



مدرسة الياسات الخاصة
Al Yasat Private School



Child Protection Policy

Child Protection Policy

1. Policy Statement

Al Yasat Private School is committed to the protection of all students from abuse, harm, neglect, or exploitation. This Child Protection Policy provides a specific framework for identifying, reporting, and responding to child protection concerns. While our Safeguarding Policy establishes broader preventative measures, this policy outlines reactive procedures required when a child is at risk or suffering harm. It is designed to ensure that all members of staff understand their roles and are empowered.

2. Aims

- To provide a clear procedure for identifying, reporting, and managing cases of actual or suspected abuse.
- To ensure timely and appropriate responses to child protection concerns.
To support students identified as being at risk through internal monitoring and collaboration with external agencies.
- To raise staff awareness of the signs of abuse and their responsibilities in reporting concerns.

3. Roles and Responsibilities

The Designated Safeguarding Lead (DSL) is responsible for overseeing child protection across the school. Deputy DSLs assist in responding to concerns in their respective divisions. All staff members have a duty of care and are expected to report any concerns or disclosures to the DSL immediately.

3.1 Designated Safeguarding Personnel

- DSL: Luke Wiedeman, Assistant Superintendent
- Deputy DSLs:
 - Reem Rekieh - Middle/High School Girls
 - Mark Duffy - Middle/High School Boys
 - Norma Morris - Elementary Division
 - Scott Carnochan - Superintendent (Oversight)

These staff are responsible for:

- Maintaining accurate and secure records of all reported concerns.
- Liaising with the Superintendent and external authorities when needed.
- Providing guidance and training for staff.
- Monitoring cases, providing internal support, and escalating as required.

4. Identifying Abuse

Staff must be alert to the four categories of abuse:

- Physical Abuse: Unexplained injuries, burns, or signs of physical punishment.
- Emotional Abuse: Low self-esteem, excessive fear, or developmental delays.
- Sexual Abuse: Inappropriate sexual knowledge, behaviour, or signs of trauma.
- Neglect: Poor hygiene, untreated medical issues, constant hunger or tiredness.

When to be concerned

It is important that all members of staff, including visiting staff both paid and unpaid, should be aware and alert to possible outward signs of abuse or neglect. There are four categories of abuse: **emotional** abuse, **physical** abuse, **sexual** abuse or **child sexual exploitation** and **neglect**. These signs may include one or more of the following:

- An injury that is not typical of the bumps and scrapes associated with everyday activities, or an injury that is not consistent with any explanation given
- Frequent injuries even when apparently reasonable explanations are given
- Sudden changes in behaviour, performance or attitude
- Anxiety or low self-esteem
- Knowledge of sexual matters beyond what would normally be expected, or sexual behaviour that is unusually explicit or inappropriate to the student's age
- Disclosure of an experience in which the student may have been significantly harmed.

Inclusion and Children with Additional Vulnerabilities

Staff should also be alert to additional safeguarding challenges which exist for students who have learning differences and/or disabilities, for example, students may be more vulnerable to being bullied and may be unable to effectively communicate in an abusive situation.

- a) People of Determination and children with learning differences can be more vulnerable to exploitation and abuse and should have enhanced access to support systems
- b) They may be more isolated from their peers and may find it difficult to express concern
- c) No concern should be overlooked or passed off as a symptom of a learning difference or disability; including (not an exhaustive list)
 - Communication
 - Toileting
 - Understanding right and wrong
 - Physical Build
 - Unusual or over-physical attachments to staff members or peers.

- d) Staff must be hyper-vigilant to the needs and concerns of these children who are among the most vulnerable
- e) Additional barriers can exist in identifying neglect and harm for some groups of students.

Additional Risk Factors

Staff should also be aware of:

- Child-on-child abuse (including bullying, sexting, and harassment)
- Female Genital Mutilation (FGM) - must be reported immediately
- Radicalisation and extremist ideologies
- Online exploitation or abuse through digital platforms

5. Responding to Disclosures

If a staff member is told about abuse, or a staff member suspects or knows of any abuse of any student, the Designated Safeguarding Lead must be informed immediately in person or by telephone and logging the information on CPOMS.

Even if the information is based on rumours of abuse, or there is a suspicion but no firm evidence, the DSL should be contacted regarding the concerns. Therefore, even if the incident does not seem serious it must be reported as it may be a small part of a much larger picture. This needs to be done with care and sensitivity and the student needs to be reassured that the matter will only be discussed with people who need to know.

Do:

- Arrange a place and time where you can talk as soon as possible, preferably with another adult present e.g. nurse or counsellor
- Stay calm and reassure the student that she/he is right to tell someone
- Let the student know that she/he is not to blame
- Allow the student to speak and keep questions to a minimum
- Let him/her know that you recognise how difficult it is to talk about such experiences
- Explain that you will need to involve other people and why
- Report bruises or physical harm to the nurse so that this can be logged
- Be supportive and give realistic encouragement
- Talk to someone about your feelings and seek support for yourself
- Refer the concern immediately to the Designated Safeguarding Lead. Whilst the initial referral may be verbal, all referrals must be followed up by recording them on CPOMS software or the completion of the referral form by the member of staff making the referral.

Do not:

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

When a student makes a disclosure:

- Listen without judgement or leading questions.
- Reassure them they have done the right thing by speaking up.
- Do not promise confidentiality; explain that information must be shared with those who can help.
- Record the disclosure in detail on CPOMS as soon as possible.
- Report immediately to the DSL or Deputy DSL.

Staff should not investigate concerns or allegations themselves but should report them immediately. This recorded disclosure should be made through CPOMS software and should be made as soon as possible after the disclosure and should include:

- The date and time of the report
- The name of the person reporting the incident and, where different, the name of the student who has allegedly been abused OR
- Where, when and how disclosure took place and the names of anyone present and/or asked to attend
- The date, time and place where the alleged abuse happened
- The names of those present when the abuse occurred
- The account that was given of the allegations with nature of abuse and outcome, if known
- In the first instance, communication about such incidents should be directed **only to the Designated Safeguarding Lead or Superintendent** in order to protect all concerned.

Allegations by one student against another student

Any such allegations will always be taken seriously and will be dealt with using sensitivity and care. The same principles for dealing with any disclosure apply to such cases:

- If a member of staff/volunteer suspects or is informed about an allegation involving a student, the school should listen and treat in good faith

- The school should establish the initial salient details of the allegation and then contact both families for discrete appointments to discuss the area of concern
- The school will ask the family/families to support the school's disciplinary approach with a view to developing a cooperative process
- The school will liaise with ADEK sharing the nature of the area of concern and work towards a mutually acceptable solution
- In association with the ADEK, the requirement to report the area of concern to the Police should be discussed
- The school will seek legal advice with regard to the safety of the student returning to the school
- The school will request that the family undertakes counselling as required regarding the student's return to school.

6. Reporting and Escalation Process

- Concerns must be recorded on CPOMS or reported verbally and logged.
- DSL will determine whether external referral is required (ADEK, social services, police).
- Staff should not investigate the concern further themselves.
- Reports must include date, time, student's name, and clear factual notes.

7. Allegations Against Staff

- All allegations must be reported to the Superintendent immediately.
- If the allegation involves the Superintendent, report directly to the Chair of the Board of Governors.
- An initial assessment will be made; serious matters will be escalated to relevant authorities.
- The procedures apply to all staff including former members of staff. Those dealing with an allegation must maintain an open mind and ensure that further action is not subject to delay.
- Allegations against staff or volunteers should immediately be reported to the Superintendent or in his absence to either the Head of School or the DSL's (if the concern is not related to either of them).

In the event that an allegation is made against a member of staff at the school, the Superintendent will take advice from the Designated Safeguarding Lead (unless the allegation involves the DSL) on how to investigate the matter. The Designated Safeguarding Lead or Superintendent will make an initial assessment of the allegation, consulting others as necessary. Where the allegation is considered to be either a potential criminal act or indicates that the child has suffered, is suffering or is likely to suffer significant harm, the matter will be reported

immediately to the Chairperson of the board of Governors. The initial assessment should be on the basis of the information received and gives rise to a decision whether or not the allegation warrants further investigation and if so by whom.

In the event of an allegation against the Superintendent, this should be reported to the Chairperson of the Board of Governors without notifying the Superintendent first.

8. Confidentiality and Record Keeping

- Child protection records are stored securely via CPOMS with restricted access.
- Information is shared only with those who need to know.
- Students and parents will be informed where appropriate, unless doing so places the child at further risk.

9. External Agency Collaboration

- Where necessary, the school will liaise with ADEK, healthcare professionals, or police.
- When transferring students, the DSL will verbally communicate concerns to the new school's safeguarding lead.

10. Monitoring at-Risk Students

- Students identified as at risk will be monitored for 6-8 weeks (or longer, based on case).
- Regular check-ins and updates will be maintained via CPOMS.
- Parents will be informed unless doing so puts the student at further risk.

11. Training and Support

- Ensure all staff and volunteers will receive annual training on the signs and symptoms of abuse and the procedures within Al Yasat Private School. They will also be made aware of their responsibilities for referring any concerns to the DSL and Safeguarding Team
- The Designated Safeguarding Lead and Deputy DSL's have received relevant Safeguarding Training
- The Board of Governors have received training on the signs and symptoms of abuse and the procedures within Al Yasat Private School. This will be ongoing in line with staff training.

Staff should not investigate concerns or allegations themselves but should report them immediately. This recorded disclosure should be made through CPOMS software and should be made as soon as possible after the disclosure and should include:

- The date and time of the report
- The name of the person reporting the incident and, where different, the name of the student who has allegedly been abused OR

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

12. Guidelines for Staff

This guidance is issued within this policy for the protection of both staff and students. In education, all relationships are founded on trust. It is vital for those in positions of trust to understand the power this gives them over those in their care, and the responsibility they must exercise as a consequence.

- Do not let suspicion, disclosure or allegations of abuse go unreported or unrecorded
- Do provide access for students to talk to you about any concerns they may have
- Plan activities that involve more than one other person being present or are at least within sight or hearing of others
- If it is necessary to speak to a student alone, always inform another member of staff where you are. It is advisable not to close the door of the room
- Recognise that caution is required in sensitive moments of counselling on matters such as bullying, bereavement or abuse
- On residential trips, students and staff must have separate sleeping accommodation
- Avoid situations that compromise your relationship with students and are unacceptable within a relationship of trust
- During coaching of sport or instrumental teaching, where a degree of physical contact may be inevitable, staff must be particularly aware that this should only be used to develop skills/techniques or to treat or prevent injury
- Staff are advised to avoid transporting a single student in a vehicle except in case of an emergency
- Remember that someone else may misinterpret your actions, no matter how well intentioned
- Do not have inappropriate physical or verbal contact with students. Avoid suggestive remarks or gestures, even in fun
- Do not jump to conclusions about others without checking the facts
- Do not rely on your good name to protect you
- **Do not believe "it could never happen to me".**

APPENDIX 1

Signs of possible Child Abuse

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

1. Emotional Abuse

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

Signs of possible emotional abuse

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

2. Neglect – This refers to persistent or deliberate failure to meet a child's physical or psychological needs e.g. a failure to provide adequate food, clothing or shelter, failure to protect a child or failure to provide adequate medical care. It may also involve neglect or failure to give adequate response to a child's emotional needs.

Signs of possible physical neglect

- | | |
|--|---|
| <ul style="list-style-type: none"> • Constant hunger • Poor personal hygiene • Constant tiredness | <ul style="list-style-type: none"> • Poor state of clothing • Frequent lateness • Unexplained non-attendance |
|--|---|

- Untreated medical problems
- Low self-esteem
- Poor peer relationships
- Stealing.

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

Signs of possible physical abuse

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

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

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

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

Signs of possible sexual abuse

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

APPENDIX 2

WHAT TO DO ON SUSPICION OR DISCLOSURE

Stay Calm

(Don't overreact. It is extremely unlikely that the child is in immediate danger).

Listen, Hear and Believe

(Don't probe for more information. Questioning the disclosure may affect how it is received at a later date).

Give time for the person to say what they want

(Don't make assumptions, don't paraphrase and don't offer alternative explanations).

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

Explain that only those professionals who need to know will be informed

(Don't promise confidentiality to keep secrets or that everything will be OK).

Act immediately in accordance with the procedures in this document

(Don't try to deal with it yourself).

Record in writing as near as verbatim as possible and as soon as possible on CPOMS software

(Don't make negative comments about the alleged abuser).

Report to the Designated Safeguarding Lead who will inform the Superintendent according to the procedure

(Don't gossip with colleagues about what has been said to you).

Record Your Report (CPOMS)

(Don't make a child repeat an allegation unnecessarily).