

## Child Protection and Safeguarding Policy

### 1) Aims of Policy

- To clarify how we serve our student population through a range of procedures, protocols and approaches to protect the well-being and safety of individuals
- To take all reasonable measures to prevent threats to student well-being and safety, both physical and emotional, in line with our school Vision, Mission and Values
- To identify the roles and responsibilities of staff and community members in upholding the procedures, protocols and approaches outlined in this policy

### 2) Key Contact Information

The Head of School is the first point of contact for any Safeguarding and Child Protection concerns.

Name	Position	Contact Number	Notes
<b>Anna Packman</b>	<b>Head of School</b>		<b>English only speaker</b>
Yola Fu	Deputy of Pre School		Chinese only speaker
Penny Liu	Deputy of Prep School		Chinese only speaker
Matthew Webster	Deputy of Prep School		English only speaker
Arlene Chen	Deputy of Prep School		Bilingual
John Zhang	Health & Safety Officer		Chinese only speaker
Winnie Zhou	PA to the Head of School		Bilingual
External Agencies	Services	Contact Number	Location
Olivia's Place	Inter-disciplinary Care		Nanshan, Shenzhen
Omni Mind Gym (OMG)	Psychological Counseling Expertise	+852 2177 6168	Yau Ma Tei, Hong Kong

Olivia's Place and OMG (External Agencies) are able to offer support and guidance to staff, students and families on a case by case basis and will be consulted in any Child Protection cases. OMG specialise in counseling and have outreach programmes in Shenzhen, including with BMH.

### 3) Definitions

**Safeguarding** refers to taking action to enable all children to have the best possible outcomes including:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care

**Child Protection** refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

**Abuse;** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

**Physical abuse;** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or, or deliberately induces, illness in a child.

**Emotional abuse;** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate actions being imposed on a child. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual Abuse;** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact and may also include non contact activities such as involving children in looking at, or in the production of, sexual images or acts, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect;** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter; protect a child from physical or emotional harm or danger; ensure adequate supervision (including the use of inadequate care givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

*See also 'Symptoms of Abuse' (Appendix 1)*

#### 4) HR practices

Recruitment follows standard practice to ensure only staff who are suitable to work with and around children are employed by BMH. That practice includes:

- 4a) Staff are interviewed to ascertain their suitability for their post
- 4b) At least two positive references are required for an offer to be considered; specific reference to the candidates suitability to work with or around children are included
- 4c) Police Checks are carried out for all staff. For Overseas staff, this requires a specific visit to the police station in Shenzhen and a police record check. For Chinese staff, this requires their ID card to be run through the government system to highlight any areas for concern.
- 4d) Checking key documents to ensure staff have the appropriate qualifications and training to take on the positions for which they are applying.
- 4e) Building clear expectations for professional conduct into staff documents

*See also 'HR Policy' (Appendix 2)*

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#### 5) Roles and Responsibilities

The Head of School is the key member of staff to whom stakeholders report any concerns pertaining to Safeguarding or Child Protection. Where concerns are raised and information is shared to other staff members, they are duty bound to report this to the Head of School.

All faculty members are expected to support the social and emotional development and wellbeing of students in the school, as outlined in contracts, Staff Handbook and school policies. All staff are required to observe and be alert to signs of abuse and to understand the importance of reporting any suspicious circumstances, behaviours or physical evidence that gives cause for concern.

The school Safety Officer works with the Senior Leadership Team to oversee safety, security and well-being of students and staff at BMH, liaising with the Security Team and School Doctors as needed. Where the school has concerns pertaining to Safeguarding or Child Protection of a student, the Safety Officer may be notified, under confidential instruction, to communicate as needed with School Doctors and Security Team.

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#### 6) Communication

Staff should understand that if a child confides in them about any form of abuse the information should always be taken seriously.

When communicating with a student about whom Safeguarding or Child Protection concerns are raised or becoming apparent, the pupil should be gently encouraged to talk, but not cross-questioned, "led

into” statements or judged in any way; this includes not showing disbelief, anger or shock. Staff should listen with care, quietly but actively and allow silence, reassure the child that he/she is not to blame and was right to inform you. Appropriate questions are “What do you want to tell me?” or “Is there anything else you want to say?” Focus on TED questions - Tell, Explain, Describe.

Be mindful of the dual language context of the school. A partial disclosure in broken English or Chinese is preferable to the child shutting down altogether. However, where a child is attempting to disclose in a second language, it may be appropriate to ask them if it would be ok to invite a speaker of their native language into the conversation. Ask the child if they can choose a native speaker with whom they feel safe and comfortable and, where possible, remain with the child in your current setting (where they have chosen to disclose to you) and contact the native speaking staff member by phone. Ensuring the child is able to communicate clearly is of great importance. However, it is also important to remember that they may only feel safe speaking to the staff member with whom they initiated the disclosure; be sensitive to the child’s responses.

Staff should be aware that any conversation should be recorded accurately in writing as soon as possible (immediately where feasible and always within the same day), and the notes retained and passed on to the Head of School, in case they are required for use at a later date. All notes should be signed, dated and timed.

Complete confidentiality should not be promised to any individual disclosing information, as serious cases must be reported to the Head of School and possibly to external authorities, including the police. The individual confiding in the staff member should be reassured that the information will be treated with the greatest sensitivity, and that he or she will be consulted and involved at all stages as appropriate.

*See also ‘Reporting Procedure’ (section 8)*

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## 7) Curriculum & Learning

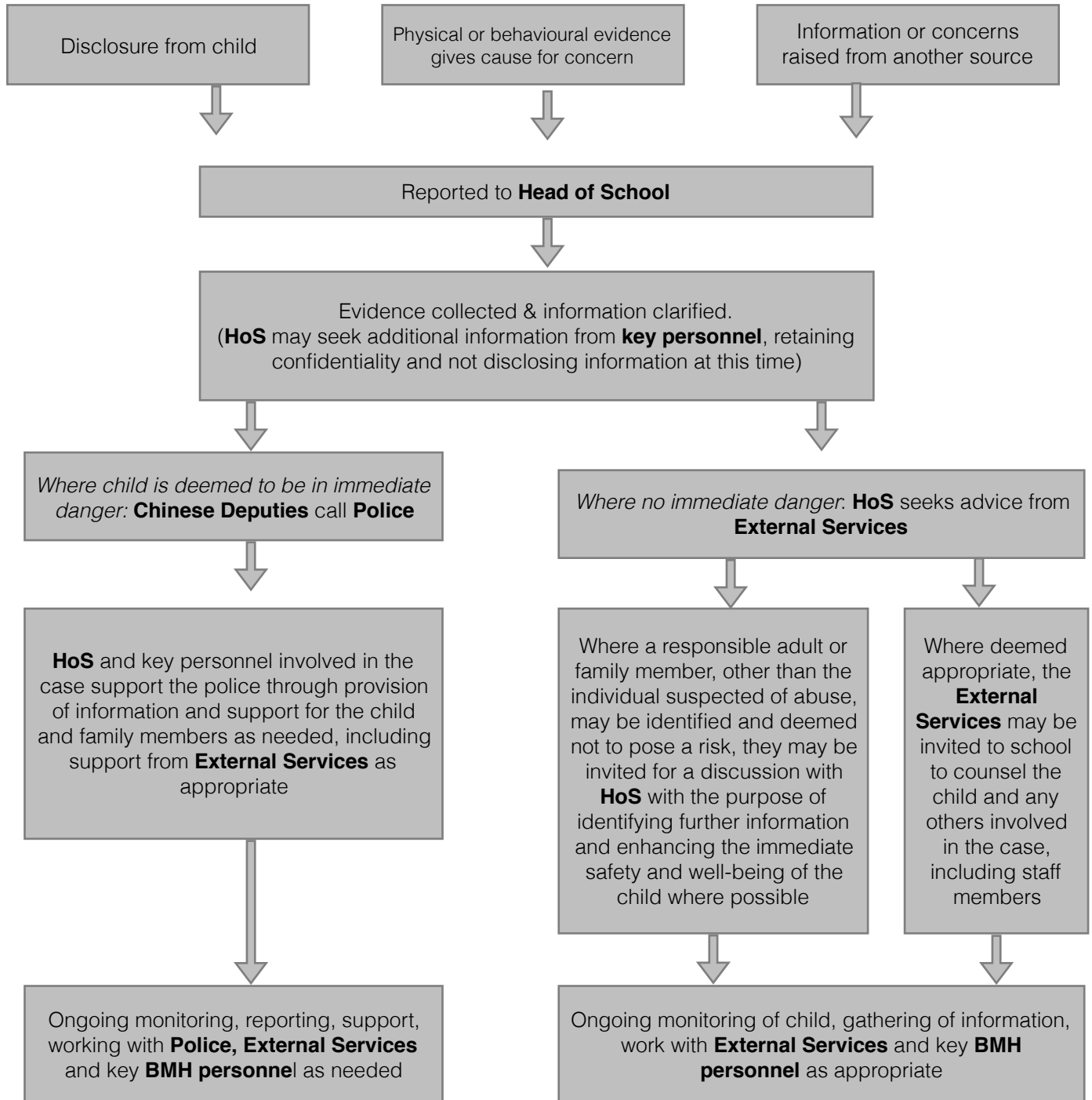
Education of students ensures that their Programme Expectations reflect developmentally and age-appropriate learning related to how to stay safe, look after themselves and communicate any concerns with responsible adults who they trust.

5a) Within the Pre School Curriculum, these expectations are housed in Personal & Social Development (SD1.1; SD3.1), Speaking & Listening (SL1) and Health & Physical (HP1.4)

5b) Within the Prep School curriculum, these expectations are housed in Morality, Well-being & Culture (Virtues & Morality - MC; Emotional Wellbeing, Physical Wellbeing and Relationships - WB)

Through ongoing teaching and learning the school aims to equip children with the skills and knowledge required to keep them safe.

## 8) Reporting Procedure



## Appendices

### Appendix 1 - Symptoms of Abuse

### Appendix 2 - HR Policy

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## Appendix 1 - Symptoms of abuse

### **Physical Abuse**

Typical signs of Physical Abuse are:

- Bruises and abrasions – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- Slap marks – these may be visible on cheeks or buttocks.
- Twin bruises on either side of the mouth or cheeks – can be caused by pinching or grabbing, sometimes to force a child to eat or to stop a child from talking.
- Bruising on either sides of the ear – this is often caused by grabbing a child who is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- Grip marks on arms or trunk – found on babies who are handled roughly or held down in a violent way. Gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child, a brain haemorrhage. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- Black eyes – are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B. A heavy bang on the nose however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- Damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- Bite marks
- Fractures – especially in children under the age of 2.
- Poisoning and other drug misuse – e.g. overuse of sedatives.
- Burns and/or scalds – a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a cup of tea. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.
- Unexplained injuries or refusal to discuss them
- Fear of medical treatment
- Self-destructive tendencies
- Unexplained patterns of absence that could be in order to hide injuries

### **Sexual Abuse**

Typical signs of Sexual Abuse are:

- A detailed sexual knowledge inappropriate to the age of the child

- Behaviour that is excessively affectionate or sexual towards other children or adults
- Lack of trust in adults (particularly any marked fear of men)
- Attempts to inform by making a disclosure about sexual abuse often begins by the initial sharing of limited information with one adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality
- A fear of medical examinations
- A fear of being alone – this applies to friends, families, neighbours, baby-sitters, etc.
- A sudden loss of appetite, compulsive eating, anorexia/bulimia nervosa
- Excessive masturbation is especially worrying when it takes place in public
- Promiscuity
- Unusually explicit or detailed sex play in younger children
- Sexual approaches or assaults – on other children or adults
- Pregnancy, urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified
- Bruising to the breasts, buttocks, lower abdomen, thighs and genital/rectal areas - Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place
- Discomfort or pain particularly in the genital areas
- The drawing of pornographic or sexually explicit images

### **Neglect**

Typical signs of Physical Neglect are:

- Underweight – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- Inadequately clad – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.
- Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.

### **Symptoms of Stress and Distress**

When a child is suffering from any one or more of the previous four 'categories of abuse', or if that child is 'at risk', he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in school performance.
- Extreme passivity or aggressive/hostile behaviour.
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences.
- Difficulties in relationships with peers.
- Regression to more immature forms of behaviour, e.g. thumb sucking, bed-wetting.
- Self-harming or suicidal behaviour.
- Low self-esteem.

- Wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual/physical abuse;
- Disturbed sleep/tiredness;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- Fear of medical treatment;
- Unexplained patterns of absence to hide injuries;
- 'Chronic' medical problems (stomach pains/headaches);
- Drug/solvent abuse;
- Telling of a 'friend with a problem of abuse';
- Anorexic/bulimic;
- Excessive fear of certain situations or people
- A sudden change in school performance.

### **Parental Signs of Child Abuse**

Particular forms of parental behaviour that could raise or reinforce concerns are:

- Implausible explanations of injuries.
- Unwillingness to seek appropriate medical treatment for injuries.
- Injured child kept away from school until injuries have healed without adequate reason.
- A high level of expressed hostility to the child.
- Grossly unrealistic assumptions about child development.
- General dislike of child-like behaviour.
- Inappropriate labelling of child's behaviour as bad or naughty.
- Leaving children unsupervised when they are too young to be left unattended.

Other forms of abuse also include:

- Bullying - any persistent and uninvited behaviour which insults, hurts or intimidates someone including cyber-bullying.
- Missing Child - a child going missing from School is a potential indicator of abuse or neglect.
- Female Genital Mutilation (FGM) – professionals in all agencies, and individuals and groups, need to be alert to the possibility of a girl being at risk of FGM, or having already suffered FGM. Victims of FGM are likely to come from a community that is known to practise FGM.
- Child Sexual Exploitation (CSE) – involves exploitive situations, contexts and relationships where young people receive something (for example food accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. What marks out exploitation is an imbalance of power in the relationship.
- Forced Marriage – a form of Domestic Abuse. It should be recognised as a human rights abuse – and should always invoke child protection procedures within the school.



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Appendix 2 - HR Policy