff should receive Child protection training appropriate to their role.
- Schools should have procedures, of which all staff are aware, for handling suspected cases of abuse of pupils. Including procedures to be followed if a member of staff is accused of abuse.

2. ROLES AND RESPONSIBILITIES

Designated Officer for Child Protection (DOCP) at SSAD is the school's principal.
Deputy Designated Officer for Child Protection at SSAD is the school's social worker.
Additionally, will act as Child Protection Officers the school's:

- Head of Inclusion
- HR and Operations Manager
- School's Pedagogical Coordinator.
- Cycle Coordinator

Their role is:

1. To ensure all staff are familiar with school guidelines for identifying and reporting abuse, including allegations of abuse against staff.
2. To ensure that the school operates an effective child protection policy.
3. To ensure that all staff receive foundation training in child protection.
4. To be responsible for co-coordinating action and liaising with other agencies and support service over child protection issues.
5. To support and advise staff on child protection issues generally.
6. To ensure staff have up to date training.
7. To monitor the attendance and development of children who have given cause for concern.
8. To disseminate relevant information to the appropriate staff e.g. to class teachers or Teaching Assistants (TA).
9. To complete CP records and send onto new schools (where relevant)
10. To maintain accurate and secure child protection records. Within 72 hours of a case referral being raised:
    - Record referrals onto school data management system.
    - File referral paperwork securely into the Safeguarding folder cases.

Social Worker

Their role is to:

- Provide support and guidance for students, parents and staff as needed.
- Make herself readily known to all in school by promoting her role, programs, etc.
- Meet with the DOCP to update in the status of current/new concerns.

Class Teachers / Homeroom Teachers

Class teachers/ Homeroom Teachers will, in most cases, be the first person that a concern is raised by. They will collate detailed, accurate and secure written records of concerns and liaise with the designated child protection staff.

The School Nurse

Her role is to ensure that relevant information obtained in the course of her duties is communicated to the Designated Officer. Types of injuries, attendance and frequency are recorded.

The Responsibilities of all staff

1. All school staff have a responsibility to identify, and report suspected abuse and to ensure the safety and well-being of the pupils in the school. In doing so they should seek advice and support as necessary from the Principal/Designated Leader.

2. All staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings, and opinions. Children should be treated with respect within a framework of agreed and understood behavior.
3. All school staff are expected to:
    - Be aware of signs and symptoms of abuse.
    - Report concerns to the Designated Leaders as appropriate.
    - Keep clear, dated, factual and confidential records of child protection concerns.

2.1. Appointment of staff

The school will, when appointing staff, take account of the guidance issued by the Educational Authorities and the HR Manager will observe the following safeguards:

- Ensure that documentation sent out to potential candidates will make it clear that child protection is a high priority of the school and that rigorous checks will be made of any candidate before appointments are confirmed.
- Ensure that a reference as to the suitability of a candidate to work with children will always be obtained from the last employer.
- Request at interview an account of any gaps in their interviewee's career/employment history.
- Ensure that staff already living in the UAE when applying for posts will be asked to supply a police clearance. Staff and helpers who have recently moved to the UAE or who are recruited overseas will be asked to produce a certificate of good conduct (or national equivalent) from the authorities representing the countries from which they have recently moved.

2.2. Allegations against staff

If a child, or parent, makes a complaint of abuse against a member of staff, the person receiving the complaint must take it seriously and immediately inform the Principal.

1. Any member of staff who has reason to suspect that a pupil may have been abused by another member of staff, either at school or elsewhere, must immediately inform the Principal.
2. A record of the concerns must be made, including a note of anyone else who witnessed the incident or allegation.
3. The Principal will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer to the Board of Trustees to act in accordance with the child protection procedures.
4. If the Principal decides that the allegation warrants further action through child protection procedures, a referral must be made direct to Board of Trustees before informing the member of staff.
5. If it is decided that it is not necessary to refer to the Board of Trustees, the Principal and HR Manager will consider whether there needs to be an internal investigation.
6. If the concerns are about the Principal, the Chair Person of the Board of Trustees must be contacted directly.

2.3. Staff contact with students

In order to minimize the risk of accusations being made against staff as a result of their daily contact with students, staff should ensure that they consider the following points

- Staff are responsible for their own actions and behavior and should avoid any conduct which would lead to any reasonable person to question their motivation and intentions.
- Staff should work and be seen to work in an open and transparent way (especially when working with individual students). Staff should, where possible, not be alone with a child in a room nor should they allow students to visit their place of residence.
- Staff should discuss and/or take advice promptly from their designated middle or senior leader or from the Social Woker over any incident, which may give rise for concern.
- Records should be made of any such incident and of decisions made/further actions agreed and the Principal should be informed
- Staff should be aware that breaches of the UAE law and other professional guidelines could result in criminal or disciplinary action being taken against them.

3. SAFEGUARDING PROCEDURE

All those working with children must be clear that it is not possible to keep information about suspected or actual abuse confidential, and this must also be explained to the students.
The safeguarding procedure must be followed where any staff member has a concern about the safety of a child. This may arise from:

- A concern being observed whilst working with a child.
- A child telling you they are being abused.
- An adult reporting a concern to you.
- A concern being observed or reported about the behaviour of a member of staff towards a child.

3.1. How to respond to a safeguarding concern - steps

The following process has been set out as a step by step guide to help staff understand and action safeguarding requirements. However, there may be complex situations when it may not be possible to follow the process in the linear way set out below. In these situations full consideration must be given to the process and professional judgement made on the best course of action. This should always be recorded on Engage and referred to the Designated Officer for Child Protection at the earliest opportunity.

Step 1 - Assess whether a child is at imminent risk of significant harm

If a child appears to be in immediate danger or in need of urgent medical attention, the emergency services must be contacted immediately by calling 999. The Designated Officer for Child Protection must be informed at the earliest opportunity of your actions.

Step 2 - Respond to any disclosure appropriately

If a child discloses a safeguarding issue to you:

- Listen carefully, without interrupting
- Remain calm and receptive
- Explain that you will need to share information
- Offer reassurance that it is right to speak out
- Do not make promises or agree to keep information confidential
- Do not display your own emotions
- Do not probe for inappropriate levels of information or make assumptions about anything disclosed
- Do not criticized the perpetrator
- Ask open questions.

Step 3 - Discuss the identified concern the Designated Officer for Child Protection

The member of staff who received the disclosure or identified the concern must liaise with the Designated Officer for Child Protection or any of the Child Protection Officers at the earliest opportunity to discuss the disclosure or observed concern. They must be informed immediately and be given a copy of the completed Child's Safety and Welfare Concern Form. Then, the actions to be taken will be discussed.

The discussion with the Designated Officer for Child Protection should identify:

- Whether a safeguarding referral is required
- Whether more information needs to be gathered in order for a safeguarding referral to be made
- Whether the parent should be informed about the safeguarding referral being made
- Any immediate safeguarding action required
- How we support the child throughout the process
- How we feedback our actions to the child
- Where a safeguarding referral is not to be made an agreed plan of action to manage and monitor assessed risks agreed with the staff.

Step 4 - Assess if you have sufficient information to make an accurate safeguarding referral

The information you provide to the statutory agencies? should enable them to act on the concerns raised.
In order to help MOI make a decision on next steps, the following information is particularly pertinent:

- Is the child safe at this moment? If they are safe now, when are they at risk?
- Who are they at risk from?
- Where are they at risk?
- Is there anyone else exposed to this risk?

If this information is not initially disclosed by the child, then the above short open questions can be used as prompts at the end of the child's disclosure. This should be discussed and agreed with the DOCP where possible.

Step 5 - Make detailed notes

The notes should capture what has been said or observed and any of the above prompts that have been used, as soon as possible after the concern is identified.

All recording must remain factual and use the words spoken as far as possible. They should not speculate on the causes of the concern unless the behaviour of a third party has been witnessed or heard by the member of staff. It is ppropriate to add relevant context to a Child's Safety and Welfare Concern Form on known and evidenced risks relating to the child. The time and date must be noted and the form signed by the staff member who received the concern.

Step 6 - Upload the Child's Safety and Welfare Concern Form and record all actions on the child's Engage file.

The staff member who completed the form should upload / scan it on to the child's file in Engage. Any original notes made should be securely transferred to the DOCP, and then scanned onto the child's Engage file at the earliest opportunity. Records will be stored in a dedicated filing system maintained by the Designated Officer.

Well-kept records are essential to good Child Protection practice. When students with records in this filing system pass on to their next school the Principal is responsible for transferring information judged to be relevant to the child's next school.

Step 7 – Making a referral to Child Protection Services using locally agreed protocols

The outside agencies such a MOI should only be approached by the DOCP or on approval of the Deputy.

- Police - 999
- Ministry of Interior Child Protection Centre Hotline - 116-111
- Website - www.moi-cpc.ae
- Email - childprotection@moi-cpc.gov.ae

Ideally, the concern should be discussed with the child or young person and the parent or carer before making a referral to MOI. However, there may be cases where this could place the child at further risk. This should be discussed with MOI or Police at time of referral. At the point of referral, advice must also be sought from the authorities about how the school continue to support the child whilst any enquiries take place and how they should feedback to the child about actions that they plan to take.

Step 8 - Make further referrals where risk remains or escalates

If concerns remain about the welfare of a child after a referral has been made to MOI, a follow up referral must be made setting out the original concerns and detailing any new concerns where these exist.

It is emphasised that if at any time the member of staff is concerned that the child is in imminent risk of harm they should call the police via the 999 system.

CONFIDENTIALITY
Members of staff have access to confidential information about students in order to undertake their everyday responsibilities. Staff are expected: • To treat information, they receive about pupils in a discreet and confidential manner. • To seek advice from the Principal or Well-being team if concerned or unsure of how best to proceed. • To be cautious when passing information to others about a student.

3.2. When to be concerned

Staff should be concerned if a student:

- Has any injury which is not typical of the bumps and scrapes normally associated with children's activities.
- Has unexplained injuries regularly.
- Frequently has injuries, even when apparently reasonable explanations are given.
- Offers confused or conflicting explanations about on how injuries were sustained.
- Exhibits significant changes in behaviour, performance, or attitude.
- Indulges in sexual behaviour which is unusually explicit and/or inappropriate for his or her age.
- Discloses an experience in which he or she may have been significantly harmed.

Signs of possible abuse include:

(There are not exhaustive or necessarily indicative of abuse).

A) Neglect

- Constant hunger or tiredness.
- Frequent tardiness or absences.
- Poor personal hygiene.

- Untreated medical problems.
- Running away.
- Stealing.
- Low self-esteem.

B) Physical
- Unexplained injuries/bruises.
- Improbable or evasive excuses.
- Untreated injuries.
- Fear of treatment or medical help.
- Fear of physical contact.
- Fear of going home.
- Over aggressive or defensive tendencies.
- Fear of removing clothes.
- Bites, lashes, facial injuries.

C) Sexual
- Tendency to cling.
- Tendency to cry.
- Genital itching.
- Distrust of familiar adults.
- Wetting and/or soiling.
- Fear of undressing.
- Throat infections.
- Depression, fearful/panic attacks.

D) Emotional
- Physical, emotional, developmental delay.
- Over-reaction to mistakes.
- Tearful, fear of losing.
- Fear of parents being contacted.
- Stealing.
- Thumb-sucking, rocking, anxiety or acting “like a baby”.
- Munchausen Syndrome by proxy (If a parent of child deliberately fabricates or induces illness in that child). Signs may include; perceived illness, doctor shopping.

3.3. Support for students and staff

The Principal will make all reasonable attempts to protect and otherwise support students who have disclosed information about possible child abuse incidents.

Dealing with a disclosure from a child is likely to be a stressful experience. The member of staff concerned should consider seeking support for him/herself and discuss this with the Principal.

3.4. Staff training

All staff should receive Child Protection training as part of the CPD and Induction programme. Staff are informed of any changes subsequently made to this.

4. CHILD PROTECTION AND THE CURRICULUM

The school curriculum is important in the protection of children. We aim to ensure that curriculum development meets the following objectives.

- Developing student self-esteem.
- Developing communication skills.
- Informing about all aspects of risk.
- Developing strategies for self-protection.
- Developing a sense of the boundaries between appropriate and inappropriate behaviour in adults.
- Developing non-abusive behaviour between students.

SYNOPSIS

What to do if you a child makes a disclosure:

- Stop and listen.
- Take notes and keep (verbatim).
- Do not interrupt.
- Do not be judgmental.
- Do not promise confidentiality - staff must not work in isolation, but offer discretion.
- Avoid leading questions/coaxing, pressurizing
- Note concerns about going home, now he/she has spoken up
- Inform the designated person promptly who will ask for a verbatim written record with time and persons present
- Discretion should be maintained in the staff room.

Never think it cannot happen

What happens next?

1. Member of staff with suspicion, concern or disclosure informs Designated Officer.
2. The Designated Officer gathers information.
3. All subsequent concerns are reported and recorded by the Designated Leader.
4. Where action is required, they will either monitor, refer the case to the authorities, or seek for legal advice.

When allegations are made against a member of staff

1. The Designated Officer is told in the usual way.
2. A written record will be asked for. It should be signed and dated.
3. The Board of Trustees is informed by the Principal.
4. The member of staff may be suspended pending further investigations.

Child's safety and welfare concern form

(for use by any member of staff)

Student's Name:	Date of Birth: Class:
Date and Time of disclosure:	Date and Time (current):
Member of the Staff Name: Job Title: Print Signature:	
What is the student's account/perspective? What has been said and observed?	
Professional opinion and judgement:	
Any other relevant information – e.g. previous concerns, student development, etc.	
What needs to happen? Actions to be taken agreed with DOCP:	

Check to make sure your report is clear to someone else reading it.

APPENDIX 1: Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should an individual teacher or member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, child protection authorities or police.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimeters or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Color of injury - if more than one color, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

- A copy of the body map should be kept on the child's concern/confidential file.

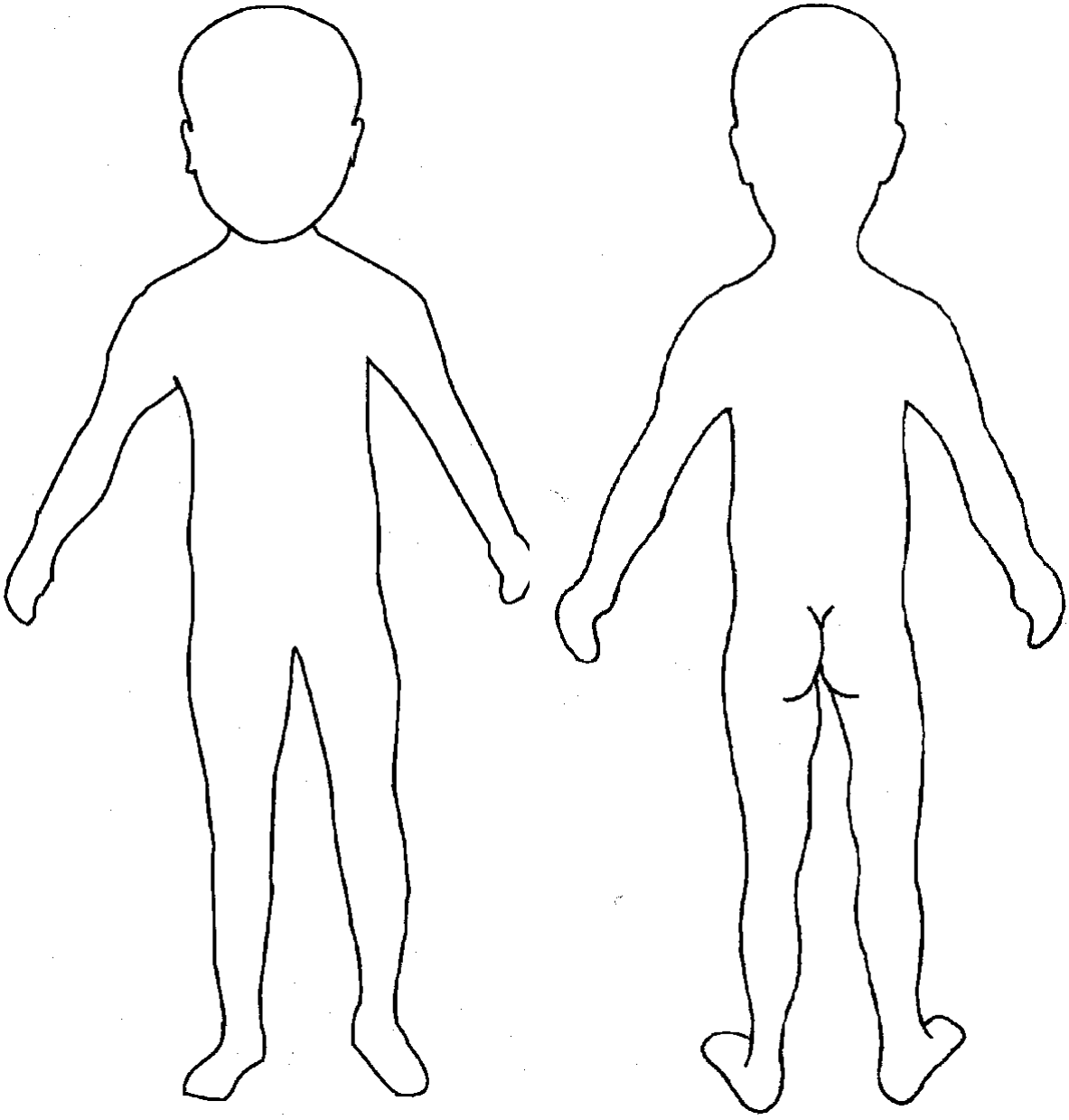
BODY MAP

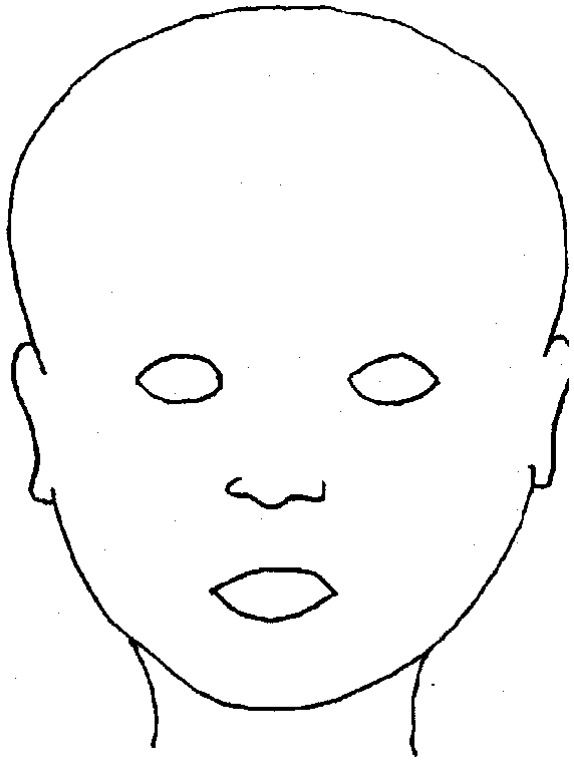
(This must be completed at time of observation)

Name of Pupil: ..... Date of Birth: .....

Name of Staff: ..... Job title: .....

Date and time of observation: .....





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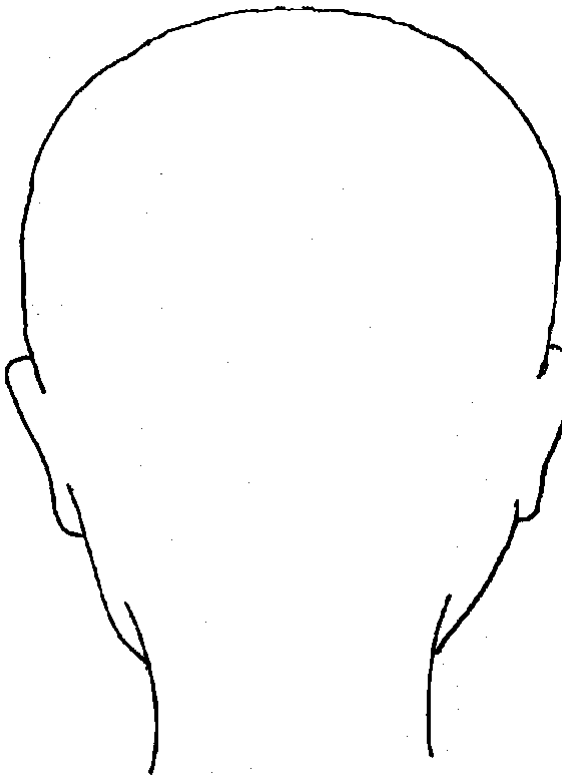

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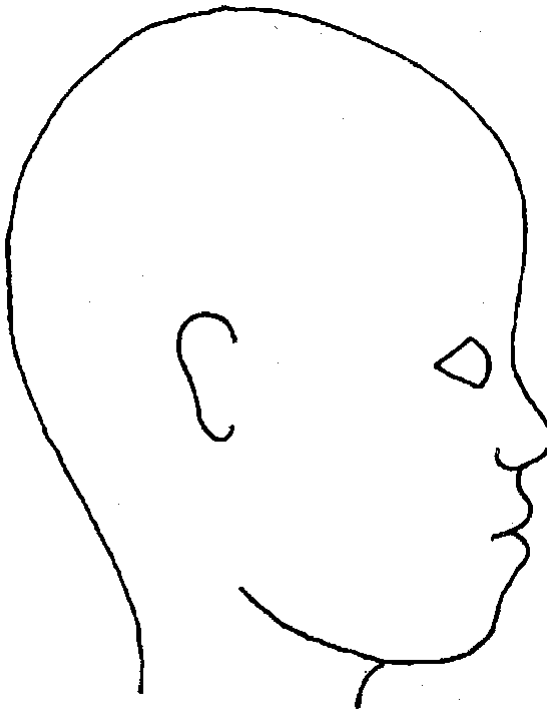

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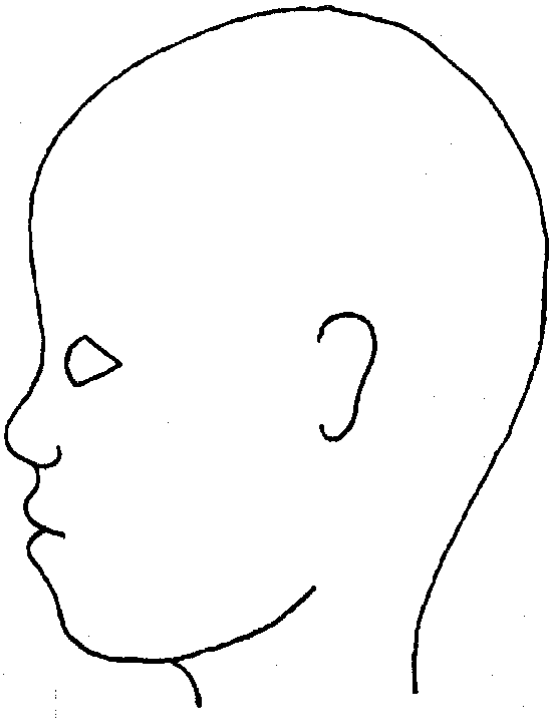

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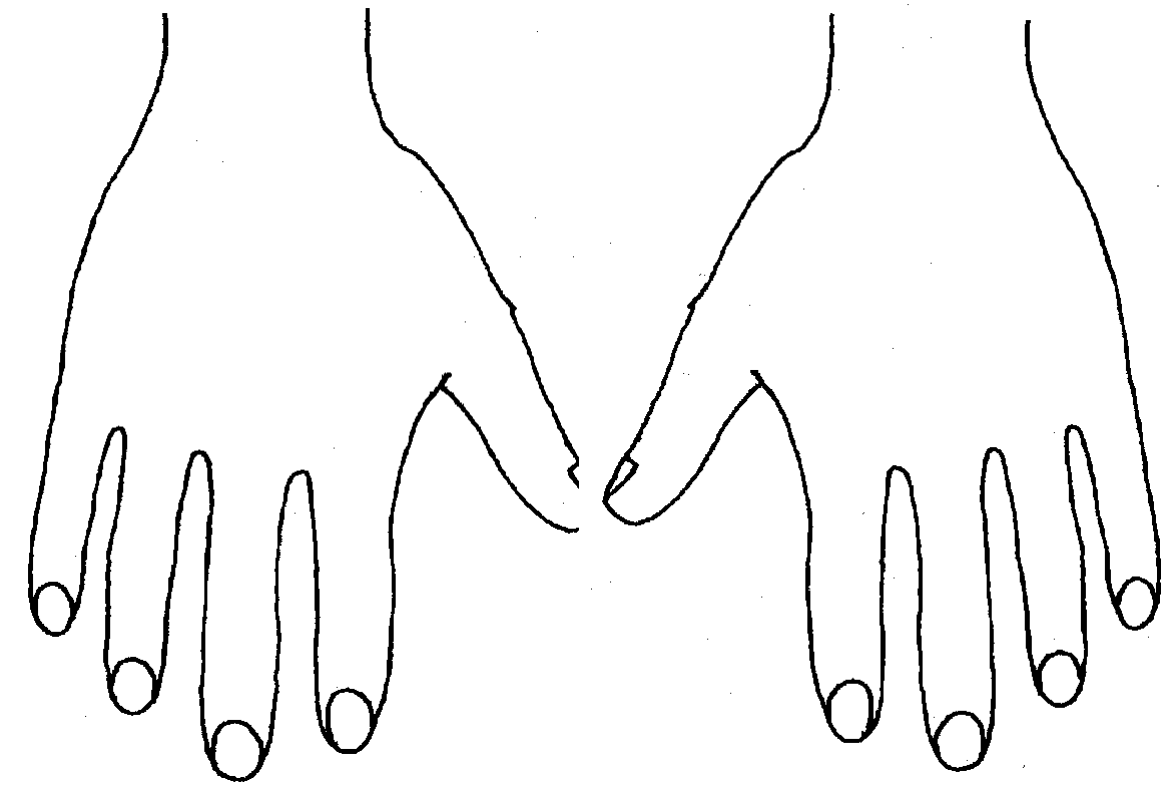
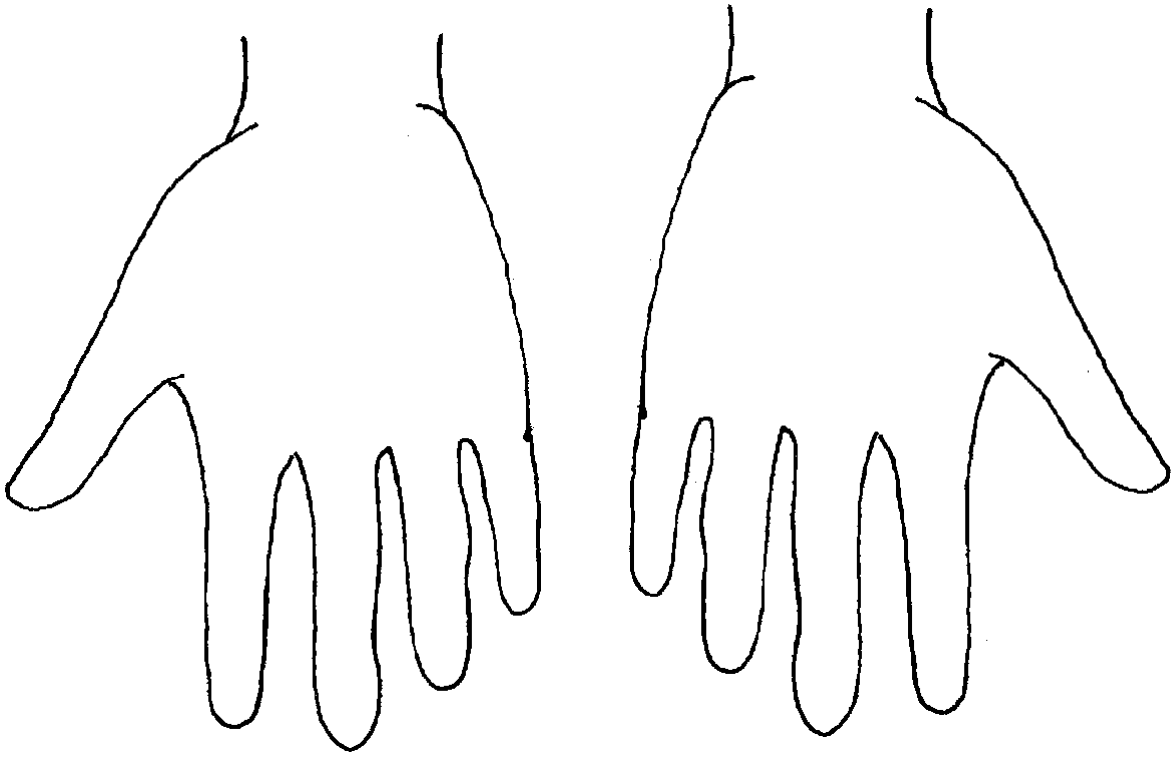
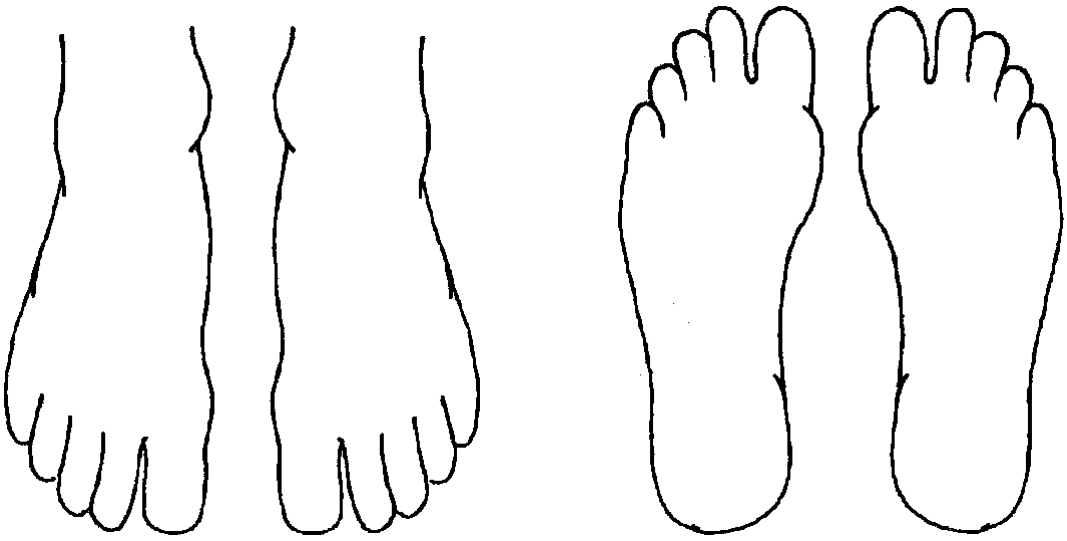


R L

BACK





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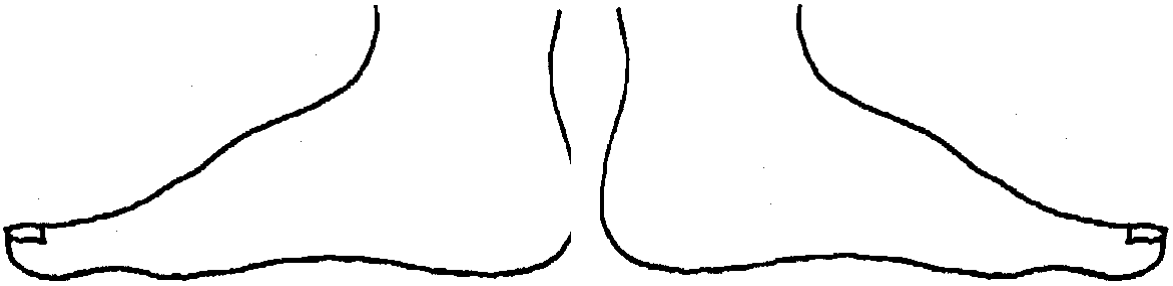

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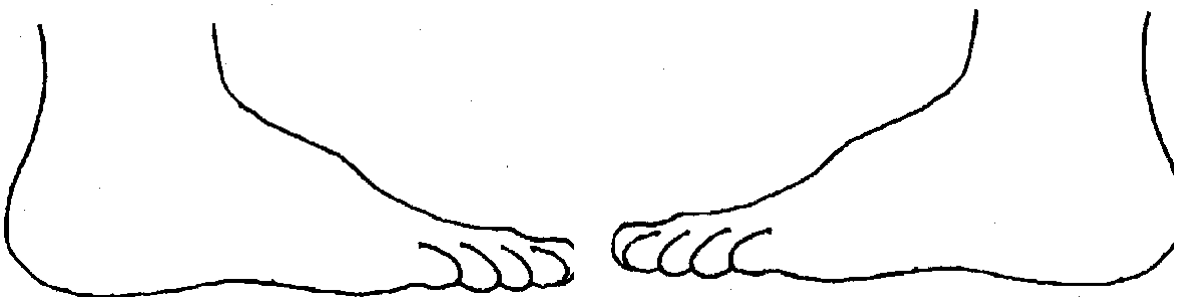
INNER



R L

OUTER

Completed by -

Name: _____

Job Title: _____

Date and time:_____

Signature:

APPENDIX 2: Categories of abuse

1.1 Physical Abuse

Physical abuse 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 carer fabricates the symptoms of, or deliberately induces illness in a child.

1.2 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 children 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 feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill- treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

1.3 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, rubbing and touching outside of clothing. 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). Sexual abuse is not solely perpetrated by adult males - women can also commit acts of sexual abuse, as can other children.

1.4 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.