



المدرسة الهندية النموذجية الجديدة NEW INDIAN MODEL SCHOOL

رقم التصريح التعليمي ٢٠١٨٦، هيئة المعرفة والتنمية البشرية، دبي، ا.ع.م.
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Affiliation Nos. CBSE: 6630009, Kerala Board: 43092 (Grade 8 to 10) : 15004 (Grade 11 & 12)



SAFEGUARDING AND CHILD PROTECTION POLICY 2022 – 2023



New Indian Model School Dubai
Department of Empowerment to Inclusion and Wellbeing
E-mail Id: deiw_guide@nimsdxb.com

**NIM
S
CP&SP
22-23**

NIMS Child Protection & Safeguarding Policy (CP&SP)

1]. Section-A

Name of Policy Writers	Mr Showkat	Designation	DEIW PROFESSIONAL
Date of Policy Revision	24/03/2023	Date of Next Revision	24/03/2024
Reviewed By	Zainab Juzer Sunelwala	Department/Section	DEIW
Policy Code	NIMS/DEIW/CPSP/2021/ 03		

2]. Section-B

Policy Title	NIMS Child Protection & Safeguarding Policy (CP&SP)
Introduction	<p>New Indian Model School, Dubai is completely committed to the safety and protection of its students. It has always ensured that the students are given the best, safest and most welcoming environment in school. At NIMS Dubai, every child is so precious no matter who they are, where they come from and how able they are. The school never fails to value and respect them with absolute impartiality.</p> <p>All the staff at NIMS, Dubai are fully aware of the policy and conscientiously trained to safeguard and promote the welfare of the children. The sole aim of the policy is to protect students, of all ages, at all levels in the school, from all types of abuse on the school campus which includes school transport as well. The policy is applicable to all the staff and volunteers working in the school, visitors, and the school management and governors as well.</p> <p>This policy defines the responsibilities, processes and procedures relating to the protection of students at NIMS, Dubai.</p> <p>This policy should be read in association with the policies on Anti Bullying, Cyberbullying, and the Health and Safety Policy.</p>

Children's rights

Federal Law No. 3 of 2016 concerning child rights, also known as Wadeema's Law, stresses that all children must be provided with appropriate living standards, access to health services, education, equal opportunities in essential services and facilities without any kind of discrimination. The law protects children against all forms of negligence, exploitation, physical and psychological abuses.

In addition, smoking in public and private vehicles and indoor facilities where children are present is also prohibited under the law. Violators will be subject to penalties as set out by the law.

The law allows childcare specialists to remove children from their homes against parents' wishes and without judicial permission in cases of imminent danger. In less severe cases, specialists may intervene by visiting the child regularly, providing social services and mediating a solution between the family and the child.

Those who put children in danger, abandon them, neglect them, leave them without supervision, do not enroll them in school or register them upon their birth will be subject to a prison sentence or a fine or both. The law applies to all children up to the age of 18.

AIMS

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

DEFINITIONS

- **Neglect** - The persistent or severe neglect of a child which results in impairment of health or development.
- **Physical Abuse** - Actual or likely physical injury to a child, or failure to prevent physical injury or suffering.
- **Sexual** – Actual or likely exploitation of a child by involvement in sexual activities without informed consent or understanding, or that violate social taboos or family roles.

- **Emotional** – actual or likely severe adverse effects on the emotional and behavioural development of a child by persistent or severe emotional ill-treatment, neglect, or rejection.
- **Potential abuse** – situations where children may not have been abused but where social and medical assessments indicate a high degree of risk that they might be abused in the future; including situations where another child in the household has been abused, or where there is a known abuser.
- **Bullying** - any persistent and uninvited behaviour which insults, hurts or intimidates someone (includes cyber bullying).

Child Protection Leads

Designated Safeguarding Lead (DSL) – Ms. Zainab Sunelwala - Student Counselor (FN)
Deputy Designated Safeguarding Lead – Mr. Maria Moyeesan - Student Counselor (AN)
Deputy Designated Safeguarding Lead – Dr. Sofia Khan – Medical director (FN)

Chief Executive Officers

Child Protection & Safeguarding Team

1. **Sobiya Manimuthu** – Student Counselor
2. **Soumya Ummachan** - SENCO
3. **Lucia Nassuna** – SENCO
4. **Nabah Munir** - SENCO

Grades Kg to 2:	Grades 3-8 FN:	Grades 3-8 AN:	Grades 9-12 FN:	Grades 9-12 AN:
Ms. Nabah Munir, Senco	Ms. Soumya Ummachand, Senco	Ms. Lucia Nassuna, Senco	Ms. Sobiya Manimuthu, Counsellor	Mr. Maria Moyessan, Counsellor
Ms. Nusrath Shaik	Ms. Kavitha K	Mr. Muhammed Imran	Ms. Dhanya	Mr. Jojith
Ms. Annie Wilson	Ms. Vandana	Ms. Adheena	Ms. Misbah	Mr. Javed Akhar

Child Protection team

Ms. Zainab Sunelwala- **Child protection officer**
 Ms. Sindu Samed – **Vice Principal**
 Mr. Abdul Nazar – **Vice Principal**
 Ms. Fazilath Shariff – **Head of Inclusion**

Working Together

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

When to be concerned or put forward complaint:

I. Indicators of child abuse

- ✚ Failure to thrive and meet developmental milestones Fearful or withdrawn tendencies
- ✚ Aggressive behavior
- ✚ Unexplained injuries to a child or conflicting reports from parents or staff Repeated injuries
- ✚ Unaddressed illnesses or injuries.

II. Staff should be concerned if a student

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

III. People who could be involved in Abuse

Students

Parents

Staff Members

Outsiders

Family Member, etc.

**Identification
and
Intervention**

1. Abuse by Student

- + Students report the case of abuse to the class teacher.*
- + Class teacher reports the case to the Counselor, HOS, Vice Principal & Principal*
- + The Counselor speaking to the students involved in the case settles minor issues.*
- + In major issues, matter is taken up to the Vice Principal and Principal.*
- + Students are sent for counseling and for medical checkup to the clinic, if required.*
- + The concerned staff informs parent.*
- + The Counselor/Class teacher monitors the affected student for some period of time.*
- + The record is maintained for the same.*
- + The Student who has been the victim can refer the case directly or by the help of a student to the counselor.*

2. Abuse by Parent

- + Student report to the Class Teacher/Counselor.*
- + The matter is brought to the notice of the HOS and Principal.*
- + The parent is called to the school for investigation and guidance.*
- + The student is sent for Counseling to the school Counselor.*

3. Abuse by the Relative

- + Students report to the class Teacher/Counselor*
- + The matter is brought to the notice of the HOS and Principal.*
- + The parent is called to the school and the matter is discussed for further actions*
- + The student is sent to the School Counselor.*

IV. Dealing with disclosure

If a student discloses that he or she has been harmed in some way, the member of staff should:

- ✚ Listen to what is being said compassionately without being judgmental
- ✚ Accept what is being said
- ✚ Allow the child to talk freely
- ✚ Re-assure the child but not make promises that it might not be possible to keep
- ✚ Maintain confidentiality, and if there is any requirement to disclose information in front of leadership team or somebody else the consent will be taken from the client before disclosing the information.

- ✚ Re-assure the pupil that what has happened is not their fault
- ✚ Stress that it was the right thing to inform us about the incident
- ✚ Listen rather than ask direct questions
- ✚ Ask open questions rather than leading questions
- ✚ Don't criticize the perpetrator
- ✚ Explain what has to be done next and who has to be told to take appropriate action

Flow chart for quick review of disclosure, refer to Appendix-2

V. Role of Child Protection Team

- ✚ Have individual responsibility for reporting child protection concerns.
- ✚ Keep written records of concerns about children - noting the date, incident and action taken.
- ✚ Where there is cause to take the matter further, the member of the committee must ensure that the case is discussed with all relevant parties and that there are set procedures for reporting and following up concerns.
- ✚ Monitor child protection awareness in the school and ensure that due diligence is given to Child Protection issues.
- ✚ Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to.
- ✚ Ensure that children know that there are adults and persons in the school whom they can approach if they are worried or in difficulty.
- ✚ The Principal, along with Vice Principals and the Child Protection Team (CPT) will meet regularly to discuss Child Protection within the school and to review policies and share best practices and procedures.

VI. Procedures

When a child reports abuse, the teacher will inform the DSL/DDSL, (Designated Safeguarding lead) immediately. The teacher should also inform the DSL/DDSL as soon as possible if there is reasonable cause to believe that abuse is occurring. The DSL/DDSL will take initial steps to gather information regarding the reported incident. At this stage she/he will

- Interview staff members as necessary and document information relative to the case.
- Consult school personnel to review the child's history in the school.

The DSL/DDSL will then inform a school-based response team to address the report. The response team may include the school doctor, nurse, counselor, teacher, and other individuals as the DSL/DDSL sees fit. In all cases, follow up activities will be conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained.

Based on acquired information, a plan of action will be developed to assist the child and family.

Actions that may take place are:

- Discussions between the child and the DSL/DDSL in order to gain more information.
- In-class observations of the child by the teacher, counselor, or administrator.
- Meetings with the family to present the school's concerns.
- Referral of the student and family to external professional counseling.
- Consultation with local authorities.

Subsequent to a substantiated case of child abuse or neglect, the following actions may take place:

- The DSL/DDSL will maintain contact with the child and family to provide support and guidance as appropriate.
- The DSL/DDSL will provide the child's teachers ongoing support, and provide strategies for the teacher to use.
- The DSL/DDSL will maintain contact with outside therapists, in order to update the leadership team about the progress of the child, and to keep the SLT informed about the progress of the therapy sessions delivered inside the school as well.
- The School Principal and Governor of Inclusion & Wellbeing may refer the case to local authorities for further action, if necessary.

VII. Staff contact with Pupils

In order to minimize the risk of accusations being made against staff as a result of their daily contact with pupils, staff should ensure that they consider the following points of guidance (taken from Principles for Safe Working Practice for the Protection of Children and Staff in

Education Settings. (Feb 2005).

- Staff is responsible for their own actions and behavior and should avoid any conduct which would lead to any reasonable person to question their motivation and intentions.
- Staff should work, and be seen to work in an open and transparent way (especially when working with individual pupils).
- Staff should not allow pupils to visit their place of residence.
- Staff should discuss and/or take advice promptly from their line manager or another senior member of staff over any incident, which may give rise for concern. Records should be made of any such incident and of decisions made or further actions agreed and the Principal should be informed.
- Staff should be aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

VIII. Assistance to Pupils

1. Physical contact and intimate care:

- Intimate care is defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but are unable to do it because of young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as helping with washing, toileting or dressing, etc.
- We are committed to ensuring that all staff responsible for the intimate care of children undertakes their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- The child's welfare and dignity is of paramount importance. Children must be treated with respect, whatever their age, gender, disability, religion or ethnicity. No child should be attended in a way that causes distress or pain to him/her.
- Staff will work in close partnership with parents and caretakers to share information and provide continuous quality care. The religious views and cultural values of families will be taken into account, particularly as they might affect certain practices or determine the gender of the caretaker.

Staff are expected to:

- Treat information they receive about pupils in a discreet and confidential manner.
- Seek advice from the Principal, & Inclusion Champion, if they are in any doubt about sharing information they hold or which has been requested from them.
- Be cautious when passing information to others about a pupil.
- Information is released after taking consent from the student or parent.

IX. Records and Monitoring:

- ✚ Well-kept records are essential to good Child Protection practice. Concerns and disclosures should be recorded in writing by the members of staff who receives them and passed to the Designated Teacher without delay.
- ✚ The Designated Teacher in consultation with the Principal will then decide on further action and any appropriate monitoring program for the pupil.
- ✚ Records are stored in a proper filing system maintained by Principal or Governor.
- ✚ When pupils with these records in the filing system pass on to their next school, the Principal or Inclusion Champion is responsible for transferring information judged to be relevant to the student's next school.

Recording suspicions of abuse and disclosures:

Staff should make an objective record of any observation or disclosure and include:

- Child's Name and address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time.
- Any discussion held with the parent(s) (where deemed appropriate& necessary).

For Concern and Complaint Recording Format, refer to Appendix-3

X.Complaints Redressal Mechanism:

- ✚ Complaint box, where children can leave notes explaining their issues.
- ✚ The box will be opened periodically by the principal and or by a board member.
- ✚ To have a mechanism for reporting and response of child protection violation.
- ✚ To have a Grievance Redressal cell that comprises of the staff and the children.

XI.Meeting Schedule:

Meeting will be conducted on **last Wednesday (Working Day) of every month**, If in case of emergency; meeting will be called on the same day.

XII. Child Protection and the Curriculum:

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

- ✚ Developing pupils self-esteem;
- ✚ Developing communication skills;
- ✚ Informing about all aspects of risk;
- ✚ Developing strategies for self-protection;
- ✚ Developing a sense of the boundaries between appropriate and inappropriate behavior with adults;
- ✚ Developing non-abusive behavior among pupils.

XIII. Policy review:

- ✚ The Schools Leadership Team is responsible for ensuring the annual review of this policy.
- ✚ The Schools Leadership Team is also responsible for ensuring that the list of key contacts on the cover sheet is updated.
- ✚ Policy will be reviewed yearly in the month of March and implemented from 1st April onwards.

**Involvement
of External
Agencies
including
referral
system**

XIV. Involvement of Outside Agencies:

Dubai Foundation for Women and Children (DFWAC):

The first licensed non- profit shelter in the UAE for women and children who are victims of domestic violence, child abuse and human trafficking. It was established in July, 2007 by His Highness Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE and Ruler of Dubai, to offer victims immediate protection and support services in accordance to international human rights obligations. The Foundation provides a helpline, emergency shelter, and support services to women and children victims. DFWAC aims to protect physically, sexually and emotionally abused women and children, prevent ongoing abuse and the escalation of violence and promote social awareness through education and outreach programs.

DFWAC provides:

A]. A safe shelter, B].Case management, C]. Medical care, D]. Psychological Care, Support & Counseling, and E]. Legal, consular and immigration assistance

Helpline 800 111 or email help@dfwac.ae; Website – www.dfwac.ae

Ministry of Interior (MoI):

You can report child abuse to MoI through the hotline number 116111 or through the MoI's Child Protection Centre's website and the 'Hemayati' (Arabic for protect me) app (available on Android and iOS).

Related links:

- Hotline for UAE school students - video - Emirates 24/7
- Ministry of Interior launches child safety hotline – UAE Interact

Community Development Authority:

Any child in Dubai who needs help, protection from abuse, or advice can pick up the phone and dial 800-988 any time. The Child Protection Center in Al Barsha is on standby to assist

residents less than 18 years of age to ensure their rights are protected and upheld. The recently opened center under the Community Development Authority (CDA) is part of CDAs comprehensive strategy to make Dubai the most secure and ideal for living. The center is providing rehabilitation and counseling services to children in need.

The Local Area:

Alternative Referrals

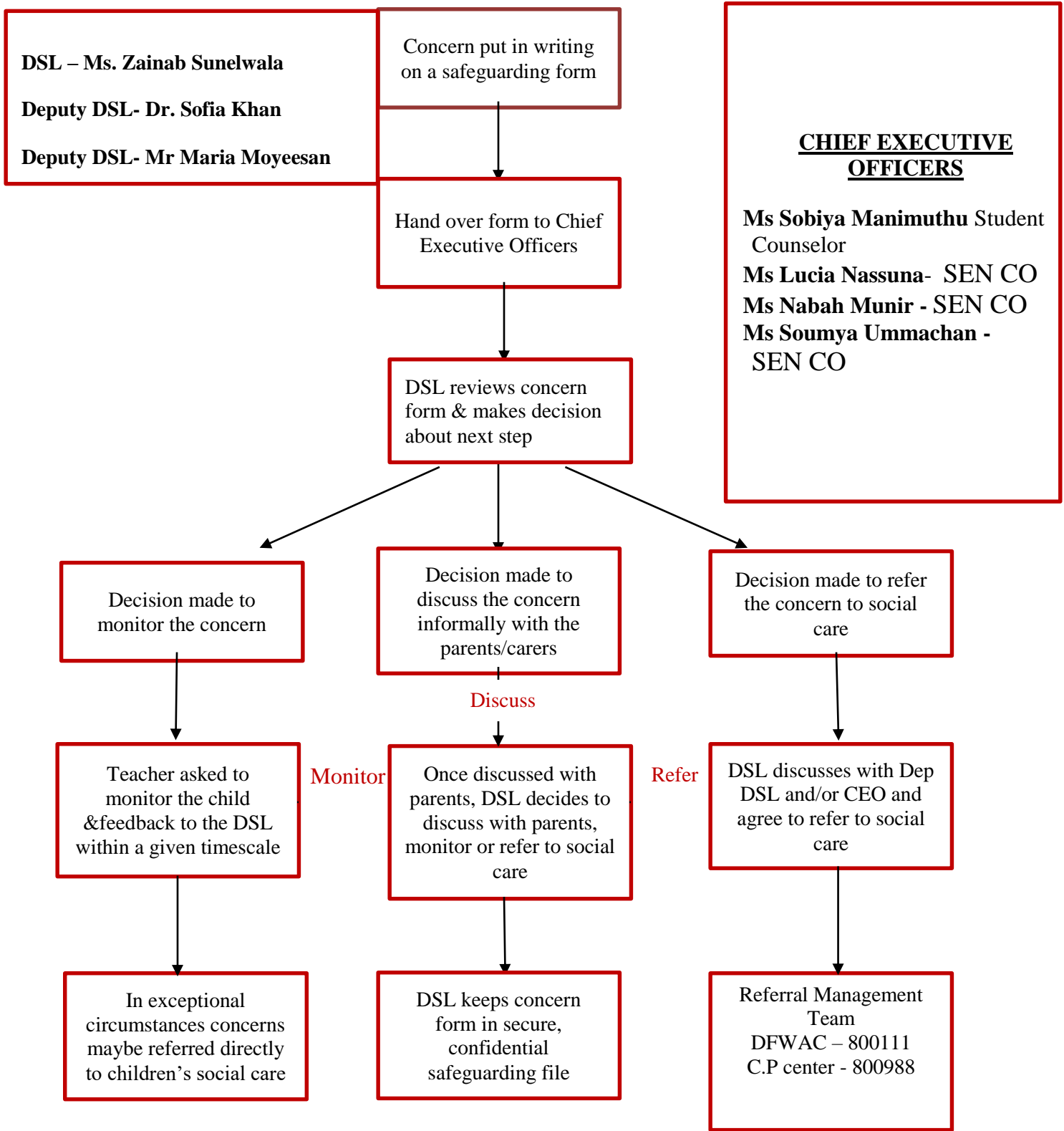
When members of the school have Urgent and Immediate concerns for the safety and protection of a child or young person during school hours they should make an immediate referral to a member of the Child Protection & Safeguarding Committee or any accessible member of the Leadership Team.

Dubai Police Child Protection Hotline.

Contact Number: 800-243 Website: www.dubaipolice.gov.ae AL Ameen Service

Contact Number 800-4-88

FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD



**Roles and
Responsibilities**

Principal will:

- ✚ Comply with the provisions of this policy and shall publish a Child Protection policy to protect students from any abuse and neglect in school. The policy should meet the minimum requirements of good care and support for all students in the school.
- ✚ Ensure that the policy is not contradicting with the child protection and safeguarding guidelines of the region or international rules and regulations
- ✚ Ensure that procedures to prevent situations that could lead to the abuse or neglect of students are in place and understood by all school staff and leaders.
- ✚ Ensure the supervision of students at all times while in school's care.
- ✚ Ensure that there is priority emphasis within the school on the protection of the students and for taking immediate actions when there is suspicion of cases of student abuse or neglect.
- ✚ Ensure that students can safely report their concerns about abuse and/or neglect without fear of retribution or punishment.
- ✚ Ensure that staff and others can safely report their concerns about the potential exposure of any student to abuse and/or neglect without fear of retribution or punishment.
- ✚ Gain views from students and parents regarding security and protection within the school.
- ✚ Immediately report any case of potential abuse and/or neglect of students as stated by this policy.
- ✚ Ensure that all staff and administrators targeted for student protection training are fully attended and participate in all training sessions.
- ✚ Conduct orientation sessions for parents/guardians upon student registration or enrollment and at the start of every school year to promote this policy and to inform them of their roles and responsibilities, and their rights and duties.
- ✚ Maintain students' records in compliance with Student Records Policy, and ensure confidentiality of open and closed cases.
- ✚ Immediately suspend any staff member who is suspected of an offence involving student abuse and/or neglect on a temporary basis until the suspicion is adjudicated.

Administration Manager will:

- ✚ Ensure safety and security of students in school and school buses
- ✚ Ensures that CCTV cameras“ are regularly checked to monitor staff and students behaviors in school and buses
- ✚ Ensure that drivers and bus conductors behave properly with all students while traveling to school, etc.
- ✚ Ensures students safety and security, when students are going in school transport to colleges, universities, schools and executions etc.
- ✚ Ensures that First Aid boxes are available in all departments in school and buses etc.
- ✚ Ensures to report the identified cases through CCTV and transport staff to the school counselors and clinic doctors for intervention.
- ✚ A&PR will ensure to direct the parents to report their complaints through proper channel to the concerned person to resolve the issues and implement the interventional strategies.

Vice Principal will:

- ✚ Ensures to refer parents and complainants to the DEIW department for further investigation and appropriate action
- ✚ Ensures a positive and purposeful relationship development with all parents of our students
- ✚ Guides staff to follow the best child protection and safeguarding guidelines set by the school DEIW department professionals
- ✚ Attend regular child protection and safeguarding meetings to resolve the issues and promote best practices

Head of Inclusion will:

- ✚ Ensure that the school has a child protection policy in place which is consistent with KHDA & Dubai Child Protection Procedures, and is readily accessible to all members of staff, both teaching and non-teaching
- ✚ Ensure that the implementation and effectiveness of the policy and any associated polices e.g. bullying are reviewed annually by it becoming a standing item on the governing body’s agenda with information also being provided on training, the number

of incidents and cases (without details or names).

- ✚ Ensure that the school prospectus contains a section on the child protection policy in order to make parents aware of the school's responsibilities
- ✚ Consider, with HOS and designated child protection teacher, the place of child protection in the school curriculum
- ✚ Ensure that designated and other staff has the opportunity to attend appropriate training
- ✚ Liaise with the Designated Child Protection and Inclusion Officer with responsibility for Child Protection in relation to any allegations of child abuse
- ✚ To arrange specific training sessions for staff, students and parents
- ✚ To make follow up of child protect cases with Child Protection and Inclusion Officer
- ✚ To educate and train school leaders on child protection and safeguarding management in school, etc.

Clinic Doctors will:

- ✚ Ensure early identification of physical and sexual abuse cases
- ✚ Ensure identification of hit and run cases in school
- ✚ Conduct examinations and detailed assessments of identified cases
- ✚ Prepare health profiles of child protection cases
- ✚ Give proper medical treatment to the child protection cases
- ✚ Make referrals to the external agencies with the permission from Child Protection & Inclusion Officer, or Principal.
- ✚ Ensure that relevant information obtained in the course of their duties is communicated to the Child Protection & Inclusion Officer
- ✚ Types of injuries, attendance and frequency are recorded.
- ✚ Requested to provide physical treatment and emotional support after a child has been abused
- ✚ Required to conduct an examination if there are physical injuries and write an initial report about the child's physical and emotional condition
- ✚ Child abuse can leave deep emotional scars and the School Doctor or Nurse should recognize these and help to develop a rehabilitation plan in liaison with the Child Protection & Inclusion Officer and other appropriate staff in the case management team.
- ✚ In some cases, the child may have to take medication as a result of the abuse. The

School Doctor or Nurse should ensure that all standards and procedures for administering medications in the school setting are met.

Class Teacher will:

In maximum cases, the first person to raise a concern is class teacher. They will collect detailed, accurate, secure written records of concerns & complaints, and then liaise with designated safeguarding staff.

Class Teacher's role towards creating awareness among students about:

- Safe touch and unsafe touch.
- Strategies for defense mechanism.
- Keeping other staff informed about the immediate safety measures for child protection and safeguarding issues.
- Avoid use of “Not in use” rooms in the school.
- Learn to say “NO” when it seems to be very uncomfortable.
- Effective use of the complaint box.

School Counselor will:

- ✚ Provide positive encouragement to the child.
- ✚ Support the student's emotional well-being.
- ✚ Any harm to the student will be reported to the Child Protection & Inclusion Officer and relevant information will be shared.
- ✚ Liaise with family members determine how best to promote the child's safety both at school and home.
- ✚ Conduct regular counseling sessions for the student who is abused.
- ✚ To improve the positive thinking and self-esteem of the abused student, etc.

The Responsibilities of the whole School Staff:

All school staff has a responsibility to identify and report suspected abuse and to ensure the safety and well-being of the pupils in the school. In doing so, they should seek advice and support as necessary from the Principal, Governor, Child Protection & Inclusion Officer and the Designated Class Teacher etc.

Staff is expected to provide a safe and caring environment in which children can develop the confidence to share their ideas, feelings and opinions. Children should be treated with respect within a framework of agreed and understood behavior.

All school staff is expected to:

- ✚ Be aware of signs and symptoms of abuse
- ✚ Report concerns to the Designated Class Teachers as appropriate
- ✚ Keep clear, dated, factual and confidential records of child protection concerns and complaints etc.

The Responsibilities of HR department:

When recruiting any member of the teaching staff or support staff with access to children, all reasonable steps should be taken to ensure compliance as far as possible with the following:

- ✚ Provision of an up-to-date police “good conduct” letter and/or criminal records check
- ✚ That two or more references are taken up from previous employers with follow-up questions with regard to the applicant’s compliance with any Child Protection procedures.
- ✚ A declaration signed by the prospective employee on any application form or contract that he/she has not been convicted or undergoing court or disciplinary proceedings for any offence involving child abuse or breach in exercising a duty of care for children.

The Responsibilities of Security Staff:

The Security staff undertakes to be vigilant and adhere to the procedures governing the access, detailed record-keeping, provision of a visitor’s pass to be worn for ease of identification and monitoring of visitors in the school.

Online Safety

Online safety is an integral part of safeguarding. Accordingly, this policy is written in line with „Keeping Children Safe in Education“. Any issues and concerns with online safety must follow the School’s safeguarding and child protection procedures.

What are the main online safety risks today?

Online-safety risks are traditionally categorized as one of the 3 Cs: Content, Contact or Conduct (identified by Professor Tanya Byron's 2008 report "Safer children in a digital world"). These three areas remain a helpful way to understand the risks and potential school response, whether technological or educational. They do not stand in isolation, however, and it is important to understand the interplay between all three.

For many years, online-safety messages have focused on „stranger danger“, i.e. meeting strangers online and then meeting them face to face (contact). Whilst these dangers have not gone away and remain important, violent or sexual content is now prevalent – sending or receiving, voluntarily or coerced. Examples of this are sexting, the sharing of violent and sexual videos, self-harm materials, coerced nudity via live streaming, Cyber Bullying, peer-on-peer sexual exploitation, child criminal exploitation and radicalization. Contact and conduct of course also remain important challenges to address.

Teaching and Support Staff

Are responsible for ensuring that:

- ✚ They have an up to date awareness of e-safety matters and of the current school / academy e-safety policy and practices
- ✚ They have read, understood and signed the Staff Acceptable Use Policy / Agreement (AUP)
- ✚ They report any suspected misuse or problem to the Head of Year for investigation / action / sanction
- ✚ All digital communications with students / parents / carers should be on a professional level and only carried out using official school systems
- ✚ E-safety issues are embedded in all aspects of the curriculum and other activities
- ✚ Students understand and follow the e-safety and acceptable use policies
- ✚ Students have a good understanding of research skills and the need to avoid plagiarism and uphold copyright regulations
- ✚ They monitor the use of digital technologies, mobile devices, cameras etc. in lessons and other school activities (where allowed) and implement current policies with regard to

these devices

- ✚ In lessons where internet use is pre-planned pupils should be guided to sites checked as suitable for their use and that processes are in place for dealing with any unsuitable material that is found in internet searches

Child Protection / Safeguarding Designated Safeguarding Lead and the Team

- ✚ Should be trained in e-safety issues and be aware of the potential for serious child protection / safeguarding issues to arise from:
 - ✚ Sharing of personal data
 - ✚ Access to illegal / inappropriate materials
 - ✚ Inappropriate on-line contact with adults / strangers
 - ✚ Potential or actual incidents of grooming
 - ✚ Cyber-bullying

Students:

- ✚ Are responsible for using the school digital technology systems in accordance with the Student Acceptable Use Policy
- ✚ Have a good understanding of research skills and the need to avoid plagiarism and uphold copyright regulations
- ✚ Need to understand the importance of reporting abuse, misuse or access to inappropriate materials and know how to do so
- ✚ Will be expected to know and understand policies on the use of mobile devices and digital cameras. They should also know and understand policies on the taking / use of images and on cyber-bullying.
- ✚ Should understand the importance of adopting good e-safety practice when using digital technologies out of school and realize that the school's E-Safety Policy covers their actions out of school, if related to their membership of the school

Parents / Caregivers:

Parents / Caregivers play a crucial role in ensuring that their children understand the need to use the internet / mobile devices in an appropriate way. The school will take every opportunity to help parents understand these issues through parents' evenings, newsletters, letters, website and

information about national / local e-safety campaigns / literature. Parents and caregivers will be encouraged to support the school in promoting good e-safety practice and to follow guidelines on the appropriate use of:

- *Digital and video images taken at school events*
- *Access to parents' sections of the website / blog*
- *Their children's personal devices in the school (where this is allowed)*
- *Staff must ensure that they:*
 - *At all times take care to ensure the safe keeping of personal data, minimizing the risk of its loss or misuse.*
 - *Use personal data only on secure password protected computers and other devices, ensuring that they are properly "logged-off" at the end of any session in which they are using personal data*
 - *Transfer data using encryption and secure password protected devices*
 - *No reference should be made in social media to pupils, parents / caregivers or school staff*
 - *They do not engage in online discussion on personal matters relating to members of the school community*
 - *Security settings on personal social media profiles are regularly checked to minimize risk of loss of personal information*

Any issues and concerns with online safety must follow the School's safeguarding and child protection procedures

Appendix 1

Indicators of Physical Abuse:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in color possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or hair brush

- Linear bruising at any site, particularly on the buttock, back or face
- Bruising or tears around, or behind, the earlobe indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, suffocation, strangling and a squeezing.

Fractures:

Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the caretaker being aware of the child's distress.

If the child is not using a limb, has pain on movement or have swelling in the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth injuries:

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth.

Rarely, there may also be grazing on the palate.

Poisoning:

Ingestion of tablets or domestic poisoning in children less than 5 years is usually due to the carelessness of a parent or caretaker, but it may be self-harm even in young children.

Fabricated or induced illness:

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their caretaker.

Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding or eating disorders, as a result of unpleasant feeding indications
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Lower self esteem
- Poor quality or no relationship with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite marks:

Bite marks can leave clear impression of the teeth when seen shortly after the injury has been inflicted. The shape becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical or dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and scalds:

It can be difficult to distinguish between accidental and non-accidental burn and scalds. Scalds are most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area scalds that have line indicating immersion or poured liquid.

Old scars indicate that the previous burns or scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttock of a child, particularly in the absence of burns of feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars:

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped may suggest abuse.

- Emotional/behavioral presentation:
- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parent being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absentee from school

- An explanation which is inconsistent with an injury
- Several explanations provided for an injury

Indicators related to Parents:

- May have injuries themselves that suggest domestic violence
- Not seeking medical help or unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested and disturbed due to accident or injury
- Aggressive towards child and others
- Un-authorized attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatic disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Parent and caregiver may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent and caregiver have convictions for violent crimes.

Indicators related to Family Environment:

- Marginalized or isolated by the community
- History of mental illness, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents or siblings in the family
- Past history of children abuse, self-harm, somatic disorder or false allegations of physical or sexual assault or culture of physical chastisement.

Indicators related to Emotional Abuse:

- Developmental delay
- Abnormal attachment between a child and parent or caregiver e.g. anxious, indiscriminate or no attachment
- Aggressive behavior towards other
- Frozen watchfulness, particularly in pre-school children
- Lower self-esteem and lack of confidence
- Withdrawn or seen as a „loner“ – difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behavior (e.g. rocking, hair twisting, sucking etc.)
- Self-harm
- Fear of parents being contacted
- Drug or solvent abuse
- Compulsive stealing
- Detachment- “don’t care” attitude
- Social isolation- does not join in and has few friends
- Depression, withdrawal
- Behavioral problems e.g. aggression, attention seeking, hyperactivity, poor attention, self-injury etc.
- Inappropriate peer relationships including withdrawal or isolated behavior etc.

Indicators related to Neglect: Physical presentation

- Failure to thrive, older children, and short stature
- Under weight
- Frequent hunger
- Dirty condition
- Inadequate clothing
- Red or purple mottled skin, particularly on the hands and feet, seen in the winter due to

cold

- Swollen limbs
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent or untreated infections e.g. persistent head lice and diarrhea
- Unmanaged or untreated medical conditions including poor dental hygiene etc.
- Frequent accidents or injuries

Indicators related to Sexual Abuse: Physical presentation

- Urinary infection, bleeding or soreness in the genital or anal areas
- Recurrent pain or passing urine or faces
- Blood on under clothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed or there is secrecy or vagueness about the identity of father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdominal, thighs, sexually transmitted diseases, presence of the semen on vagina, anus, external genitalia or clothing etc.

Emotional and Behavioral Presentation:

- Make a disclosure
- Demonstrate sexual knowledge or behavior inappropriate to age or stage of development, or that is unusually explicit
- Inexplicable changes in behavior, such as becoming aggressive or withdrawal
- Self-harm – eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Running away from home
- Poor attention and concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying and crying
- Inappropriate sexual conduct

- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behavior e.g. thumbs sucking, shouting etc.

Indicators related to Neglect: Physical presentation

- Failure to thrive, order children, and short stature
- Under weight
- Frequent hunger
- Dirty condition
- Inadequate clothing
- Red or purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent or untreated infections e.g. persistent head lice and diarrhea
- Unmanaged or untreated medical conditions including poor dental hygiene etc.
- Frequent accidents or injuries

Indicators related to Sexual Abuse: Physical presentation

- Urinary infection, bleeding or soreness in the genital or anal areas
- Recurrent pain or passing urine or faces
- Blood on under clothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed or there is secrecy or vagueness about the identity of father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdominal, thighs, sexually transmitted diseases, presence of the semen on vagina, anus, external genitalia or clothing etc.

Emotional and Behavioral Presentation:

- Make a disclosure

**Appendix-2
Disclosure
Form**

- Demonstrate sexual knowledge or behavior inappropriate to age or stage of development, or that is unusually explicit
- Inexplicable changes in behavior, such as becoming aggressive or withdrawal
- Self-harm – eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Running away from home
- Poor attention and concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying and crying
- Inappropriate sexual conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behavior e.g. thumbs sucking, shouting etc.

Disclosure Form:

**What to do on Disclosure
Stay calm**

(Don't over-react, however shocked you may be)



Listen, hear and believe

(Listen carefully, take it seriously)



Give time for the person to say what they want

(Don't make assumptions and don't offer alternative explanations; ask questions beginning with Tell me about... Explain... Describe... Avoid „who, what, when, where“ questions)



Reassure and explain that they have done the right thing in telling.

(Do not promise confidentiality; explain that only those professionals who need to know will be informed)



**Record in writing as near verbatim as possible and as soon as possible on a Disclosure
Form**

(Use the child's own words, make your record as soon as possible after the event, so that you don't forget anything, and include information about what action was taken afterwards)



Report to the concerned authority

Concern and Complaint Record Form (CCRF)

NEW INDIAN MODEL SCHOOL - DUBAI

Safeguarding- Incident Report Form

Safeguarding incident recording form - 1

Your Details:

- Name:
- Job Role
- Date
- Contact Details

(Phone and e-mail)

Details of Incident / disclosure

- Date of initial raising of concern / incident
- Who raised the concern?
 - Name
 - Contact details
- Who is the vulnerable person / child?
 - Name
 - Age (applicable in the case of Under 18)
 - Contact details
 - Parents contact details
- Where did the incident occur?
- When did the incident occur?
 - Date and time
- What happened?
- Were there witnesses?
 - Name
 - Age (if applicable in the case of Under 18s)
 - Contact details

After the incident/ disclosure

- Were there any witnesses to the referral?
 - Name
 - Contact details
- Who have you discussed this incident with?
 - Name
 - Contact details

Please save this report securely and send it to First Support:



Guidance for handling a Disclosure or Concern

- Take all complaints, allegations or suspicions seriously;
- Ensure the immediate safety of the person affected;
- Stay calm, and offer support and reassurance to the person making the disclosure;
- Do not make any promises regarding confidentiality;
- Listen, keep questions to a minimum, make brief but careful notes and check the person affected agrees with them (where applicable);
- Explain what you will do.

Safeguarding Incident Recording Form - 2 Detailing discussion with Safeguarding Lead To be used in conjunction with form 1

Your Details:

- Name:
- Job Role
- Date
- Contact Details

(Phone and e-mail)

Details of Incident / disclosure

Refer to Template 1

- Name of Victim
- Date of incident

Notes on discussion with DSL

- What was discussed
- Agreed outcomes
- Further action
 - By whom?

Please save this report securely and send it to DSL

References

References

- *1989 UN Convention on the Rights of the child*
- *1989 The Children's Act 2003 What to do if you're worried a child is being abused*
- *2005 Guidance for safe working practice for the protection of children and staff in educational settings.*
- *2007 Safeguarding Children and Safer Recruitment in Education.*
- *2013 Working Together to Safeguard Children*
- *2014 Safeguarding Children in Education*
- *2014 UAE Child Rights Law*
- *UAE Federal Law No. 3 of 1987 on Penal Code UAE Federal Law No.3 of 2016 on Child Rights*