

# DUBAI COLLEGE

*A tradition of quality in education*



## DUBAI COLLEGE SAFEGUARDING & CHILD PROTECTION POLICY

### KEY CONTACTS WITHIN THE SCHOOL

#### **DESIGNATED SAFEGUARDING LEAD**

NAME: Deborah Jones, Deputy Head: Pastoral

**CONTACT NUMBER: 04-3999111**

#### **DEPUTY DESIGNATED SAFEGUARDING LEAD**

NAME: Cindy Penney, Head of Student Services/SENCO

**CONTACT NUMBER: 04-3999111**

#### **NOMINATED GOVERNOR FOR SAFEGUARDING & CHILD PROTECTION**

NAME: MRS ANJU MADNANI, Safeguarding & CP Governor

### KEY CONTACTS WITHIN THE LOCAL AREA

The **CHILD PROTECTION SECTION** within the **COMMUNITY DEVELOPMENT AUTHORITY** offering confidentiality and advice

**CONTACT NUMBER: 800988**

Website: [www.cda.gov.ae](http://www.cda.gov.ae)

The **CHILD PROTECTION CENTRE** within the **MINISTRY OF INTERIOR** offering confidentiality and advice

**CONTACT NUMBER: 116111**

Website: [www.moi-cpc.ae](http://www.moi-cpc.ae)

#### **AL AMEEN SERVICE**

**CONTACT NUMBER: 800-4-888**

### ALTERNATIVE REFERRALS

When members of the school have **URGENT** and **IMMEDIATE** concerns for the safety and welfare of a child or young person during school hours they should make an immediate referral to a member of the Safeguarding & Child Protection Team or any accessible member of the Senior Leadership Team.

For all **NON-URGENT** referrals and enquiries telephone the College 04-3999111

# **SAFEGUARDING & CHILD PROTECTION POLICY FOR DUBAI COLLEGE**

## **1. INTRODUCTION**

Dubai College takes seriously its responsibility to protect and safeguard the welfare of children and young people in its care.

It is recognised that Dubai College staff are particularly important in the Safeguarding and Child Protection process as they have regular contact with the students in their care and are in a position to identify concerns early. They are able to provide direct help and support to the children and should prevent an escalation of events.

## **2. PURPOSE**

- 2.1 An effective whole-school Safeguarding and Child Protection Policy is one which provides clear direction to staff and others about expected behaviour when dealing with child protection issues. An effective policy also makes explicit the school's commitment to the development of good practice and sound procedures. This ensures that child protection concerns, referrals and monitoring may be handled sensitively, professionally and in ways which support the needs of the child
- 2.2 There are three main elements to our child protection policy:
- a) Prevention through the creation of a positive school atmosphere and the teaching, and pastoral support offered to students.
  - b) Protection by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns.
  - c) Support to students who may have been abused.
- 2.3 This policy applies to all students, staff, governors, volunteers and visitors to Dubai College.
- 2.4 This school recognises it is an agent of referral and not of investigation.

## **3. SCHOOL POLICY**

We recognise that for our students, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult helps to prevent abuse.

Dubai College will therefore:

- a) Establish and maintain an environment where students feel safe and secure and are encouraged to talk, and are listened to.
- b) Ensure that students know that there are adults within the school who they can approach if they are worried or are in difficulty.
- c) Include in the curriculum activities and opportunities for PSHE, Positive Psychology and Moral Education, under the banner of Positive Education, which equip students with the skills they need to stay safe from abuse. Positive Education Days, tutor times and assemblies are the key means of delivery currently. Further information can be obtained from the school's Heads of Section.
- d) Include in the curriculum material which will help students develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare

and parenting skills. Further information can be obtained from the school's Heads of Section.

- e) Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from outside agencies.

#### **4. FRAMEWORK and DUBAI CONTEXT**

- 4.1 Child protection is the responsibility of all adults and especially those working with children. The development of appropriate school procedures and the monitoring of good practice are the responsibilities of the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead.
- 4.2 In Dubai and the United Arab Emirates there is currently no infrastructure of Educational Safeguarding and/or Social Care Services. Following cases which caused concern in the Emirati community, Sheikh Mohammed, the Ruler of Dubai, supported the drafting of Federal law No. 3 regarding child protection "to ensure a secure and stable future for children in the U.A.E."
- 4.3 In April 2012, it was reported that Dubai had "embraced a new policy to protect children against all forms of violence, abuse, exploitation and neglect and offer support and care for those in need." The policy "aims to provide protection to Emirati and expatriate children under the age 18 who live permanently or temporarily in Dubai." The Dubai Strategic Plan 2015 calls for the provision of "proper social services to meet the requirements of the local community."
- 4.4 In November 2012, the UAE Cabinet approved "Wadeema's Law" to "protect children in the UAE. The law includes creating special units that intervene when children are at risk and stresses that all children have rights regardless of religion and nationality."
- 4.5 In present circumstances, the lack of direct educational Child Protection infrastructure means that the school's scope for onward referral is very limited. The Dubai Consulate or Embassy of the child's country of nationality could be one option. Professional counsellors, consultants, psychologists could also be considered, but there would be financial implications. In the most extreme cases, it could be that direct referral to the Police would be indicated.

#### **5. ROLES AND RESPONSIBILITIES**

- 5.1 All adults working with or on behalf of children have a responsibility to protect and safeguard them. There are, however, key people within the school who have specific responsibilities under safeguarding & child protection procedures. The names of those carrying out these responsibilities for the current year are listed on the cover sheet of this document.
- 5.2 It is the role of the Child Protection Officer (Designated Safeguarding Lead) to ensure that all of the child protection procedures are followed within the school, and to make appropriate, timely referrals if practicable. If for any reason the Designated Safeguarding Lead (see cover sheet) is unavailable, the Deputy Designated Safeguarding Lead (see cover sheet) has been identified who will act in their absence. Additionally, it is the role of the Designated Safeguarding Lead to ensure all staff

employed including temporary staff and volunteers within the school are aware of the school's internal procedures, to advise staff and to offer support to those requiring this.

- 5.3 The Governing Body and school leadership team are responsible for ensuring that the school follows safe recruitment processes (refer to Safer Recruitment Policy). As part of the school's recruitment and vetting process all possible external agencies and intelligence checks will be sought on all staff that have substantial and unsupervised access to children.
- 5.4 The role of the Nominated Governor for Safeguarding is to ensure that the school has an effective policy, that the Guidelines are complied with and to support the school in this aspect. Governors must not be given details relating to individual child protection cases or situations to ensure confidentiality is not breached.
- 5.5 The Designated Safeguarding Lead and the Headteacher provide an annual report for the governing body detailing any changes to the policy and procedures; training undertaken by all staff and governors and other relevant issues.

## **6. PROCEDURES**

- 6.1 All action is taken in line with the following guidance;
  - a) Local Safeguarding Guidelines/Child Protection Procedures – UAE Ministry of Interior  
<http://www.moi-cpc.ae/en/default.aspx>  
<https://government.ae/en/information-and-services/social-affairs/children>
  - b) “What To Do If You’re Worried A Child Is Being Abused” (March 2015) published by HM Government  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
  - c) DfE (KCSIE) - Keeping Children Safe in Education - Statutory guidance for schools and colleges – (September 2019)  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 6.2 Staff are kept informed about child protection responsibilities and procedures through induction, briefings and awareness training. There may be other adults in the school who rarely work unsupervised, more usually working alongside members of the school staff. However, the Headmaster will ensure they are aware of the school's policy and the identity of the Designated Safeguarding Lead.
- 6.3 Any member of staff, volunteer or visitor to the school who receives a disclosure of abuse, an allegation or suspects that abuse may have occurred must report it immediately to the Designated Safeguarding Lead (see cover sheet) or in their absence, Deputy Designated Safeguarding Lead (see cover sheet). In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.

- 6.4 The Designated Safeguarding Lead or their Deputy will immediately refer cases of suspected abuse or allegations in accordance with the procedures outlined within this policy.
- 6.5 The school will always undertake to share an intention to refer a child with the parents unless to do so could place the child at greater risk of harm or impede a criminal investigation. On these occasions advice will be taken.
- 6.6 Parents can obtain a copy of the school safeguarding and child protection policy on the Dubai College website or request one directly from the school.

## **7. TRAINING AND SUPPORT**

- 7.1 The Headmaster and all other staff who work with children will undertake appropriate child protection awareness training to equip them to carry out their responsibilities for child protection effectively, that is kept up to date by refresher training annually.
- 7.2 The school will ensure that the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead also undertake training and refresher training at an Advanced Level on a biannual basis to keep knowledge and skills up to date. Temporary staff and volunteers who work with children in the school will be made aware of the school's arrangements for safeguarding and child protection and their responsibilities.
- 7.3 All staff should have access to advice and guidance on the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are referred to in the staff handbook.

## **8. PROFESSIONAL CONFIDENTIALITY**

- 8.1 Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child. A member of staff must never guarantee confidentiality to a student nor should they agree with a student to keep a secret, as where there is a child protection concern this must be reported to the Designated Safeguarding Lead and may require further investigation by appropriate authorities.
- 8.2 Staff will be informed of relevant information in respect of individual cases regarding child protection on a "need to know basis" only. Any information shared with a member of staff in this way must be held confidentially to themselves.

## **9. RECORDS AND MONITORING**

- 9.1 Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be passed over to other agencies.

- 9.2 Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event in context, and giving the date, time and location. All records will be dated and signed and will include the action taken.
- 9.3 These file notes are kept in a confidential file, which is separate to other files, and stored in a secure place by the Designated Safeguarding Lead. In the same way notes must be kept of any student who is being monitored for child protection reasons.
- 9.4 If a student transfers from the school, these files will be copied for the new establishment and forwarded to the student's new school marked confidential and for the attention of the receiving school's Designated Safeguarding Lead.

## **10. ATTENDANCE AT SAFEGUARDING & CHILD PROTECTION CONFERENCES**

- 10.1 It is the responsibility of the Designated Safeguarding Lead to ensure that the school is represented or a report is submitted to any child protection conference called for children on their school roll or previously known to them. Whoever attends should be fully briefed on any issues or concerns the school has and be prepared to make decisions on registration at the end of the conference.
- 10.2 When a child is subject to a safeguarding or child protection concern at Dubai College, it is the Designated Safeguarding Lead's responsibility to ensure that the child is monitored regarding their school attendance, welfare and presentation.

## **11. SUPPORTING STUDENTS AT RISK**

- 11.1 Dubai College recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place.
- 11.2 Dubai College may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, whilst at school their behaviour may still be challenging and defiant or they may be withdrawn.
- 11.3 Dubai College will endeavour to support students through:
- a) The curriculum to encourage self-esteem and self-motivation.
  - b) The school ethos which promotes a positive, supportive and secure environment and which gives all students and adults a sense of being respected and valued.
  - c) The implementation of the school's behaviour management policies.
  - d) A consistent approach agreed by all staff which will endeavour to ensure the student knows that some behaviour is unacceptable but s/he is valued.
  - e) Regular liaison with other professionals and agencies who support the students and their families.
  - f) A commitment to develop productive, supportive relationships with parents, whenever it is in the child's best interest to do so.
  - g) The development and support of a responsive and knowledgeable staff group, trained to respond appropriately in child protection situations.

- h) Recognition that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse so staff who work in any capacity with children with profound and multiple disabilities, sensory impairment and / or emotional and behavioural problems will need to be particularly sensitive to signs of abuse.
- i) Recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be vulnerable and in need of support or protection.

11.4 This policy should be considered alongside other related policies in school; the policy for the teaching of positive education, the policy for the management of students' behaviour, including our policy on anti-bullying and the health and safety policy.

## **12. SAFE SCHOOL, SAFE STAFF**

- 12.1 It is essential that the high standards of concern and professional responsibility adopted with regard to alleged child abuse by parents are similarly displayed when members of staff are accused of abuse.
- 12.2 Only authorised agencies may investigate child abuse allegations; currently, in Dubai this would mean the Police only along with the Ministry of Interior's Child Protection Centre. Whilst it is permissible to ask the child(ren) simple, non-leading questions to ascertain the facts of the allegation, formal interviews and the taking of statements is not.
- 12.3 If for any reason it is decided that a referral is not appropriate, it will be necessary to address matters in accordance with the school's complaints/disciplinary procedures.

## **13. USE OF THE SCHOOL PREMISES BY OTHER ORGANISATIONS**

- 13.1 Where services or activities are provided separately by another body, using the school premises, the Governing Body will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection.

## **14. WHISTLEBLOWING**

- 14.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 14.2 All staff are expected to fully comply, at all times, with the School's Professional Code of Conduct.
- 14.3 All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary, they should speak to a member of Dubai College's Senior Leadership Team.

- 14.4 If a member of staff has concerns about the conduct of a member of Dubai College’s Senior Leadership Team (other than the Headmaster) they should contact the Headmaster.
- 14.5 If a member of staff has concerns about the conduct of the Headmaster they should contact the Nominated Governor for Safeguarding & Child Protection or the Chairman of the Board of Governors.

## 15. POLICY REVIEW

- 15.1 The Designated Safeguarding Lead, or in their absence their Deputy or a member of Dubai College’s Senior Leadership Team is responsible for ensuring the annual review of this policy along with the Nominated Governor for Safeguarding & Child Protection.
- 15.2 The Designated Safeguarding Lead, or in their absence their Deputy or a member of Dubai College’s Senior Leadership Team is also responsible for ensuring that the list of key contacts on the cover sheet is kept up to date.

## 16. OTHER INFORMATION

- 16.1 Other staff with Child Protection Responsibilities: The Headmaster, SLT & Heads of Section
- 16.2 Safeguarding & Child Protection Training (Safeguarding Level 1): To all staff yearly conducted in September/October of every new academic year.

### Policy Details

Version date	September 2019
Last review	October 2018
Next review	September 2020
Responsible SLT	Deborah Jones Deputy Head: Pastoral

### Appendices

**Appendix 1** - How a member of staff should respond to a safeguarding/child protection concern

**Appendix 2** - Safeguarding/Child Protection Record Form (To be completed by any member of staff or other adult)

**Appendix 3** - Safeguarding/Child Protection Record Form (To be completed by the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or Headmaster)

**Appendix 4** - How a parent or other adult can raise a concern

**Appendix 5** - Signs of Child Abuse Outline Document

**Appendix 6** - Roles and Responsibilities – Form Tutors/Subject Teachers

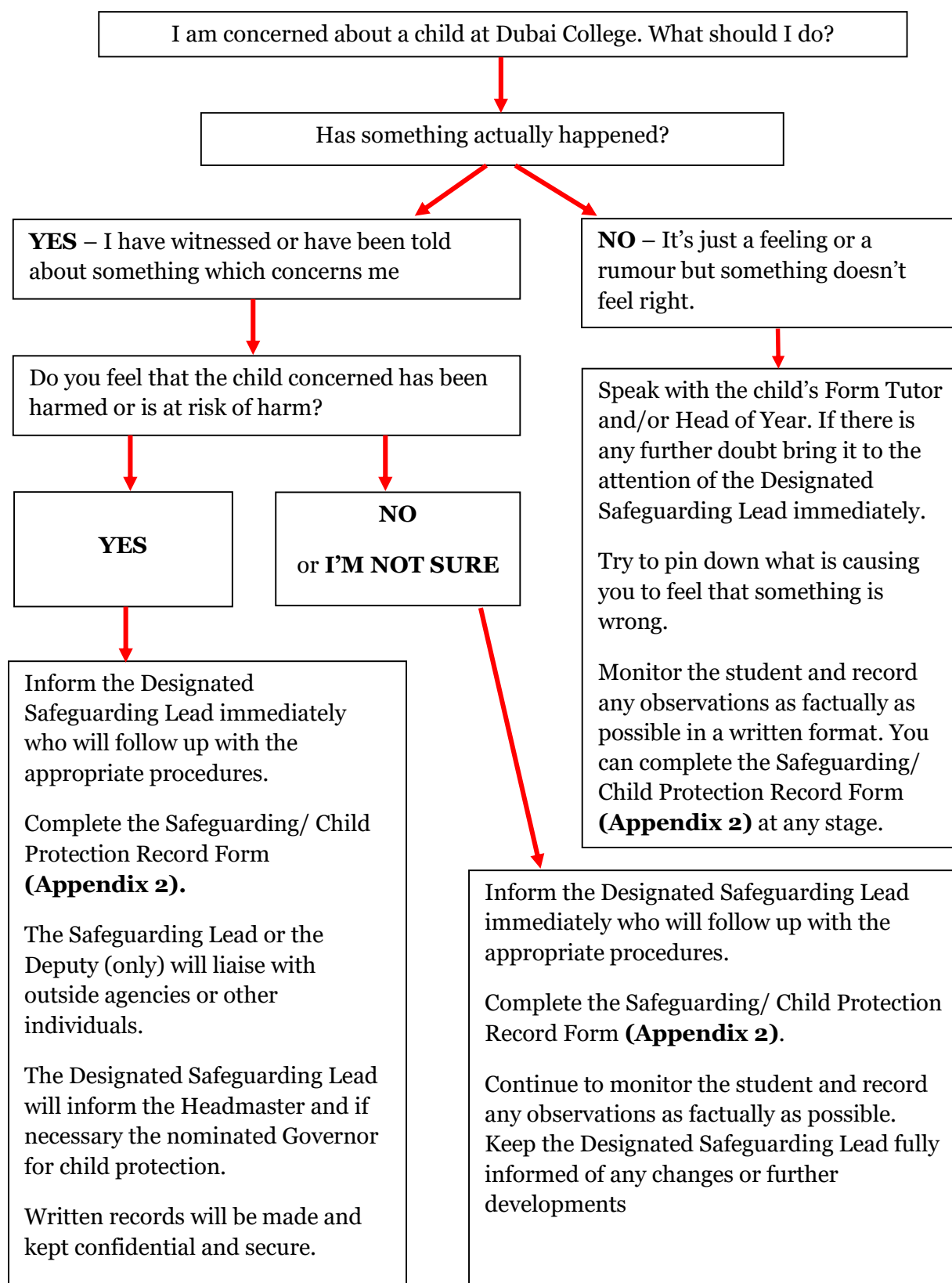
**Appendix 7** - Responding to Child Protection Disclosures

**Appendix 8** - Self-Harm Protocol



## Appendix 1

### How a member of staff should respond to a safeguarding/child protection concern



**Appendix 2**  
**Safeguarding/Child Protection Record Form**  
**(To be completed by any member of staff or other adult)**

This form should be completed within 24 hours of the incident/concern/disclosure and given to the Designated Safeguarding Lead or in their absence the DDSL. This form should be given directly to the Headmaster if a member of staff is the subject of concern.

It is important that only factual/neutral information is recorded. Please avoid opinion, suspicion and subjective statements.

Details of the incident, concern or disclosure, who dealt with it, observations or circumstances, description of physical/behavioural indicators and any statements made by the child/young person. Times, dates and factual information only please.

Details of anyone else involved; conversations held with anyone else; witnesses e.g. parent, teacher or support staff member or other children/young people. Times, dates and factual information only please.

Referral to designated person. Was this concern passed to Head of Year, Designated Safeguarding Lead or Headmaster? Was there any discussion or advice given that should be recorded. Times dates and factual information only please.

Completed by member of staff or other person who has raised the child protection concern.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Any further information may be recorded on a supplementary sheet)**

**Appendix 3**  
**Safeguarding/Child Protection Record Form**  
**(To be completed by the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or Headmaster)**

This form should be completed by the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or Headmaster. It is important that only factual/neutral information is recorded. Please avoid opinion, suspicion and subjective statements.

Details of any discussions between other parties, including Headmaster or DSL/DDSL (if they are not the one completing this form), and further information received or recorded that may relate to this case.

Decision on the next steps. If the decision is to involve outside agencies give reasons why. Similarly if the decision is not to involve outside agencies give reasons why. Details of any follow up actions, monitoring, counselling and support.

Signed & dated by Designated Safeguarding Lead or Headmaster

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the case of a complaint against a member of staff, form must be signed by both

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 4

### How a parent or other adult can raise a concern

**If you have a concern about your child's safety or another child's safety, these are the channels for further discussion:**

You can talk to your child's Form Tutor or to the Head of Year

Head of Sixth Form – Mr B Trivic  
Head of Year 13 – Mr J Tate  
Head of Year 12 – Mrs R Maguire  
Head of Year 11 – Mr Simon Bowler  
Head of Year 10 – Ms K Hill  
Head of Year 9 – Mr M Woolley  
Head of Year 8 – Mrs A Romans  
Head of Year 7 – Mrs K Greenlees

If you are still concerned or if the Form Tutor/Head of Year suggest it is more appropriate, you can write or talk to the designated members of staff for Safeguarding and Child Protection

**Designated Safeguarding Lead –**  
Deputy Head: Pastoral – Ms D Jones  
[deborah.jones@dubaicollege.org](mailto:deborah.jones@dubaicollege.org)  
**Deputy Designated Safeguarding Lead –**  
Head of Student Services/SENCo – Mrs C Penney  
[cindy.penney@dubaicollege.org](mailto:cindy.penney@dubaicollege.org)

If you are concerned that the Safeguarding/Child Protection matter involves a member of Dubai College staff, you can talk to the Headmaster

**Headmaster – Mr M Lambert**  
**Dubai College 043 999 111**

If you are concerned that the Safeguarding/Child Protection matter involves the Headmaster, you can write to the nominated member of the Dubai College Board of Governors responsible for Safeguarding and Child Protection

**Governor – Mrs A Madnani**  
**c/o Dubai College, P.O.Box 837, Dubai, UAE**

## **Appendix 5**

### **Signs of Child Abuse Outline Document**

**This document is included as an appendix to support the Safeguarding & Child Protection Policy.**

**It is not intended as a policy in its own right**

#### **Statement of School Policy on Confidentiality**

The welfare of our students will always be our central concern. Students are actively encouraged to raise personal and general concerns with members of staff and seek advice in confidence. It is important to note, however, that such discussions, whilst remaining confidential in nature, must take into account a full appreciation of our duty of care. This will mean that information may have to be shared with senior members of staff or parents on a need to know basis - not as a breach, but as an extension of a confidence given. This aspect of the policy will apply if there is a risk of an individual becoming a danger to himself/herself or others. In such a situation a student will be counselled and, if at all possible, persuaded that it is desirable for a confidence to be shared with others.

#### **Best practice indicates that**

- “The welfare of the child is the paramount consideration”.
- Children are best cared for in their own family. (The term “family” being widely defined).
- Schools have a responsibility to make their child protection policy known to both parents and teachers so that it is clear that, should a child’s needs appear to indicate it, referral will be made to or advice sought from external agencies and/or authorities as part of the School’s pastoral policy.

**See also the Dubai College Anti-Bullying Policy**

## **Child Abuse: Categories and Definitions**

### **Physical Abuse**

This is the physical injury of a child where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. This can include, for example, non-accidental cuts, bruises, wounds, burns, fractures, bites, deliberate poisoning, attempted drowning, attempted smothering and Munchausen’s syndrome by proxy.

#### **Possible signs of Physical Abuse**

- Unexplained injury or refusal to explain or discuss them
- Cigarette burns
- Long bruises (possibly made by a belt)
- Teeth marks
- Fingertip/nail/slap marks or bruises
- History of bruises/injuries with inconsistent explanations
- Bilateral black eyes
- Self destructive comments, possibly repeated, or tendencies
- Aggression towards others
- Untreated injuries
- Fear of medical treatment

## **Emotional Abuse**

This category deals with the persistent or severe emotional ill treatment of a child, which has a severe adverse effect upon the behaviour and emotional development of that child. Its diagnosis will require medical, psychological, psychiatric, social and/or educational assessment. It is accepted that all abuse involves emotional abuse, but this category supersedes only when it is the main or the sole form of abuse.

Possible signs of Emotional Abuse:

- The child is developmentally delayed
- Inappropriateness of social responses
- Self-mutilation
- Extreme passivity or aggression
- Truancy from school or running away from home
- Drug or solvent abuse (either in the child or in its principal carer/s)
- Excessive fear of situations or people
- Social isolation
- Depression
- Pressure (possibly when carers are unstable emotionally or behaviourally)

## **Sexual Abuse**

This is the involvement of dependent (legally under 18), developmentally immature children and adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent.

The key elements in any definition of Sexual Abuse are:

- The betrayal of trust and responsibility.
- Abuse of power for the purpose of the sexual gratification of the abuser.
- The inability of the child to consent.

Possible signs of Sexual Abuse

- Depression, suicidal tendencies, self-harming
- Anorexia or bulimia
- Acting in a sexually inappropriate manner towards adults/peers
- Unexplained pregnancies
- Truancy/running away from home
- Seeking guidance for a “friend with a problem of abuse”
- Sexually abusing a younger child/sibling
- Sudden changes in school or work habits
- Fear of people
- Abnormal precociousness or aggression
- Chronic medical problems (stomach pains/headaches)
- Withdrawn, isolated, excessively isolated
- Genital/abdominal or anal injury or pain

NB: Never Keep Under-Age Sex Issues a Secret

## **Neglect**

This is the persistent or severe neglect of a child which results in serious impairment of that child's health or behaviour. This may involve exposure to danger or the repeated failure to attend to the physical and developmental needs of a child. The non-organic failure of a child to thrive may result from the neglect of a child, but will always require medical diagnosis by appropriate exclusion of organic causes.

Possible signs of Neglect:

- Failure to thrive (looks thin, emaciated, unwell, below average height, weight)
- Unusually hungry
- Has regular accidents especially burns
- Poor personal hygiene
- Avoidance of school medicals
- Tiredness
- Reluctance to go home
- Poor social relationships
- Frequent lateness/non-attendance

## Appendix 6

### Roles and Responsibilities – Form Tutors/Subject Teachers

**Form Tutors** – At Dubai College, the Form Tutor is regarded as the student’s first point of contact. Form Tutors meet their tutees twice per day – At morning registration and just after lunch for 25 minutes.

It is standard Dubai College practice for Form Tutors to move through the school with their Forms. As a result of this consistent, regular face-to-face contact, high quality student-teacher relationships may be established which would lead to a student in difficulty discussing issues of concern with his/her Form Tutor.

**Subject Teachers** – Students at Dubai College enjoy excellent relationships with their Subject Teachers. Depending on the Year Group and subject time allocation, students may actually spend more time each week with a particular Subject Teacher than with the Form Tutor. These circumstances may create the conditions for discussing sensitive issues.

Dubai College takes the view that what is important in delicate situations is that there is someone (Form Tutor, Subject Teacher or another adult) at the school with whom a student in difficulty can talk. The Headmaster, Deputy Heads, Heads of Sixth Form, Middle and Lower School, Head of Student Services and the School Counsellors. The school nurses also make themselves available to all members of the Dubai College community for discussion/advice.

The teachers approached should clearly understand that they are receiving a student’s concerns, not making a diagnosis. As stated above, a diagnosis will often require medical, psychological, psychiatric, social and/or educational assessment.

None of the signs listed above may actually prove that a child is being abused and these indications should not be taken as proof. They may be indicators, which when put into context, provide justification for action. It must be remembered that even an explicit disclosure by a child may be untrue. Children may sustain injury by accident or design in order to implicate someone else.

Emotional abuse is more than just the occasional criticism of a child. Abuse is a symptom of continued negative treatment which ostracises or belittles a child. This is usually the result of extremes of inappropriate care by the parents and so very difficult to confront.

All abuse is emotional abuse irrespective of whether or not it is accompanied by physical injury, sexual abuse or neglect.

#### **Tutors/Teachers Checklist**

- Be aware of the possibilities which exist for child abuse and to be conversant with the School’s practice and policy on Safeguarding/Child Protection.
- Teachers are not expected to be experts at diagnosis.
- In dealing with a child protection issue, remain as objective as possible. Never assume that you “know” which categories of children are at risk.
- Record information, verbatim, if possible. Forms are included as part of the Safeguarding/Child Protection Policy. Do not prompt, lead or suggest information to the child.
- Seek corroboration of details from third parties should this be possible.
- Refer concerns to the Designated Safeguarding Lead or in their absence, other key staff, immediately.
- In the case of allegations brought against a colleague, refer the incident to the Designated Safeguarding Lead who will then refer this to the Headmaster immediately.



## Appendix 7

### Responding to Child Protection Disclosures

#### Disclosures

- Receive what is said.
- It is important that you remain objective.
- Until other agencies are brought into operation, the child is simply alleging that something has taken place. It may be the case that the child has an ulterior motive in making an allegation.
- Accept what you are told. It is not your responsibility to investigate its truth or otherwise or decide if the information is correct.
- Listen without displaying shock or disbelief. To do so could affect the child and prevent the disclosure of information.
- Reassure the child.
- Acknowledge the child's courage and strength in deciding to disclose the information. The step of disclosure is in itself often the most difficult for a young person to take and will have been the subject of a great deal of thought before being anywhere near confident of doing so.
- Remind them that they are not to blame for what is happening. The child is the victim and often has a very low self-esteem because of this. However, do remember that the alleged perpetrator is often a person that the child loves and respects so to criticise their conduct will be counter-productive. It is vitally important to suspend any form of judgment.
- Do not promise confidentiality. Given that the safety of the child is paramount, a member of staff cannot give the cast iron assurance that the information presented does not need further investigation. To offer such a commitment and to renege on it would break the trust between the student and the School. This would become a complicating factor in having to work with the parents and children at a later date should abuse be proven.
- Do not promise that everything will be all right. This most obviously may not be true and to raise expectations can be as devastating as the outcome of the allegations.
- React. This is the most skilled part of the initial disclosure of allegation.
- Respond to what the student has said but do not interrogate. Avoid leading questions such as: "Was it your father?" "Did this take place on Tuesday when you were away?" Questions posed in this way could be used by defence counsel in a subsequent court case to show that the staff member "contaminated" the child's evidence.
- Questions must be open ended: "Do you want to tell me anything else? And? Yes? Can you remember any more details? Could you go over the detail again to see if you have forgotten anything?"
- Reflect/seek clarification, as outlined in the last question. If the situation allows, "Can I be clear about the detail of what you are saying?" This is recommended so that you are able to decide whether this is a child protection issue or not.

There is a careful judgment to be made in ensuring that you have enough information to make an appropriate referral and allowing a young person to talk without being silenced, whilst making sure that you do not inadvertently lead the child, perhaps by assumption and unintentionally, by the nature of the question.

For example, asking "Were you sitting up or lying down when this happened?" contains the answer to the question.

Explain what you intend to do next. This will focus on the process the School adopts and contacting the designated person within the School. It may also mean an outline of the referral process given the nature of the allegation.

## **Recording**

- Make brief notes as soon as possible after the meeting. This may be possible in the meeting itself but it would be advisable to ask permission of the child in the first instance.
- Write up your notes in full to include time, date, place, and sign them.
- Describe observable behaviour, e.g. was shaking, continued to cry, constantly moved around the room. (Do not interpret these features.)
- Record the actual words spoken by the child wherever possible.
- School Records of Child Protection Issues should be kept on file for three years beyond the leaving age of the child.

## **Monitoring of Low Level Child Protection Concerns in School**

All concerns a teacher has regarding a child protection issue must be discussed with the designated teacher. Often there are insufficient grounds or evidence to suggest referral to an outside agency. However, it must be stressed that this is not sufficient reason to ignore a concern. It may be that the designated teacher will contact external agencies or authorities to seek clarification on what action should be taken.

## **Monitoring the Home Circumstances**

It may be that the decision is made to monitor the family. In this case a decision will be made as to:

- which aspects of the student should be monitored;
- who should be involved in the process and what their responsibilities should be;
- a date at which time a review will take place (approx. 4–6 weeks).

Consultation with the parents will need to take place at this time but needs to be undertaken carefully so as not to arouse any suspicions on their part. The reason for this is twofold: if abuse is taking place it may cause a change in patterns of behaviour, etc., which may prolong the evidence gathering which would bring about referral and, secondly, there may be no cause for concern at all and 'clumsy monitoring' would serve only to upset those involved.

The focus in such contacts with parents will be on the individual's work and behaviour and thus eliciting further information from parents/carers.

Records must be kept in a separate file to the other School records. The written record must contain only observable behaviour and verbatim accounts and again not be interpretative or speculative. These records may be required as evidence.

## **Review**

At the stipulated time of review the following will be established:

- Grounds for further action.
- If it is decided not to refer the issue, it must be indicated on the record that monitoring took place, the date of the decision not to refer and the reasons for this decision.
- If further monitoring is warranted, a new review date must be set. It is likely that this should be a brief period of time and if the results of the subsequent review are inconclusive the issue will be referred.

## **Parents and Child Protection Issues**

Schools and their staff are placed in a delicate position when allegations of abuse or investigation of abuse is on-going, as the School still needs to maintain a working, constructive relationship with the parents/carers involved.

Allegations of abuse and those cases subsequently proven to be abuse can result in difficulties in maintaining a constructive and open relationship with parents.

Parents will have a range of feelings in relation to abuse of their children. They may well be angry at the School staff for having made a referral, be anxious about confidentiality of the issues and concerned that the children involved may be stigmatised as a result. If the family is broken up, parents are likely to be distressed as well as feeling guilt and shame.

It is paramount that parents are made aware of the School's responsibility to the student so that they are aware that concerns will be dealt with. A clear statement of the child protection and confidentiality policies will be both a support to parents in working with them and provide a clear statement regarding the reasons for such policies. In this way all parents should recognise the priority of the School is the child's welfare.

## **Dealing with Parents**

- Be sure that you maintain confidentiality of the case.
- Provide the clear guideline that the nature of the discussion will be on the student's progress, performance and behaviour.
- This information should be as objective as possible.
- Do not share other information.

There is a clear need to deal with the emotions parents are feeling and diffuse further escalation of these:

- Acknowledge their feelings.
- Be clear that your responsibility is to the child's welfare and state and reinforce this to parents.
- If parents/carers are the subject of a child protection allegation or investigation it is prudent to offer them the name/s of agencies which will be able to advise and support them (see list).

## **Allegations Against Members of Staff**

Allegations against members of staff must be treated with the same professional regard as those made against others. It is recognised that abuse does take place in the context of Schools, although fortunately the incidences are rare. It may be that allegations are falsely made. What is important is that staff should feel that they will be treated fairly and according to clearly set out procedures which will give them confidence that abuse and false allegations will be dealt with.

Managing accusations of abuse against staff members is the sole responsibility of the Headmaster and not the Designated Safeguarding Lead.

As such there are a number of sensitive issues to manage:

- The welfare and rights of the child;
- The rights of the member of staff involved
- The reaction of the parents

All three require equal degrees of sensitivity.

## **Tips for Dealing with Child Protection Issues**

- Acknowledge your own feelings when involved in a child protection issue.
- Stay in role: you are a teacher not a police officer or social worker, but a referrer.
- Never promise confidentiality.
- Do not stereotype: child protection issues come from all levels of society and all manner of people.
- Be open-minded: do not assume that you know what a child will tell you.
- Know school procedures.
- Develop inter-agency skills/understanding.
- Train yourself to be ready for child protection issues.
- Seek support: child protection issues can be really traumatic.
- The Golden Rule is "If you are concerned, consult!"

## **Appendix 8**

### **Self-Harm Protocol**

The following principles underpin this protocol:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

Some self-harm behaviours

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under-eating
- Excessive drinking of alcohol
- Taking non-prescription drugs or over/under-use of prescription drugs
- Burning or scalding body (physically or chemically)
- Hitting walls with head
- Taking an overdose
- Self-strangulation
- Risky behaviours such as running into the road
- Episodes of drug abuse
- Risky sexual behaviour
- Swallowing objects
- Self-tattooing

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

# DUBAI COLLEGE

*A tradition of quality in education*

## **Risk**

There is a need to initiate a prompt assessment of the level of risk self-harm presents. Unless the student is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the student about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

Advice on managing a disclosure can be found here: <http://www.sec-ed.co.uk/best-practice/self-harm-what-not-to-do/>

In general students are likely to fall into 1 of 2 risk categories:

### **Low risk students**

Students with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

### **Higher risk students**

Students with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

## **Information Sharing**

This is concise guidance for sharing recorded information about children or young people who harm themselves or are perceived to be at risk of self-harm including suicide.

### **1. Purpose of Sharing Information**

The purpose of sharing information is to ensure young people in need and in particular young people who harm themselves or are perceived to be at risk of self-harm including suicide are given the help and support they are entitled to.

# DUBAI COLLEGE

*A tradition of quality in education*

## 2. **What will be shared?**

Information shared will be no more than is necessary. All information will be handled with respect and care.

Unrecorded observations, which may not at first seem significant, will be freely shared on a need to know basis within statutory agencies and between professionals in the interests of the child.

Information should be recorded if it is significant.

## 3. **Consent**

The school will record the competent child's consent to share recorded information. Fresh consent should be sought if the existing consent does not cover the proposed sharing or there has been a break in involvement. The child should be told what information may be shared and why it would be shared and the consequences of sharing.

## 4. **Sharing without Consent**

Informed consent should be sought from the competent child to share recorded information unless;

- The situation is urgent and there is not time to seek consent; or
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention, detection of serious crime.

If consent to sharing recorded information is refused by the competent child, or can/should not be sought from the child, information should still be shared in the following circumstances;

- There is reason to believe that not sharing is likely to result in serious harm to the child or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or prejudice to anyone that may be caused by the sharing; and
- There is a pressing need to share the information.

## 5. **When is a child "competent" to give consent?**

Anyone under the age of 18 is a child. A judgement must be made as to whether a particular child in a particular situation is competent to consent or refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension (Fraser guidelines could be used).

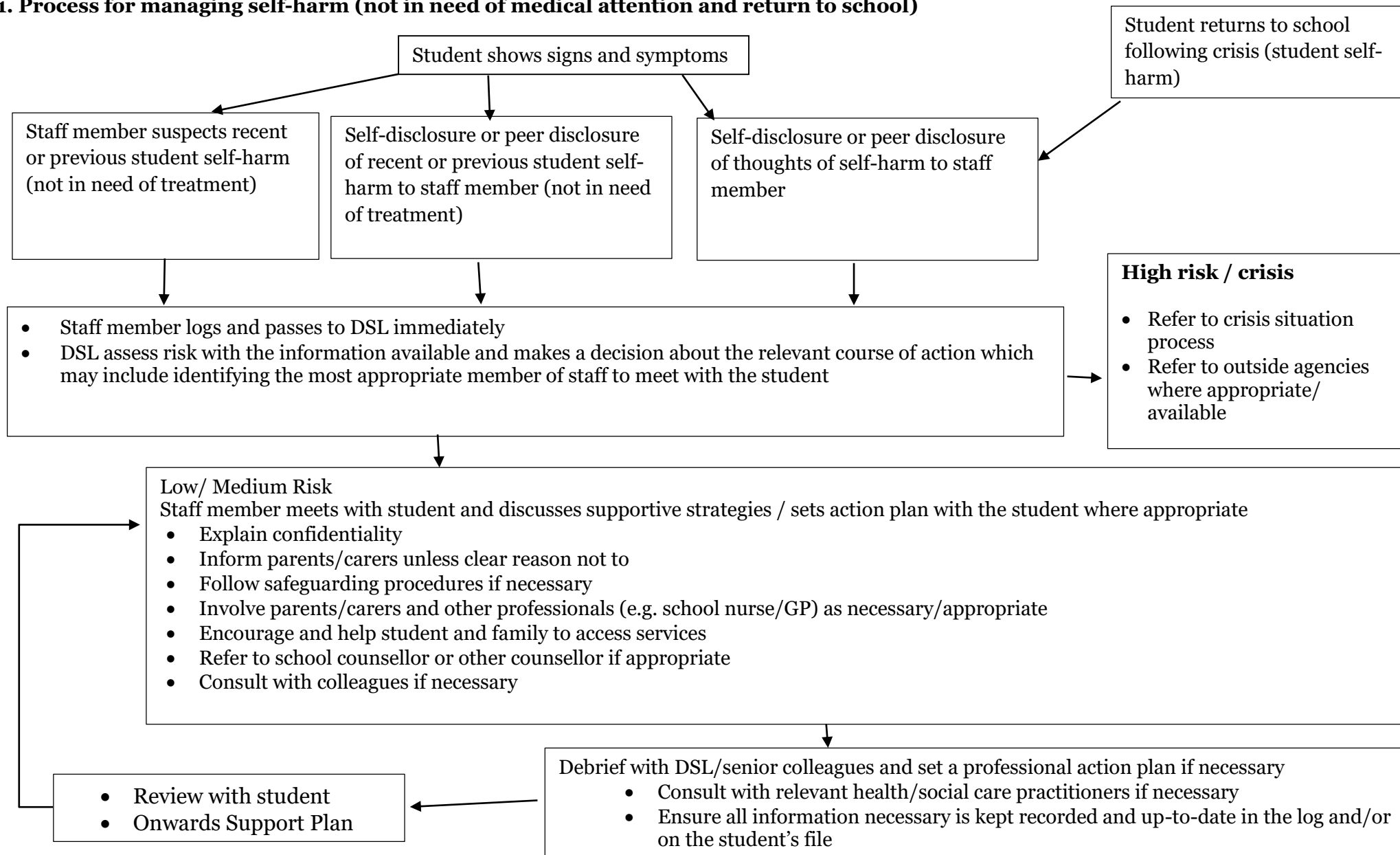
NSPCC Fact sheet on Fraser guidelines.

## 6. **Families**

Partners should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to his parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

## Flow Charts

### 1. Process for managing self-harm (not in need of medical attention and return to school)





## Flow Charts

### 2. Process for managing self-harm in a crisis situation.

