Safeguarding and Child Protection Policy

Saigon South International School

78 Nguyen Duc Canh, Tan Phong Ward,
District 7, Ho Chi Minh City, Vietnam

Scope	**All employees of SSIS** **Teaching and non-teaching** **Academic and Operational**
Approved	**May, 2026**
Approved By	**SSIS Board of Directors** **Gayle Tsien, Chair**
Responsible Person	**Catriona Moran**
Next Review Date	**May 2028**

Mission Statement

SSIS is a college preparatory school committed to the intellectual and personal development of each student in preparation for a purposeful life as a global citizen.

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Section 1

A Our Commitment to Keeping Children Safe

At **SSIS**, **we are a school where every student thrives both intellectually and personally; we prepare our students to lead "a purposeful life as a global citizen**". Our core values are at the heart of everything we do. We recognize that children who feel safe and happy will flourish and are committed to safeguarding, child protection and the wellbeing of our students in a secure, supportive, and caring environment.

SSIS has adopted a strong Safeguarding and Child Protection Protocol to guide staff and families in matters related to the health, safety, welfare, wellbeing, and care of children in attendance at the school. The Protocol outlined in this policy includes the concepts of Safeguarding, Child Protection, and support for students and staff at SSIS.

B Our School's Culture of Care

A Culture of Care underpins an environment which proactively supports students, staff and the school community on a day to day basis. It encompasses all aspects of wellbeing, (including mental health), pastoral care, safeguarding and child protection. It embeds a school wide understanding of standards, expectations and behaviours required to protect all. Our Culture of Care begins with a leadership vision, which ensures that our ethos, policies and practices all demonstrate our commitment to keeping children safe, and to the provision of a nurturing school which allows all members to flourish.

As a demonstration of our commitment to a Culture of Care, SSIS will:

- actively promote a Culture of Care, where students and staff are valued, respected, and heard;
- ensure that our Mission and Core Values remain central to the wellbeing of all;
- actively promote positive relationships, language, and kindness in our daily lives;
- promote honest and transparent communication with all our community;
- take a positive and supportive approach to the management of student and staff concerns;
- set high standards of behavior and hold each other accountable;
- encourage parental and community involvement in the promotion of our beliefs and values;
- be a school which values individuality and potential.

C Definitions of Safeguarding and Child Protection

Safeguarding is the action that is taken to promote the safety and wellbeing of children and protect them from harm by:

- protecting children from any / all forms of abuse, hurt or harm or the likelihood of hurt or harm;
- preventing harm to children's health, including mental health and / or development;
- providing a safe and effective environment which ensures that all children are free to grow and develop;
- taking action to enable all children and young people to have the best outcomes to allow them to reach their true potential.

Child protection is part of the safeguarding process. It focuses on the protection of individual children identified as suffering or likely to suffer significant harm, both physical and psychological, and includes established practices and protocols for the reporting of abuse. The School will seek to protect with appropriate measures and frameworks guided by Government and International legislation and standards.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm.

Neglect is a form of abuse and 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.

Children include those under the age of 18, as per Vietnamese law for minors.

Further definitions of terms in this policy can be found in Appendix 2.

For more information about the types and signs of abuse, as well as information regarding specific safeguarding and child protection issues, select the area below:

Types of Abuse	**Specific Safeguarding Issues**	
Physical Abuse	Adverse Childhood Experiences	Mental Illness
Emotional / Psychological Abuse	Bullying	Peer-on-Peer Abuse
Sexual Abuse	Online Safety	Absence, Truancy, and Missing Education
Neglect	Guardianship Concerns	Grooming and Child Exploitation
	"Honor-based" Abuse - Female Genital Mutilation (FGM) and Forced Marriage	Radicalization, Extremism, and Terrorism

D Purpose of our Safeguarding and Child Protection Policy

- To protect all children and young people who attend Saigon South International School (SSIS) as well as those who access our services e.g. sporting events, tournaments.
- To provide all staff, outside services and visitors with the overarching principles that guide our approach to the safeguarding of children.

SSIS expects that all members of the SSIS community, in whatever role they play in our community, uphold the highest standards, as set out in this policy. Visitors to the school premises are also expected to familiarize themselves with and adhere to the outlined standards.

E Adult Roles and Responsibilities

The safeguarding of our students is the responsibility of all adults who work with, provide a service to or are a member of the SSIS community. This means that they should always consider what is in the best interest of the child.

The expectation is that all adults must protect and promote the safeguarding of students to prevent hurt or harm, wherever possible.

All adults will be aware of:

- Our Culture of Care in our school environment;
- The role and identity of the Designated Safeguarding Lead (DSL) and team members;
- The safeguarding response and procedures for reporting concerns if a child tells you that they are being abused, neglected or are at risk;
- The Code of Conduct, and know what to do if they have concerns about an adult or adult conduct in school;
- The signs of different types of abuse and neglect, as well as identifying children who may be vulnerable, demonstrate mental health concerns and / or who may benefit from early support and intervention.

The Role of the Designated Safeguarding Lead (DSL)

At SSIS, the Designated Safeguarding Lead is positioned to lead on safeguarding and child protection, in addition to supporting the health and wellbeing of every child. The appointment of key personnel in each division, as well as operations, finance, and support staff departments, ensures excellent continuity of care.

The DSL will have a leadership or senior role in school and be given the autonomy to make key decisions, in consultation with the Head of School. The DSL plays a vital role in providing advice, support and training to staff, students, and parents for all areas of Safeguarding and Child Protection.

In their role, they will:

- ensure that the school's Culture of Care is embedded and understood by the school community;
- ensure that standard policies and procedures are in place and adhered to by all;
- lead and manage all Safeguarding and Child Protection referrals and concerns;
- lead Safeguarding Team and "Team around the Child" (TAC) meetings, working with all key staff in school Counselor, Nurse Manager, Divisional Principals, Director of Student Development, Head of School to ensure that the best outcomes for the child are secured;
- collect, maintain and analyze Safeguarding data to support strategic direction;
- work with parents and families to address and manage safeguarding concerns, support, and intervention;
- report to and work with relevant statutory children protection services (where possible) and other agencies in the community;
- lead training and raise awareness in school for all staff;
- advise on and contribute to the Safeguarding, Child Protection and Wellbeing curriculum;
- undertake fact finding exercises, when appropriate;
- ensure visibility and availability for staff and students.

The Role of School Counselors

The school counselors are vital members of the school and safeguarding team. They help all students in the areas of academic achievement, career, and social/emotional development, helping today's students to become the productive, well-adjusted adults of tomorrow.

There are various paths of referral available for children. The referral can be a self-referral, a referral by a parent or by a member of staff. However, as part of the Safeguarding Team, the counselor plays a key role in shaping the support and intervention needed to support a vulnerable child and will take an active role in all "Team around the Child"

meetings. Should the need for counseling be ongoing or of a nature beyond the services able to be provided by SSIS, the counselor will recommend and liaise with outside professional assistance.

Effective counseling is built upon trust between the student and counselor, the counselor adheres to professional standards of confidentiality when working with students and their families. However, all relevant information, with regards to Safeguarding and Child Protection concerns, will be shared with the DSL and the "Team around the Child" meetings on a need to know basis. A trusting and collaborative professional relationship between the DSL and Counselors is a key element of effective safeguarding.

The Role of Parents

In enrolling a child at SSIS, parents commit to work in partnership with the school and to abide by the Safeguarding and Child Protection standards, policies, and protocols adopted by the school and the Board of Directors. The staff at SSIS genuinely values its partnership with parents in providing for the wellbeing, safety, and care of all children.

In their role, parents will:

- Communicate directly with the DSL or Head of School regarding all child protection and safeguarding issues that occur both on and off campus;
- Abide by this Child Protection and Safeguarding Policy, as well as agreements outlined in the Parent Handbook, Enrolment and Admissions contract, and other SSIS policies;
- Make every reasonable effort to respond to communication and follow recommendations from the safeguarding team (including the DSL, Head of School, divisional administrators, and school counselors) regarding their child's:
    - Academic and intellectual development;
    - Personal development, including social and professional relationships;
    - Physical and emotional safety;
    - Guardianship and concerns of neglect; and
    - Suspicion of mental illness.
- Support the school's policy regarding corporal punishment towards children, with the understanding of the physical and emotional damage that this form of discipline may cause (please see Appendix 2: Physical Abuse for more information);
- Ensure that the school has up to date contact details of any temporary guardianship arrangements, including part-time arrangements (e.g. weekdays, evenings, weekends).

Section 2

A Procedures for Reporting Concerns and Taking Action

The role of adults in keeping children safe is a vital one. The promotion of wellbeing and the welfare of students is the responsibility of all staff and adults who are part of our community. Our actions and reactions to both Safeguarding and Child Protection concerns will make a difference and allow trained and experienced staff and agencies to support vulnerable children with coordinated, effective, and safe interventions.

Faculty/Staff and other adults should raise concerns directly with the DSL or member of the Safeguarding Team as soon as possible, but always, before the end of the school day. Staff must record their concerns in detail using the secure online reporting system. When a child chooses to speak to an adult about abuse or safeguarding concerns, it is

essential that the words of the child are recorded accurately. The timely reporting and accurate recording of concerns allow the DSL to make informed decisions with regards to next steps.

Operational, contractor and / or local staff may find it difficult to share their concerns directly with the DSL as there may be several barriers to overcome. For these adults, the concerns should be raised with their line manager or Director of Human Resources, who will direct the concern to the DSL.

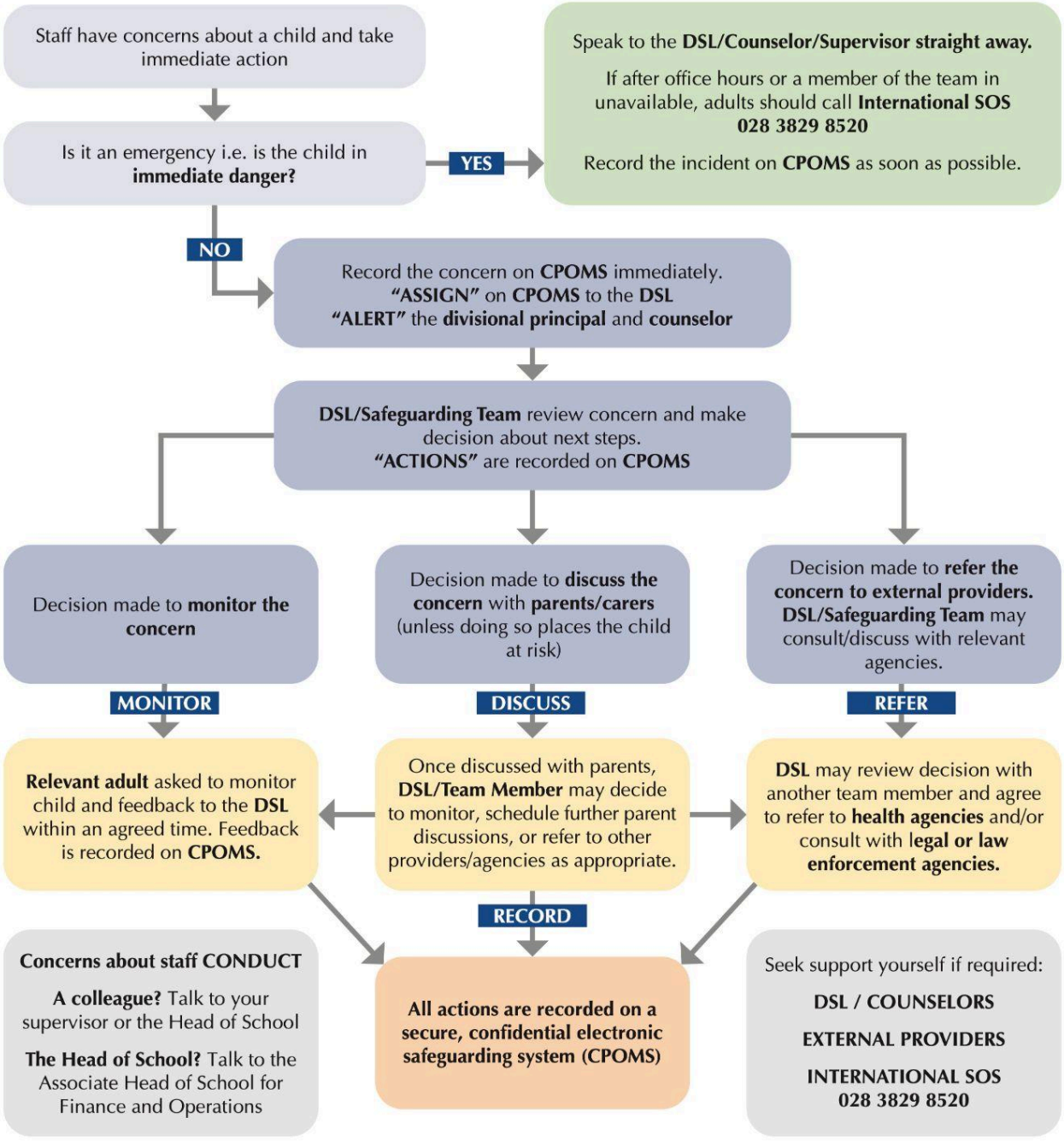
Parents should speak directly to a counselor or administrator, who should then share the concern with the DSL or Head of School.

Adults should follow the procedures set out in the flowchart below in the event of a safeguarding concern about a child.

SSIS CHILD PROTECTION AND SAFEGUARDING

FLOWCHART FOR STAFF ACTIONS

WHAT TO DO IF YOU HAVE A CONCERN ABOUT A CHILD



SAFEGUARDING TEAM
Designated Safeguarding Lead

Head of School	**Elementary Principal**	**Middle School Principal**	**High School Principal**
Associate Head of School	Elementary Associate Principal	Middle School Associate Principal	High School Associate Principal
Health Office Manager	Elementary Counselor	Middle School Counselor	High School Counselor

If a Child Makes a Disclosure

If a child shares clear details of abuse and/or evidence of abuse, immediately discuss the concerns verbally with the DSL prior to recording this incident on the secure online reporting system. If the DSL is not available then this should not delay appropriate action being taken and staff should immediately speak to the Head of School, School Counselor, or Divisional Principal. Should a child share an allegation about a member of staff, report the concern directly to the Head of School. Reporting is always necessary.

When a child shares safeguarding information with you, follow the guidance below.

SSIS CHILD PROTECTION AND SAFEGUARDING GUIDELINES FOR DEALING WITH DISCLOSURES

WHEN A CHILD DISCLOSES ABUSE:

STAY CALM AND REASSURE

Stay calm and reassure the child that they have done the right thing in talking to you. An abused or neglected child or young person needs to know that you are available to help them. Showing shock may make the child feel anxious or discourage them from continuing the disclosure. A calm response reassures that while something bad has happened, it can be worked through with support.

LISTEN

Listen carefully and actively to the child.
At this stage there is no necessity to ask questions. Allow the child to guide the pace of the disclosure.

NEVER PROMISE TO KEEP A SECRET OR CONFIDENTIALITY

NEVER promise to keep a secret or confidentiality. You have the duty to ensure the information is passed on to the Designated Safeguarding Lead, counselor, or supervisor in order to keep the child safe. If a child requests confidentiality, use a 'prepared' response, such as, "I am really concerned about what you have told me and I have a responsibility to help ensure that you are safe. To make sure you are safe, I have to tell someone (or provide name of person) who will know how to help us.
Make sure the child understands what will happen next with their information.

GATHER FACTS - DO NOT INVESTIGATE

Gather facts - Do not investigate. If you need to clarify what is being said and whether the child is at risk, ask open questions. The acronym, **'TED'** can help remind you: **'Tell', 'Explain'**, and **'Describe'** the concern.
You can use what, when, how, and where to help clarify the child's statements.
AVOID the question **'why?'** As this can suggest guilt/responsibility on the child.

TELL A MEMBER OF THE SAFEGUARDING TEAM AS SOON AS POSSIBLE

Tell a member of the Safeguarding Team as soon as possible. The SSIS Link stores a list of Emergency Contacts at QR code:

RECORD ON CHILD PROTECTION ONLINE SYSTEM

Record on electronic reporting system. Record factually what the child has told you or what you have observed as soon as possible. Make sure to include the **date, time,** and **words used by the child. AVOID** writing your **'interpretation'** of the situation and keep the information factual and objective.
If you have seen **bruising** or an **injury**, use the included body maps to record details.

BE SUPPORTIVE

Be supportive. Maintain contact with the child.
They have trusted you enough to **'tell'**, will need to know that they are not rejected for doing so, and may need continued support.

SEEK SUPPORT IF NEEDED

Seek support for yourself if needed. Ensure you have support available for yourself in managing the information you have received. You can contact the **psychologist,** a school counselor, or member of the **leadership team**. For **intensive support**, call the International SOS Hotline on **02838298520** or find an external service provider on the SSIS Link at QR code:

SAFEGUARDING TEAM
Designated Safeguarding Lead - DSL@ssis.edu.vn

Head of School	**Elementary Principal**	**Middle School Principal**	**High School Principal**
Associate Head of School	Elementary Associate Principal	Middle School Associate Principal	High School Associate Principal
Health Office Manager	Elementary Counselor	Middle School Counselor	High School Counselor

If team members are unavailable:
INTERNATIONAL SOS: 028 3829 8520

B Threshold of reporting

Regular training and information bulletins will ensure that staff have essential knowledge and understanding of key safeguarding and child protection concerns. **Faculty and staff should always report suspicions of concerns** if they are unsure. It is not the responsibility of staff to consider the thresholds of reporting, but rather to report all concerns directly to the DSL who will have the necessary information to make informed decisions. Cases which are deemed not to be safeguarding and/or child protection concerns will be de-escalated and addressed by relevant pastoral staff.

C Team Around the Child (TAC)

A "Culture of Care" in school encourages all our students to have several trusted adults that they are comfortable with and can speak to if they have worries or concerns. Positive relationships between adults and students are a key safeguarding strategy. Following a report of a safeguarding and / or child protection concern, the DSL will consider the report, evaluate the threshold, and assess the need for a "Team around the Child" meeting. The meeting will involve key members of the safeguarding team, who may all play different roles in supporting the child and the family. The Team will also make decisions with regards to the sharing of information and consider the "need to know" aspect of confidentiality. They will also consider who is the best person to act as the key trusted adult for the child. The child's opinion may also be sought if there is no identified risk of further harm.

D Confidentiality

Adults should never guarantee confidentiality to students or other adults about a report of abuse, as this may ultimately not be in the best interests of the child. They should guarantee that they will not tell anyone who does not have a clear need to know and that they will pass on information in confidence only to the people who must be told in order to ensure their safety and adhere to relevant local and international law.

The school will take a "Team around the Child" approach and seek to invite all relevant adults to be involved in information sharing, decision making, support and intervention. The DSL and counselor will be an integral part of the safeguarding team and will use their expertise to support the child, family, and school. Outside specialist support will be sought on a case by case basis.

The school is a listening school, supported by a "safe to tell" approach and will always act in the best interest of the child and will make "child centered" decisions to address all concerns.

E Notifying Parents

Wherever possible/appropriate, the school will share any safeguarding concerns, or an intention to refer a child to outside services, with parents/carers. However, we will not do so where it is felt that to do so could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to consult with the appropriate health providers and authorities for advice on when to share information with parents / carers.

F Additional Support

When child protection incidents occur, SSIS will provide further support for students, staff, and families. This effort may include:

- the convening of a "Team around the Child" meeting;
- the appointment of a key adult who will maintain follow up contact with the child and family to provide support and guidance as appropriate;

- the school counselor to offer support, guidance and counseling to the child, based on a needs assessment;
- the DSL and the relevant school counselor will meet with the child's teachers and relevant adults (as appropriate) and the divisional principal to provide support and in-service training regarding the needs of the child;
- the counselor will provide relevant resource materials and strategies for teachers' use;
- the DSL and/or counselor will maintain contact with outside therapists and investigators to update the situation of the child in school;
- the DSL and/or counselor will update the safeguarding team members weekly or following any significant change in circumstances for the child;
- The DSL and/or counselor will follow up with adults who have submitted a report of concern to ensure they have access to support if needed.

Section 3

A The Role of Our Policies and Practices

SSIS aims to keep children and young people safe by:

- adopting International and Vietnamese standards of Safeguarding and Child Protection which keep children safe;
- embedding a Culture of Care which puts our children's safety, welfare, and wellbeing at the heart of what we do;
- ensuring all policies are read understood, complied with, and embedded in day to day practice
- adhering to Safer Recruitment practices, with rigorous hiring standards in place, to ensure the appointment of appropriate adults;
- providing regular Safeguarding and Child Protection training and information for all adults;
- being a listening school and educating students about our 'safe to tell' policy;
- providing an age appropriate and relevant safeguarding, health, and wellbeing curriculum for all students;
- educating all adults, including parents, regarding the adoption of safe practices, both on and off campus;
- collaborating and sharing concerns with appropriate external agencies and support services;
- strive to promote our core values to ensure a safe environment during all school activities for everyone.

B Record Keeping and Information Sharing

Well-kept records are essential to good child protection practice. All safeguarding concerns, discussions and decisions made are recorded electronically on the secure online reporting system. Any member of faculty or staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible using the secure online reporting system, noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. The Designated Safeguarding Lead (or appropriate member of the safeguarding team), will decide on appropriate action and record this on the online reporting system accordingly.

Whilst Vietnam's Ministry of Public Security places duties on organizations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. If adults are in any doubt about sharing information, they should contact the DSL.

C Transfer of Child Protection Records

If a child for whom the school has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded promptly and securely, and separately from the main student file. In addition, if the concerns are significant or complex, and/or external services are involved, the DSL will speak to the DSL of the receiving school where possible and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child. Where a student joins our school, we will request child protection records from the previous educational establishment. Any paper child protection records received are scanned and uploaded to the secure online reporting system. Hard copies are kept in an individual child protection file for that child (which is separate to the student file). All child protection records are stored securely and confidentially and will be retained for 25 years after the student's date of birth, or until they transfer to another school / educational setting.

D Use of Reasonable Force

The term 'reasonable force' covers a broad range of actions used by faculty and staff that involve a degree of physical contact to control or restrain children. SSIS believes that the adoption of a 'no contact policy' at a school can leave teachers unable to fully support and protect their students. There are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people, such as guiding a child to safety or de-escalating high risk situations. 'High risk situations' can be defined as situations involving risk of serious injury to self, risk of serious injury to others, and/or significant property damage that may result in harm to an individual or group. 'Reasonable' means using no more force than is needed. Our school works in accordance with statutory and international guidance on the use of reasonable force and recognises that where intervention is required, it should always be considered in a safeguarding context.

E Training

All Faculty and Staff

All faculty and staff members will undertake safeguarding and child protection training at beginning-of-year orientation to ensure they understand the school's safeguarding systems, their responsibilities as outlined on the Code of Conduct, and can identify signs of possible child abuse or neglect. This training will be regularly updated and will be in line with international training standards. Faculty and staff will also receive regular safeguarding and child protection updates (for example, through faculty meetings and workshops) as required.

As part of orientation we ensure that all employees have read:

- The Safeguarding and Child Protection Policy
- The Faculty and Staff Code of Conduct

The DSL and Safeguarding Team

The DSL and members of the Safeguarding Team will undertake child protection and safeguarding training at least every 2 years.

Parents and Caregivers

Members of the safeguarding team provide regular parent education sessions throughout the academic year to raise awareness of safeguarding and child protection concerns, the signs and symptoms of abuse, and steps to report

suspected or actual concerns of harm.

SSIS Safeguarding and Child Protection Policy Declaration Statement

SSIS Employees
By accepting employment at SSIS, employees agree to abide by all Safeguarding and Child Protection Policies. Refer to the Employee Contract and Supplemental Terms (available on request from the HR department).

Parents and Legal Guardians
By enrolling their child(ren) at SSIS, parents and legal guardians agree to abide by all Safeguarding and Child Protection Policies. Refer to the Enrollment Contract (available on request from the Admissions Department).

Visitors, Volunteers, Temporary Employees, and other SSIS Community Members
By signing below, you agree to comply with all areas of this Safeguarding and Child Protection Policy, and confirm the following statements:

Since my last background screening report or signed declaration statement;

- I have not been given a reprimand, warning, or been convicted of any criminal offence by a court.
- I have not been subject to any school or policy investigation, following any allegation made against me.
- I know of no reason which would preclude me from working with children and young people.

Name:

Role:

Personal Declaration: *(sign to agree compliance)*

Date:

Appendix 1

Definition of Terms

Child Protection is a broad term used to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In this document the term “child protection” applies to protection of children in international schools. Please note that this definition also includes harm to self.

The Safeguarding and Child Protection Policy is a statement of intent that demonstrates a commitment to protecting students from harm (to self and from others) and makes clear to all what is required in relation to the protection of students. It serves to create a safe and positive environment for children and to demonstrate that the school is taking its duty and responsibility seriously. This handbook considers that the school will provide appropriate child safety classes supported with a well-defined curriculum to increase children’s ability to understand abuse prevention.

Child protection concerns include suspected, alleged, self-disclosed, or witnessed abuse of a child by anyone associated within or outside the school which must be investigated and followed by appropriate action.

Child Abuse - According to the World Health Organization (WHO), child abuse constitutes, “*all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power*.”

Contextual safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families, and takes into account their positive and negative strengths and risk factors in four key areas.

Safeguarding - is the action that is taken to promote the safety and wellbeing of children and protect them from harm.

Team around the Child Meetings (TAC) are meetings called by the DSL or Head of School, to ensure that all relevant adults are involved in the management of a child abuse or Safeguarding Concern case. It ensures effective communication, agrees actions, support, interventions, and outcomes, aligns responsibility and accountability in order to support the child.

Appendix 2

Types and Signs of Abuse and Specific Safeguarding Concerns

Types of Abuse	Specific Safeguarding Issues	
Physical Abuse	Adverse Childhood Experiences	Mental Illness
Emotional / Psychological Abuse	Bullying	Peer-on-Peer Abuse
Sexual Abuse	Online Safety	Absence, Truancy, and Missing Education
Neglect	Guardianship Concerns	Grooming and Child Exploitation
	"Honor-based" Abuse - Female Genital Mutilation (FGM) and Forced Marriage	Radicalization, Extremism, and Terrorism

A Types of Abuse (child protection) - definition and indicators

The term 'abuse' is often used as a collective term. One indicator in isolation may not necessarily indicate abuse. Rather, any indicator needs to be considered in the context of the child's personal circumstances. General indicators of child stress should also be considered. All adults must be familiar with the key indicators of abuse and neglect so that they are able to identify concerns or cases of vulnerable children who may need help or protection. Abuse and safeguarding concerns are rarely one-off events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

1 Physical Abuse

SSIS's definition of Physical Abuse echoes the World Health Organization's (WHO) definition, which is that physical abuse of a child is defined as the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm to the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, drowning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishing.

Indicators of physical abuse may include but are not restricted to:

- facial, head and neck bruising;
- lacerations and welts from excessive discipline or physical restraint;
- explanation offered by the child is not consistent with the injury;
- injuries that have not received medical attention;
- injuries that occur to the body in places that are not normally exposed to falls, rough games etc.;
- bruising and marks which may show the shape of the object that caused it (e.g. a hand print, buckle);
- bite marks and scratches where the bruise may show a print of teeth;
- multiple injuries or bruises, cuts;
- ruptured internal organs without a history of major trauma;
- dislocation, sprains, twisting;
- bone fractures;

- burns and scalds;
- head injuries or where the child may have indicators of drowsiness;
- repeated urinary infections or unexplained stomach pain;
- refusal to discuss injuries;
- withdrawal from physical contact;
- arms and legs covered in hot weather;
- fear of parents being contacted by the school, or of returning home;
- distrust of adults;
- being either very aggressive towards others or very passive towards others.

Note - Corporal punishment / physical chastisement

Corporal punishment, the threat of it, or unreasonable physical chastisement, is never permitted by the school. We recognize that the use of corporal punishment in some of our communities in Asia is permitted, however, it is important that parents / carers are invited into school to discuss this form of discipline, when the school becomes aware of it or a child discusses their concerns or fears with you.

The Designated Safeguarding Lead (DSL) should not only explain that we do not condone the use of physical punishment, but why it is detrimental to the emotional wellbeing of the child. The link between wellness and academic success should be made so that parents fully understand that they can be supported by the school to ensure their child can meet their academic and personal potential.

2 Emotional / Psychological Abuse

According to the WHO, emotional and psychological abuse involves both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or their physical, mental, spiritual, moral or social development. Abuse of this type includes: the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment.

Indicators of emotional abuse may include but are not restricted to:

- Feelings of worthlessness about life and themselves;
- inability to value others and inappropriate emotional responses;
  lack of trust in people and expectations;
  lack of interpersonal skills necessary for adequate functioning;
- extreme attention seeking behavior;
- development of compulsions and phobias (e.g. drug and alcohol abuse, excessive hand washing etc.);
- other behavioral disorders (e.g. disruptiveness, aggressiveness, bullying, compulsive lying.);
- physical, mental or emotional development is delayed including sudden disorders arising;
- extreme anxiousness;
- bed wetting, nail biting.

3 Sexual abuse

According to the WHO, "Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and

cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person".

The acts may involve:

- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, 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).

Indicators of sexual abuse may include but are not restricted to:

- describes sexual acts (e.g. Daddy hurt my ….);
- direct or indirect disclosure;
- age inappropriate behavior and / or persistent sexual behavior;
- self-destructive behavior, suicide attempts, self-mutilation;
- eating disorders;
- regression in developmental achievements especially in younger children;
- unexplained accumulation of money or gifts;
- bleeding/injuries from/to sensitive areas of the body;
- trauma to parts of the body;
- unusual interpersonal relationship patterns;
- refusing to change into sports clothing;
- fear of bathrooms etc.;
- sexual diseases in a child;
- not wanting to be alone with an individual;
- exposure to pornography.

4 Neglect

According to the WHO, neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health; education; emotional development; nutrition; shelter and safe living conditions. The parents of neglected children are not necessarily poor. They may equally be financially well-off.

Indicators of neglect may include but are not restricted to:

- poor standards of hygiene leading to social isolation;
- scavenging or stealing food;
- malnutrition;
- extended stays at school;
- anxiety about being dropped or abandoned;

- poor hair texture;
- untreated physical problems;
- extreme longing for adult affection;
- a flat and superficial way of relating - lacking a sense of genuine interaction;
- self-comforting behavior, e.g. rocking, sucking;
- delay in developmental milestones.

B Adverse Childhood Experiences

Adverse children experiences are traumatic and stressful events that may occur in childhood. It is widely recognized that while some stress is healthy, long term toxic stress has a significant impact on both mental and physical health, including behavior.

It is important that we take a holistic view of the child and ask meaningful questions. Rather than asking "why did you do that or behave in that way"? we should be asking "tell me what has happened to you, what are you thinking and feeling and how can we help".

Therefore, it is important to note that poor behavior choices, a disregard for rules and consequences and a lack of empathy and emotions may all be signs of a child in crisis. We often manage negative behavior punitively, rather than seeking to understand the issues and support children to have a voice.

In addition to the abuse categories above, adults must be aware of the following concern areas or circumstances for children:

- Divorce and separation;
- long-term parental absence (guardianship);
- mental illness of parent(s);
- domestic violence;
- substance abuse at home.

C Mental Illness

It is globally recognized that mental health and wellbeing concerns are on the increase and many children demonstrate significant issues in school. The impact of these concerns in school cannot be ignored and it is vital that adults recognize such concerns.

It is the responsibility of all adults to recognize when a student shows signs of distress or present with mental health concerns, which need the intervention of the DSL. Students with significant mental health and wellbeing concerns will be recorded on the secure online reporting system and a Team around the Child (TAC) meeting convened to agree to a support plan. Parents / Caregivers will be informed in all cases unless involvement of Parents would place the child at an additional risk. The school will seek therapeutic support for the most vulnerable children and adopt a multi-agency approach to the care of the child.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the student's school counselor or divisional principal to agree to a course of action.

For further information regarding specific types of mental illness, please refer to the National Institute of Mental Health (USA) or National Health Service (UK).

D Bullying

Bullying is behavior that hurts someone else – such as name calling, hitting, pushing, spreading rumors, threatening or undermining someone. It involves a power imbalance relationship. It can happen anywhere – at school, at home or online, and is linked with aggression. It is *usually* repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks and mobile phones, is called cyber bullying. Relational bullying, or relational aggression, is referred to as emotional bullying involving social manipulation. This can be more common in girls aged between 8 and 13 years old.

Possible indicators of bullying:

- verbal abuse, such as name calling and gossiping;
- non-verbal abuse, such as hand signs or text messages;
- emotional abuse, such as threatening, intimidating or humiliating someone;
- social exclusion, such as ignoring or isolating someone;
- undermining, by constant criticism or spreading rumors;
- controlling or manipulating someone;
- racial, sexual or homophobic derogatory comments;
- physical assaults, such as hitting and pushing;

Online cyber bullying: Cyber bullying is becoming increasingly common. Unlike other types of bullying, it can happen anytime, anywhere – a child can be bullied when you might think they are safe e.g. when they are alone in their bedroom. It can feel like there is no escape. Children may know who is bullying them online or someone using a fake or anonymous account may target them. Cyber bullying negatively impacts children emotionally, psychologically and socially.

Indicators of cyber bullying:

- sending threatening or abusive text messages;
- making silent, hoax or abusive calls;
- creating and sharing embarrassing images or videos;
- ‘trolling' - the sending of menacing or upsetting messages on social networks, chat rooms or online games;
- excluding children from online games, activities or friendship groups;
- setting up hate sites or groups about a particular child;
- encouraging young people to self-harm;
- voting for or against someone in an abusive poll;
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name;
- sending explicit messages, also known as sexting;
- pressuring children into sending sexual images or engaging in sexual conversations.

Serious and persistent bullying, including cyber bullying is a form of Peer on Peer abuse.

E Peer on Peer Abuse

Peer on Peer abuse is any form of physical, sexual, emotional, and financial abuse and coercive control, exercised between children and within children’s relationships.

This form of abuse rarely takes place in isolation and often indicates wider safeguarding concerns. Schools should consider the needs of both children involved.

Factors which may indicate that behavior is abusive (and not behavior that should be dealt with under the behavior policy) include:

- where it is repeated over time and/or where the perpetrator intended to cause serious harm;
- where there is an element of coercion or pre planning and;
- where there is an imbalance of power, for example, because of age, size, social status or wealth.

Identifying peer on peer abuse can be achieved by being alert to children's well-being and to general signs of abuse. Signs that a child may be suffering from peer on peer abuse overlap with those relating to other types of abuse already referenced.

Possible indicators can include:

- poor attendance, class truancy, disengagement from lessons or struggling to carry out school related tasks to the standard you would ordinarily expect;
- physical injuries;
- having difficulties with mental health and/or emotional wellbeing;
- becoming withdrawn, shy, experiencing headaches, stomach aches, anxiety, panic attacks, suffering from nightmares or lack of sleep or sleeping too much;
- drugs and/or alcohol use;
- changes in appearance and/or starting to act in a way that is not appropriate for the child's age.

This list is not exhaustive and the presence of one or more of these signs does not necessarily indicate abuse. Staff must alert the DSL if they have any concern about a child.

Sexual violence and Sexual Harassment between children.

Sexual violence includes all legal understood sexual offences.

Sexual harassment refers to 'unwanted conduct of a sexual nature. Online sexual harassment is unwanted sexual behavior on any digital platform. Online sexual harassment can include a wide range of behaviors that use digital content)images, videos, posts, messages, pages) on a variety of different online platforms (private or public).and offline (including but not limited to making sexual comments, sexual taunting or 'jokes', and physical contact, for example, brushing against someone deliberately or interfering with their clothes).

Sexual Violence and Sexual Harassment can occur or be carried out by:

- between any two children, or a group of children against one individual or group;
- a child of any age against a child of any age;
- a child of any sexual orientation against a child of any sexual orientation;
- be online and offline (physical or verbal);
- include behaviors that exist on an often-progressive continuum and may overlap.

Certain groups of children are more vulnerable and there may be barriers in recognition of abuse. (English Additional Language, Additional Learning Needs, or Lesbian, Gay, Queer, Bisexual or Transgender)

F Online Safety

1 Staff Awareness

All staff should be aware of the risks posed to children by technology and the internet and should understand their role in preventing, identifying, and responding to harm caused by its use, including cyber-bullying.

All staff should be familiar with the school's Code of Conduct, Responsible Use Policy and Social Media Policies (within Labor Contract and Policy) which sets out the school's approach to online safety in further detail. Students should also sign the Acceptable Use Policy.

It is important to be vigilant while delivering lessons online. Online learning has allowed teachers a window into students' homes and therefore, all safeguarding concerns, with relation to the child or the adults in the home, must be raised as per the schools reporting process. Faculty and staff must ensure that they are familiar with the additional safeguarding guidance shared within schools.

2 Youth produced sexual imagery/ 'Sexting'

While many professionals refer to the issue as 'sexting', there is no clear definition of 'sexting'. According to research, many professionals consider sexting to be 'sending or posting sexually suggestive images, including nude or semi-nude photographs, via electronic devices or over the internet.'

The taking and sharing of sexual imagery of children by children is always a risky behavior and is illegal in many countries. Once an image has been shared, control of it has been lost and is unlikely to ever be fully regained.

Peer-on-Peer safeguarding incidents addressed under the policy:

- A child creates and shares sexual imagery of themselves with a peer (also under the age of 18).
- A child shares sexual imagery created by another child with a peer (also under the age of 18) or an adult.
- A child is in possession of sexual imagery created by another child.
- A child exchanging sexual texts with another child
- A child downloading and sharing adult pornography and / or sexual imagery from the internet.

If you are made aware of an incident where a student has shared nude or semi nude images (also known as 'youth produced sexual imagery'), you must report it to the DSL immediately.

You **must not**:

- View, copy, print, share, store or save the imagery yourself, or ask a student to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
- Delete the imagery or ask the student to delete it
- Ask the student(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- Share information about the incident with other members of staff, the student(s) it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident and reassure the student(s) that they will receive support and help from the DSL.

Initial review meeting

Following a report of an incident, the DSL will hold an initial review meeting with appropriate school staff. This meeting will consider the initial evidence and aim to determine:

- Whether there is an immediate risk to student(s)

- If a referral needs to be made to health care and/or local authorities
- If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed)
- What further information is required to decide on the best response
- Whether the image(s) has been shared widely and via what services and/or platforms (this may be unknown)
- Whether immediate action should be taken to delete or remove images or videos from devices or online services
- Any relevant facts about the students involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the students involved (in most cases parents/carers should be involved)

The DSL, in collaboration with the Head of School, will make an immediate referral to local health care and/or authorities if:

- The incident involves an adult
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- The imagery involves sexual acts and any student in the images or videos is under 13
- The DSL has reason to believe a student is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the Head of School and other members of the safeguarding team as appropriate, may decide to respond to the incident without involving local authorities and/or health services. The decision will be made and recorded in line with the procedures set out in this policy.

Informing parents
The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the student at risk of harm and/or health services/authorities have advised the school not to disclose this information.

Recording incidents
All incidents and the decisions made in responding to them will be recorded on the secure online reporting system.

G Absence, Truancy, and Missing Education

Knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about others safeguarding issues, including the criminal exploitation of children. SSIS monitors attendance carefully and addresses poor or irregular attendance without delay. The school will always follow up with parents/caregivers when students are not at school.

Parents should be familiar with the relevant elementary school, middle school, and/or high school handbooks, which outline the attendance expectations, procedures for informing the school of student absences, and responses for children with insufficient attendance.

In cases involving absence or truancy beyond the scope of divisional procedures, the DSL will be notified and parents/caregivers will be required to meet and discuss the concerns in order to determine an appropriate solution.

H Guardianship

Schools work with families to identify formal guardianship and informal caregiving arrangements at the point of admissions so that they can support their children in school. The Director of Admissions, the DSL and families will work together to ensure that the school data for guardianship is in place and that the school experience is positive for the child. This includes part-time arrangements, such as weekdays, evenings, or weekends. Any concerns about a student, who is known to be in a guardianship arrangement, must be reported to the DSL. Parents are required to ensure that the school has up to date contact details of all temporary guardianship and caregiving arrangements.

While overall responsibility for the wellbeing of the child remains with the parents, the DSL and the divisional principal will address any issues of concern with both the parents and guardians. It is an expectation that parents will cooperate with the school to ensure that the guardian arrangements/caregiving arrangements are supportive of the child's wellbeing and education at all times. Children whose guardianship/caregiving arrangements are detrimental to their wellbeing will be recorded on the secure online reporting system and staff will work with the parents to support a change in guardianship/caregiving placement.

I Grooming and Child Exploitation

1 What is grooming?

Grooming is when someone builds a relationship, trust and emotional connection with a child or young adult so that they can manipulate, exploit, and abuse them. Grooming can include sexual abuse, exploitation, or trafficking. Groomers can be any age or gender. The signs of grooming are not always obvious, and the adult will go to great lengths to avoid detection.

It is essential that all staff are familiar with the signs of grooming, to detect concerns in children. These concerns must be reported immediately to the DSL and/or Head of School.

2 Possible indicators that a <u>child</u> may be being groomed:

- be very secretive, including about what they are doing online;
- be withdrawn, upset or outraged after using the internet or texting;
- be secretive about who they are talking to and what they are doing online or on their mobile phone;
- have lots of new phone numbers texts or e-mail addresses on their mobile phone, laptop or tablet;
- have older boyfriends or girlfriends;
- go to unusual places to meet friends;
- have new things such as clothes or mobile phones that they cannot or will not explain;
- have access to drugs and alcohol;
- go missing from home or school;
- display behavioral changes;
- have sexual health issues; or
- present as suicidal, self/harming, feeling depressed, unworthy.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behavior, but you may notice unexplained changes in behavior or personality, or inappropriate sexual behavior for their age.

3 Possible indicators that an <u>adult</u> might demonstrate when grooming a child:

- paying special attention to the child;
- buying gifts for no reason;
- being alone with the child: - tutoring, coaching, babysitting etc.;

- an unusual willingness to be available to listen to the child when they need to talk while being sympathetic and understanding;
- offering to buy alcohol or drugs;
- spending time with the child while in a state of undress;
- talking about sex and / or making sexual jokes;
- touching the child in other adults' presence, to desensitize the child and make them believe that it is ok;
- the child does not want to be hugged or touched by the adult;
- they share common interests with the child that you had previously been unaware of.

The sharing of sexual imagery of children by adults as this constitutes child sexual abuse and schools. should always be reported to the DSL who will refer to the Head of School.

J "Honor-based" Abuse - Female Genital Mutilation (FGM) and Forced Marriage

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing. Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All faculty and staff will be alert to the possibility of a child being at risk of HBA or already having suffered it.

If adults have a concern, they will speak to the DSL.

1. Female Genital Mutilation (FGM)

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:
- mother or a sister who has undergone FGM
- girls who are withdrawn from PE/Health classes
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM
FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:
- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school, especially with noticeable behavior changes (e.g. withdrawal or depression) on the girl's return.
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

The above indicators and risk factors are not intended to be exhaustive.

2. Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

If a member of staff suspects that a student is being forced into marriage, they will speak to the student about their concerns in a secure and private place. They will then report this to the DSL.
The DSL will:

- Speak to the student about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer
- Seek advice from International SOS and available agencies
- Refer the student to school-based support services and local health services, as appropriate

K Radicalization, Extremism, and Terrorism

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

Staff should be alert to changes in children's behavior, which could indicate that they may be in need of help or protection. Staff should use their judgment in identifying children who might be at risk of radicalisation and act proportionately which may include the Designated Safeguarding Lead (or safeguarding team member) making a referral.

We are committed to ensuring that our students are offered a broad and balanced curriculum that aims to prepare them for life as global citizens.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups

Extremism is vocal or active opposition to fundamental UN values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

Terrorism is an action that:

- Endangers or causes serious violence to a person/people;
- Causes serious damage to property; or
- Seriously interferes or disrupts an electronic system

Appendix 3

Procedures for reporting suspected cases of child abuse or neglect

Step 1

- When a child reports abuse or there is reasonable suspicion to believe that abuse is occurring, the SSIS employee or adult community member will report their concern to the DSL as soon as possible (usually within 24 hours). In most cases, faculty and staff will be required to enter incident details on the secure online reporting system.
- If the DSL is not available, the report will be made to a member of the safeguarding team including a school

counselor, line supervisor, or the divisional principal.

- If a child could be in imminent danger, the report should be made immediately to the DSL in person, who will undertake an immediate risk assessment to determine whether the child can be released from our care.
- The DSL will gather more information regarding the reported incident as soon as possible (usually within 48 hours) and convene a "Team around the Child" meeting if they believe the concern requires further intervention. The DSL will alert the Head of School and/or the Divisional Principal.
- The "Team around the Child" response team may include the school nurse, counselor, and other individuals as the DSL and the Divisional Principal sees fit.

The following information gathering procedures may be used:

1. Interview staff members as necessary and document information relative to the case
2. Consult with school personnel to review the child's history in the school
3. Discussions between the student and DSL/Counselor to gain more information. Depending upon the age of the child, these discussions may include drawing pictures and playing with dolls to elicit more information as to what may have occurred
4. In-class observations of the child by the teacher DSL, Counselor, or Administrator.

Step 2

Based on acquired information, during a TAC meeting, a plan of action will be developed to assist the child and family. It will be conducted in a manner that ensures that information is documented factually, and that strict confidentiality is maintained. Actions are recorded on the secure online reporting system and may include:

- Meetings with the family to present the school's concerns.
- Referral of the student and family to external professional counseling.
- Notification of the management of the sponsoring employer of the concern with the child/family, or to the welfare office at the home-of-record.
- Consultation with the Embassy/ consulate of the country of the involved family.
- Consultation with the school's or another attorney.
- Informal consultation with local authorities.
- Formal report made to Vietnamese authorities.

Most cases of suspected abuse or neglect will be handled by the school's DSL and School Counselors, such as those involving:

- Student relationships with peers
- Parenting skills related to disciplining children at home
- Student-parent relationships
- Mental health related issues such as stress, low self-concept, grieving

Some cases will be referred to outside resources, for example:

- Mental health issues such as depression, psychosis, dissociation, suicide ideation

Select cases will be reported for investigation and outside resources, such as:

- Severe and ongoing physical abuse or neglect
- Sexual abuse and incest

In extreme cases when families do not stop the abuse or concerns remain about the safety of the child, reports could be made by administration to other agencies/authorities. Parents may be requested to withdraw the child from school. The school will always consider the impact on the safety of the child and the potential escalation in risk, before this decision is made.

Step 3:

Follow up to a reported and/or substantiated case of child abuse or neglect:

- The DSL and Counselor will maintain contact with the child and family to provide support and guidance as appropriate.
- The DSL and Counselor will provide the child's teachers and the Divisional Principal with ongoing support.
- The Counselor will provide resource materials and strategies for teacher use.
- The Counselor will maintain contact with outside therapists to update the progress of the child in school.

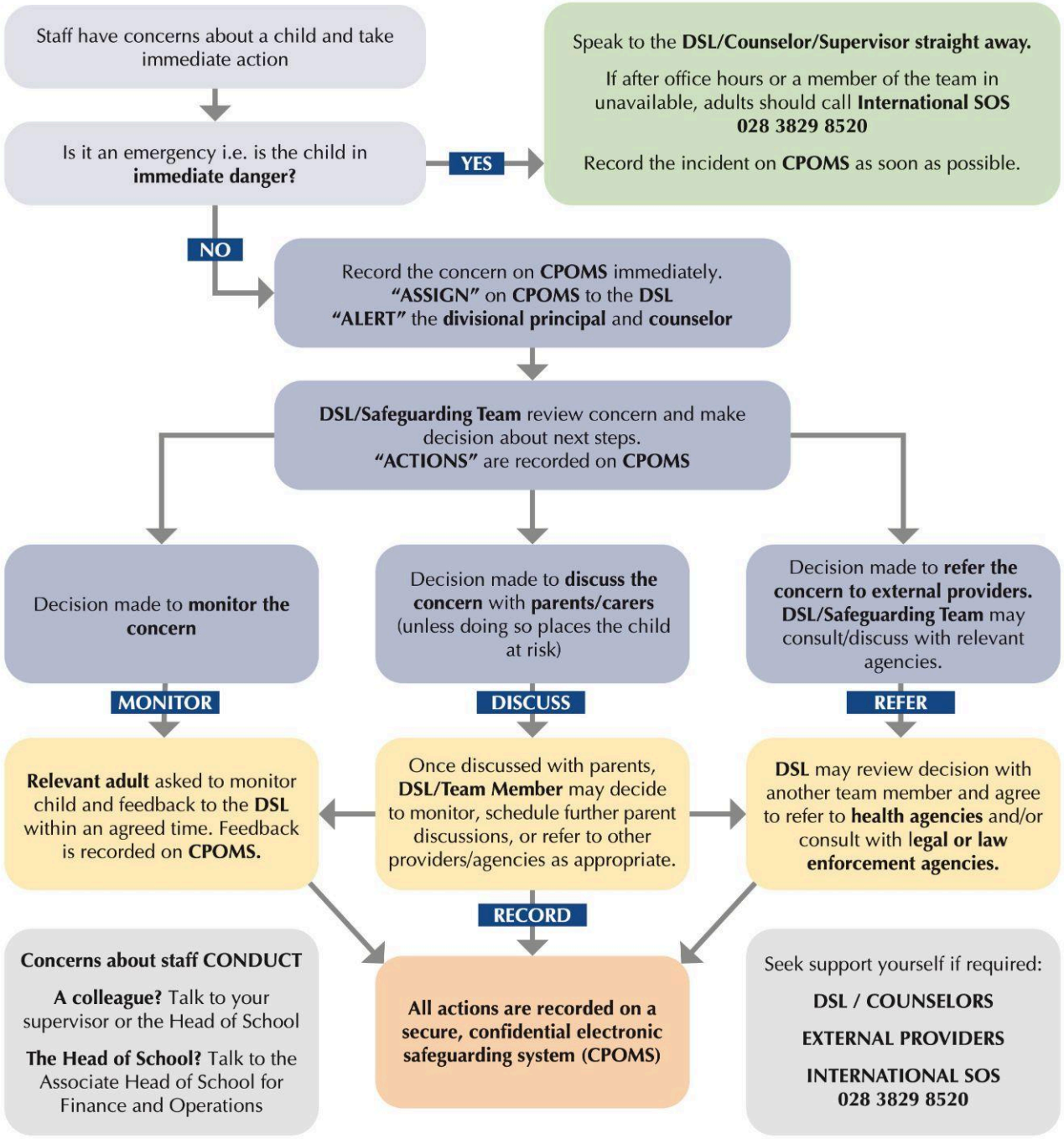
All documentation of the investigation will be kept on the secure online reporting system and in the child's school confidential records file.

If the abuse or neglect allegation involves a staff or faculty member of SSIS, the Head of School and Divisional Principal will follow Board and HR policy pursuant to ethical professional behavior.

SSIS CHILD PROTECTION AND SAFEGUARDING

FLOWCHART FOR STAFF ACTIONS

WHAT TO DO IF YOU HAVE A CONCERN ABOUT A CHILD



SAFEGUARDING TEAM

Designated Safeguarding Lead

Head of School
Associate Head of School
Health Office Manager

Elementary Principal
Elementary Associate Principal
Elementary Counselor

Middle School Principal
Middle School Associate Principal
Middle School Counselor

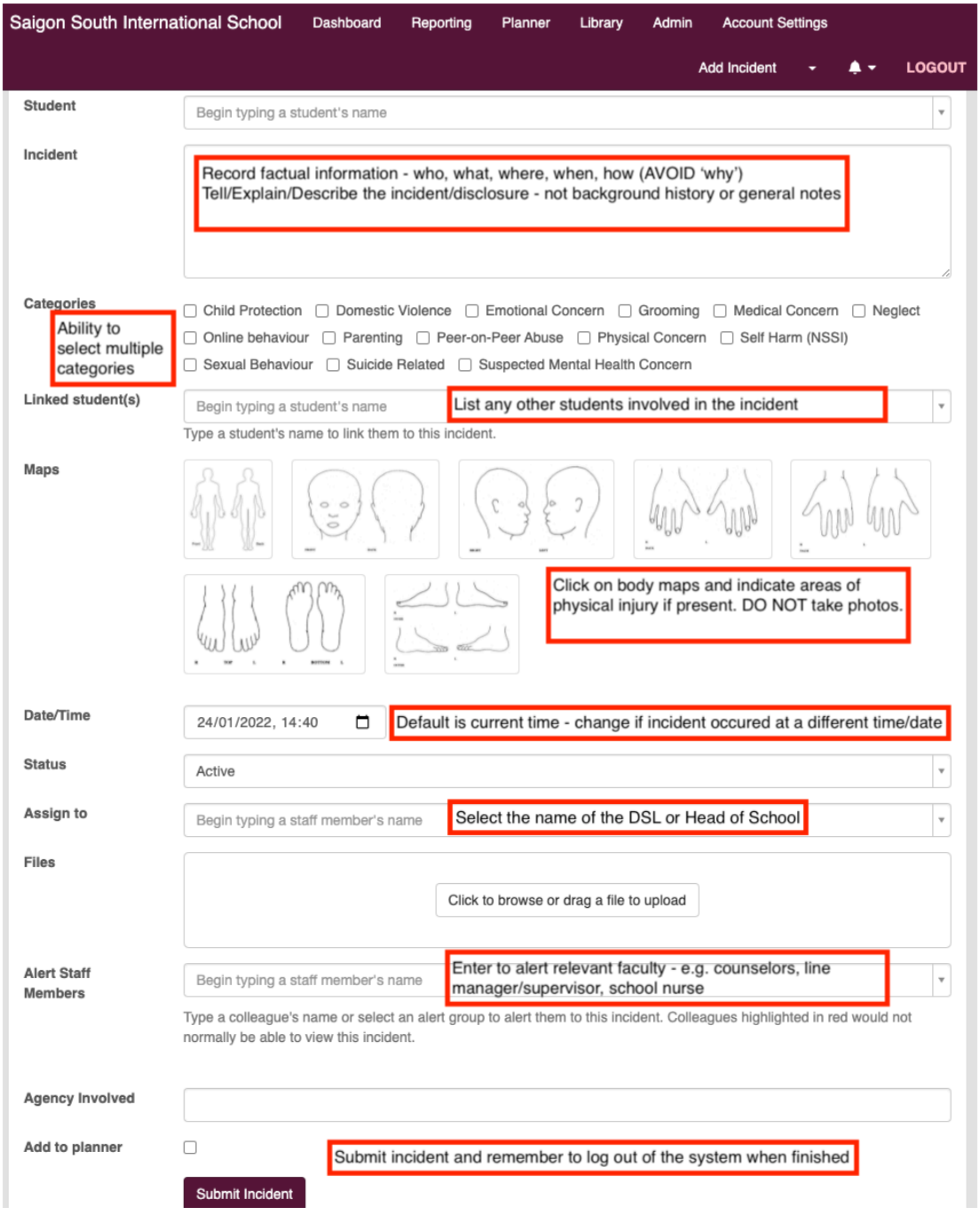
High School Principal
High School Associate Principal
High School Counselor

Appendix 4

Safeguarding or Child Protection Concern Report

Available to Faculty and Staff at http://ssis.cpoms.net

This report should be made IMMEDIATELY following any incident which raises concern about a child. It should be completed by any member of staff who has been spoken to by a child, has reason to be suspicious about or concerned about the safety, welfare, or well-being of a child. Care must be taken to report this information in detail, accurately and confidentially.



DOCUMENTATION OF SUSPECTED CHILD ABUSE

ALTERNATIVE FORM - USE WHEN ONLINE REPORTING SYSTEM IS UNAVAILABLE

1. Details of Student

Name:

Student ID:

Date of Birth (dd/mm/yyyy):

Parent(s) Name(s):

Person who registered concern:

Gender: ☐ **Female** ☐ **Male**

Passport/Country:

Grade:

Contact Numbers:

2. Details of Concern

Statement of concern/suspicion

How concerns came about (e.g. child verbal report, physical observation, journal writing):

Nature, frequency and dates of suspected abuse:

Information on previous injuries (if any) or background data:

Child's current whereabouts:

Considered to be in immediate danger: ☐ **Yes** ☐ **No**
If yes - explain. Concerned if sent home?

Examined by a health professional? ☐ **Yes** ☐ **No**
(Report attached if yes)

Current urgency for medical attention/recommended to see a doctor: ☐ **Yes** ☐ **No**
If yes, explain:

Names of family members involved:	
Any other agencies or persons involved:	
Names of siblings attending at SSIS:	
Names of counselors working with your siblings:	

Recommended action/next steps to ensure child's safety:

Referred to:
Report submitted by: *Date:*

Appendix 5

Legislation and Statutory Guidance

Policy, Standards and guidance taken from the following:

1 Vietnamese Children's Law

The Child Protection Policy is based on the *2016 Vietnamese Children's Law* (adopted by the National Assembly of the Socialist Republic of Vietnam on April 05, 2016) and the *United Nations Convention on the Rights of the Child (CRC)* of which Vietnam is a signatory.

According to Vietnamese Children's Law, *these following actions are strictly prohibited:*

- *Deprivation of children's right to live*
- *Child abandonment, neglect, trafficking, kidnap, fraudulent exchange or capture.*
- *Sexual abuse, violence abuse or child exploitation*
- *Preventing children from exercising their rights and obligations.*

2 The United Nations Convention on the Rights of the Child

Guidance is given on the rights of the child and Vietnam has signed up to the convention. Articles 12, 19. 34 and 39 are particularly relevant to school

Protection from abuse and neglect
The State will protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programs for the prevention of abuse and the treatment of victims.

Sexual exploitation
The State will protect children from sexual exploitation and abuse, including prostitution and involvement in pornography.

3 The Council of International Schools

All safeguarding and Child Protection guidance for commitment and standards are taken from the following:

https://www.cois.org/for-schools/student-well-being

https://www.cois.org/about-cis/child-protection/international-taskforce-on-child-protection/safeguarding-standards

4 WASC

The Accrediting Commission for Schools, Western Association of Schools and Colleges (ACS WASC) made a formal commitment to adopt the recommended Expectations, produced by the International Task Force on Child Protection (ITFCP)

https://www.icmec.org/wp-content/uploads/2016/08/New-Standards-for-Child-Protection-Adopted-by-School-Evaluation-Agencies-2.pdf

5 World Health Organization (WHO)

https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/childabusefacts.pdf