



## Child Protection and Safeguarding Policy AY 24-25

Policy No: WPSD Curriculum Policy  
Document Owner: WPSD-LLC  
Document Author: Principal  
Authorised to Edit/ Amend: Senior Management  
Authorised to Access: All stakeholders

Date of Compilation October 2019  
Version No: Ver: 3  
Policy Reviewed in April 2020, April 2021,  
April 2022, April 2023 and April 2024  
Policy to be reviewed again in April 2025

### School Vision

Our vision is for all students to develop at Woodlem Park School as independent learners with self-belief and respect for others with a lifelong love for learning and a strong foundation for future success.

### School Mission

At Woodlem Park School we value every student. We work together as a community to ensure that students develop well in all aspects of learning so that they are equipped to face the opportunities and challenges of the 21st century wherever they may be. To do this:

We provide the best possible learning opportunities in academic subjects, personal development, moral values and life skills

Staff members and students work together in a spirit of cooperation and mutual harmony.



<b>CBSE</b>	<b>Central Board of Secondary Education</b>
<b>CPR</b>	<b>Cardiopulmonary Resuscitation</b>
<b>CPO</b>	<b>Child Protection Officer</b>
<b>DHA</b>	<b>Dubai Health Authority</b>
<b>IHP</b>	<b>Individual Healthcare Plan</b>
<b>POSCO</b>	<b>Protection of Children from Sexual Offence</b>
<b>POSH</b>	<b>Prevention of Sexual Harassment</b>
<b>UAE</b>	<b>United Arab Emirates</b>

### **Preamble**

Woodlem Park School is committed to the vital contribution all governors, teaching and non-teaching staff make to safeguarding children. We aim to ensure that child protection concerns and referrals are handled sensitively, professionally and in ways that support the specific needs of the individual child. Through providing a caring, safe and stimulating environment which promotes the social, physical, cultural and moral development of all our students, we aim to foster an atmosphere of trust, respect and security. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them. We will always act in the best interests of the child.



## **Aim, Scope & Significance**

Integrating POSCO (Protection of Children from Sexual Offenses) and POSH (Prevention of Sexual Harassment) policies into our school's Child Protection and Safeguarding Policy ensures a comprehensive approach to creating a safe and secure environment for all students. By aligning these frameworks, we aim to uphold the highest standards of care, respect, and protection for every child in our school community.

- Promote the child's development to cultivate security, confidence, and independence.
- Increase awareness among teaching and non-teaching staff regarding the importance of safeguarding children and their duty to identify and report potential abuse cases.
- Establish a systematic approach to monitor children identified or suspected to be at risk of harm.
- Stress the significance of effective communication among all staff members.
- Implement a structured procedure within Woodlem Park School to guide all members of the school community in handling suspected abuse cases.
- Foster collaborative relationships with external agencies, particularly the police and social services.
- Ensure that all adults with sole access to children at our school undergo suitability check

## **Laws we follow at the School**

- UAE Federal Law No. 3 of 2016 on children's rights (Wadeema's Law)
- UAE Department for Health, School Health Guidelines for Private Schools 2011
- UAE School Inspection Framework 2016, Section 5, The protection, care, guidance and support of students

The - Wadeema's Law-Federal Law no. 3 (2016) is a new law to protect children from abuse and neglect, and support their right to safety, health care and education. For the first time, anyone in contact with a child – can be held accountable for causing harm and is legally obliged to report cases of suspected abuse. If a child's life is in danger The GOVERNMENT now has the authority to go and remove the child to "safety". Anyone who breaks the law faces a fine of up to Dh50,000, and up to 10 years in prison for physical/sexual abuse or criminal negligence of children.

## **Key contacts within the local area**

1. **The Dubai Police Child Protection Dept.** contact number: 800243  
Website: [www.dubaipolice.gov.ae](http://www.dubaipolice.gov.ae) Al Ameen service Contact number: 800488
2. **Community Development Authority**, Child Protection Centre located in Al Barsha opens between 8 am to 3 pm for drop-in services. A member of staff can also be contacted 24 hours a



3. day on Hotline 800 988 (The number to be used to report a concern in school)  
Mobile phone number 056 682011, Email [child@CDA.gov.ae](mailto:child@CDA.gov.ae)
4. **Ministry of Interior** – Child Protection +971 (0) 23 333 999. E-mail  
[child.protection@adpolice.gov.ae](mailto:child.protection@adpolice.gov.ae)  
(This is a Federal Department which ensures compliance and best practices.). Hotline- 116111
5. **Dubai Foundation for Women and Children** Free phone – 800111. Or 04 6060300. E-mail  
[info@dfwac.ae](mailto:info@dfwac.ae) (This is used for advice and referrals for families).





## Descriptions and Explanation

- ★ **A child** under this policy is a person who has not attained 18 years of age.
- ★ **Child protection**, for the purpose of this policy, is defined as all measures, steps and actions that must be taken to protect students from risks that may cause harm or injury while they are in the school's care, travelling to and from the school using school transport, and moving between, waiting for, and taking part in, all activities organized by the school inside or outside the school campus.
- ★ A **school day** is the time period spent by a student under school supervision. It includes the time spent by the student inside the school and includes the time spent by the student in school buses from and to the school and in extra-curricular school activities.
- ★ **Abuse** refers to physical abuse, corporal punishment, emotional abuse, and sexual abuse and also includes bullying, exploitation, and neglect.
- ★ **Physical abuse** is the deliberate physical injury to a student, or the intentional neglectful failure to prevent physical injury or suffering. This involves actions including, but not limited to, hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement, or giving the student drugs not prescribed by a physician to control behaviour or to cause harm.
- ★ **Corporal punishment** is a physical punishment inflicted on a child by a teacher or any adult in authority, such as the guardian, as a form of discipline, and is considered as **physical abuse**.
- ★ **Emotional abuse** is the persistent emotional ill-treatment of a student such as to causing severe and persistent adverse effects on the student's emotional growth and development. It involves actions such as, but not limited to, conveying to students that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It involves causing students to feel bullied, frightened or in danger, or the exploitation or corruption of students. Some levels of emotional abuse is involved in all types of ill-treatment of a student, though it may occur in isolation.
- ★ **Sexual abuse and exploitation** involve but are not limited to forcing or enticing a student to take part in sexual activities. The activities involve actions including, but not limited to, physical contact, including penetrative or non-penetrative acts. They include non-contact activities such as involving students looking at or in the production of, pornographic material or, watching sexual activities, sexual hinting or encouraging students to behave in sexually inappropriate ways.
- ★ **Bullying** is unwanted aggressive behaviour from a student or more to another student and involves an observed or perceived power imbalance and is repeated (or is highly likely to



be) multiple times. Bullying, as a form of violence, includes physical (hitting, tripping), verbal (name calling, teasing), relational/social (spreading rumors, leaving out of group), and cyber-bullying aggression (occurs through e-mail, a chat room, instant messaging, a website, text messaging, or pictures or videos sent through cell phones or posted on websites). A student can be a perpetrator, a victim, or both.

★ **Neglect** is the persistent failure to meet a student's basic physical, emotional and/or psychological needs, likely to result in serious impairment of the child's health or development. It involves failing of a parent or a guardian to take actions that are considered necessary to care for children including, but not limited to:

- ✧ Provide adequate food, clothing and shelter
- ✧ Protect the child from physical harm or danger
- ✧ Provide adequate care (including the use of adequate caregivers)
- ✧ Provide healthcare and appropriate medical treatment
- ✧ Provide education and regular school attendance
- ✧ Maintain personal hygiene
- ✧ Ensure adequate stimulation.

### Key personnel

<u>Name</u>	<u>Designation</u>	<u>Role</u>
Ms Jwairia Saleem	Principal	Governor for Child Protection
Ms Bhanu Sharma	Vice Principal - Administration	Asst. Governor for Child Protection
Ms Hazrabee Shaikh	Vice Principal - Academic	Asst. Governor for Child Protection
Mr Joseph Sebastian	Head of Pastoral Care, Inclusion and Well-being	Child Protection Officer
Ms Lavita Mascarenhas	Section Supervisor - Grades 9 & 10	Child Protection Officer
Ms Madhu Hansheti	Section Supervisor - Grades 5 to 8	Child Protection Officer
Ms Sangeeta Balla	Section Supervisor - Grades 1 to 4	Child Protection Officer



Ms Betsy Mamman	Section Supervisor - Kindergarten	Child Protection Officer
Ms Dinu Lipin	Counsellor - Grades 9 and 10	Committee Member
Ms Suha Shafeel	Counselor - Grades 5 to 8	Committee Member
Ms Reshma Praveen	Counsellor - Grades 1 to 4	Committee Member
Mr Chinnappa Raj	Subject Leader- Physical Education	Committee Member, Trained for First Aid, Life Guarding, CPR and AED
Ms Sheila Simon	Swimming Instructor	Committee Member, Trained for First Aid, Life Guarding, CPR and AED
Ms Dhivya Subbaraj	School Doctor	Committee Member
Ms Jyolsna V George	Senior School Nurse	Committee Member
Ms Shabana Alakkat	Administration Officer	Committee Member
Mr Rashid PV	Facility Manager	Committee Member
Mr Faiz	School Security	Committee Member

The role of the **Child Protection Officer** in this context appears to be focused on safeguarding and child protection within a school setting, likely in the United Arab Emirates (UAE). Here's a summary of the responsibilities outlined:

1. Ensure Child Protection Procedures: Make sure that appropriate child protection procedures are established and regularly updated.



2. Staff Awareness: Ensure all staff members are familiar with UAE laws related to child protection and the school's safeguarding policies and procedures.
3. Advice and Support: Be available to provide advice and support to staff members and have confidential discussions about any concerns they may have regarding child protection.
4. Support to Students: Provide support to students who may be in need of assistance or protection.
5. Liaison with Principal: Keep the school principal informed about child protection procedures and any related issues.
6. Liaison with External Agencies: Communicate and coordinate with social services and other relevant external agencies regarding child protection matters.
7. Record Keeping: Maintain accurate records of any concerns, suspected cases of abuse, or referrals made regarding child protection.
8. First Point of Contact: Act as the initial contact point for external agencies conducting child protection investigations.
9. Monitoring Arrangements: Coordinate arrangements for the monitoring of students identified as needing protection.
10. Representation and Reporting: Coordinate the school's representation at civil procedures conferences and other relevant meetings, and submit written reports as necessary.
11. Maintain Lists: Keep updated lists of students on the child protection register and looked after children.
12. Referral Process: Ensure prompt referral of suspected cases of abuse to social services, and follow their guidance regarding contact with families involved.
13. Reporting Allegations Involving Staff: Immediately inform the principal if an allegation of child.

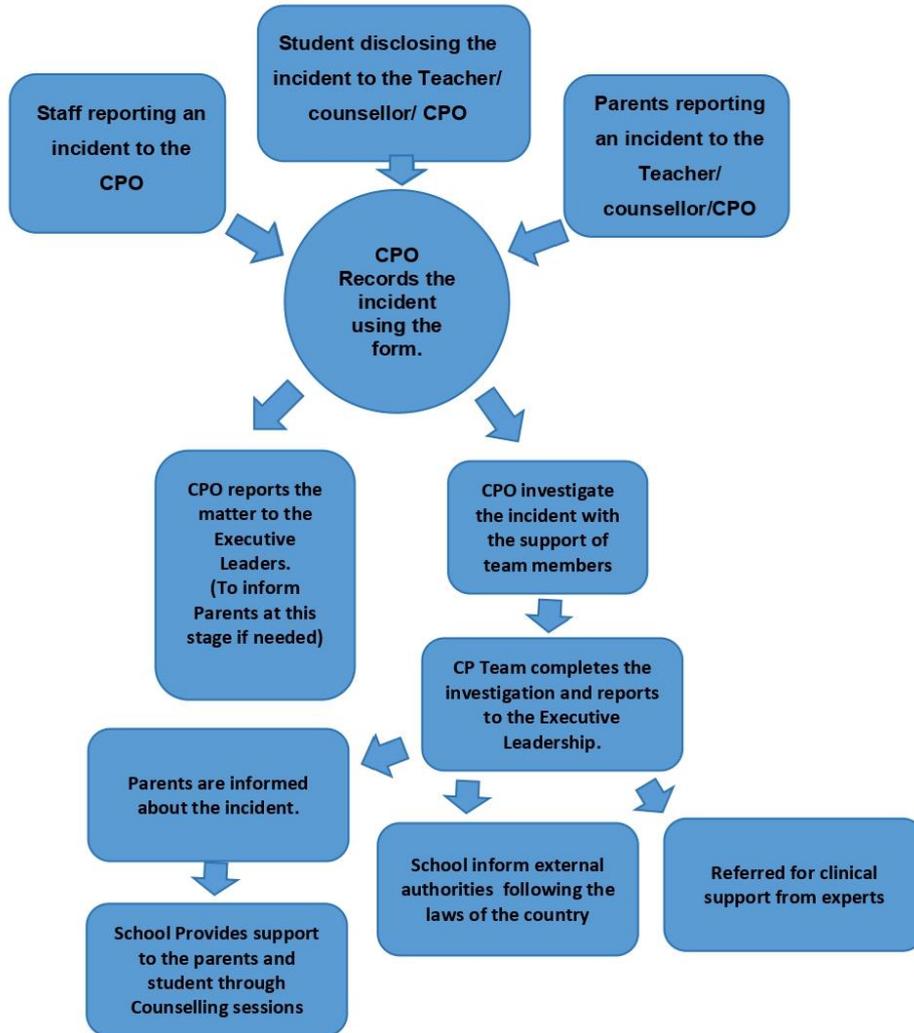
## **Expectations from Stakeholders**

### **Roles and responsibilities**

The policy is applicable during all on and off-site activities undertaken by students whilst they are the responsibility of the school. All adults working in the school (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the designated person with responsibility for child protection.



## Procedures for responding to disclosures



- Under common law, information given in confidence should only be passed to a third party with the agreement of the person disclosing it. This applies to the student/staff relationship.
- Staff must not, however, offer absolute confidentiality. Where there are child protection issues, the member of staff should refer the matter to the designated child protection lead within the School and follow the confidentiality procedures. Teachers should make clear the level of confidentiality that can be given before the disclosure is made



- If a student begins to confide any matter involving alleged abuse, whether physical, emotional or sexual, to a member of staff, they should follow the following guidelines:
- Don't make any promises to the student.
- Stay calm and reassuring.
- Explain that you cannot promise to keep what they tell you a secret, in their own interest. You may have to inform the Designated Person.
- Listen to the students rather than directly question them.
- Do not press them for details or ask leading questions.
- Ask the student if they have told anyone else.
- Write a detailed account, in the student's own words, dated, timed and signed.
- Inform the Designated Person and hand them the detailed account as this may be needed as evidence in court.
- Assure the student that they have done the right thing and you know how difficult it is to talk about such experiences.

#### 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 CHILD PROTECTION OFFICER (CPO)**

The key task at this moment is to listen to the student and not interrupt if he is recalling significant events, and to make a note of all that is said to be passed to the designated member of staff. Staff should also be aware that noted recordings of the discussion may need to be used in any subsequent court proceedings and may be made available to the student's parents at the child protection conference.

The welfare of the student is paramount; therefore all situations must be treated with sensitivity. The teacher should not reveal his/her own feelings to the student.



## Confidentiality

If a student requests confidentiality they must be told that this cannot be promised and it should be explained that staff have a responsibility to share information with those adults who will be able to help protect them from harm. They should be reassured that only staff who need to know about it will be told. This could result in the student not continuing the conversation, in which case do not pursue the matter and report concerns to the Designated Person.

Staff have a professional duty to share confidential information about the protection of children with social services via the designated person.

Staff should take care not to discuss information given in confidence outside the appropriate professional contexts. The designated person will disclose any information about a student to other members of staff on a need-to-know basis only.

## Recording information

All concerns about, or disclosures regarding, any form of abuse or risk of being abused must be recorded. The record includes stating the time, date, circumstances and who else was present as well as giving exact details of what the student said quoting the exact words used. Signs of physical injury should also be recorded. Reports should be objective and based on evidence; they should distinguish between fact, observation, allegation and opinion. The note should record the time, date, place and people who were present as well as what was said.

Decisions regarding photographic recording of evidence and full medical examinations should be left to the experts.

All records should be given to the designated person and may be passed to social services when a referral is made. In cases which are taken to court, the School may be required to provide these records. All child protection records are placed in a sealed envelope in the student's file. These files are kept in lockable filing cabinets in the student information centre.

## Supporting staff

We recognize that staff working in the School, who have become involved with a student who has suffered harm or appears to be likely to suffer harm, may find the situation stressful and upsetting. We will support such members of staff by providing an opportunity to talk through their anxieties with the designated person and to seek further support as appropriate.



### **Partnership with parents**

All parents applying for places at this School are informed of our safeguarding responsibilities and the existence of this Policy. In situations where students sustain injury or are otherwise affected by an accident or incident whilst they are the responsibility of the School, parents will be notified of this as soon as contact can be made with them.

### **Multi-agency partnership**

We are required to liaise with social services in all cases of abuse or suspected abuse. This multi-agency approach enhances the effectiveness of identifying and dealing with child abuse issues that may arise. We work with students, staff in schools as well as the parents and wider community.

Working with students is underpinned by our belief in the importance of recognizing that:

- A student who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth.
- A student in these circumstances may feel helpless and humiliated.
- A student may feel self-blame.
- The School may provide the only stability in the lives of students who have been abused or who are at risk of harm.

We accept that research shows that the behaviour of a student in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

### **We will support all students by:**

- Explicit safety education including but not limited to cyber safety and bullying
- Encouraging high self-esteem and self-assertiveness while demonstrating zero tolerance for aggression or bullying
- Promoting a caring, safe and positive environment within the School
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children
- Notifying Social Services via the designated member of staff if there is a significant concern
- Providing continuing support to a student, about whom there have been concerns, who
- Leaves the School, by ensuring the appropriate information is forwarded under confidential cover to the student's new school.

### **Safer recruitment of staff**

“Safer practice in recruitment means thinking about and including issues to do with child protection and safeguarding and promoting the welfare of children at every stage of the process. It starts with the process



of planning the recruitment exercise and, where the post is advertised, ensuring that the advertisement

makes clear the organization's commitment to safeguarding and promoting the welfare of children.

It also requires a consistent and thorough process of obtaining, collating, analyzing, and evaluating information from and about applicants. The main elements of the process adopted by Woodlem Park School include:

1. Ensuring the job description makes reference to the responsibility for safeguarding and promoting the welfare of children
  2. Ensuring that the person specification includes specific reference to suitability to work with children
  3. A face-to-face interview that explores the candidate's suitability to work with children as well as his or her suitability for the post
  4. Verifying the successful applicant's identity
  5. Verifying that the successful applicant has any academic or vocational qualifications claimed
  6. Checking his or her previous employment history and experience
  7. Verifying that s/he has the health and physical capacity for the job.
  8. School maintains a central record of all staff details including
- ✓ Job title
  - ✓ Personal details & contact information
  - ✓ Date of birth
  - ✓ Start date & contract type

The school is and will not be complacent when it comes to safeguarding and child protection matters and we strive to update our policies and practices regularly and in line with new legislation and government guidance.

### **Allegations against staff**

We understand that a student may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the designated person. The school will follow the procedure outlined in the School policy for managing allegations against Staff.

### **Physical intervention**

Our policy of physical intervention by staff acknowledges that staff must only ever use physical intervention as a last resort and that at all times, it must be the minimal force necessary to **prevent injury to another person.**

We understand that physical intervention of a nature, which causes injury or distress to a student,



may be considered under child protection or disciplinary procedures

### **Bullying**

Our anti-bullying policy is set out in a separate document and acknowledges that to bully any student or allow or condone bullying may lead to consideration under Child Protection procedures.

### **Cyber Safety**

Our cyber safety policy is delineated in a distinct document, acknowledging that engaging in cyber-bullying against any student, or permitting or endorsing such behavior, may prompt investigation under child protection protocols.

### **Intimate care**

Our intimate care policy is set out as a separate document and clearly lays down the guiding principles, whereby at School:

- Every child has a right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual.

### **Racist incidents**

Our Policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

### **Prevention**

We recognize that the School plays a significant part in the prevention of harm to our students by providing students with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The School community will therefore:

- Establish and maintain an ethos where students feel secure and are encouraged to talk and are always listened to.
- Establish a pastoral system which will encourage students to seek help when they are worried or have concerns.
- Ensure all computer equipment and internet access within the school will be subject to appropriate 'parental controls' and internet safety rules.



The School acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our students for the responsibilities of adult life and citizenship. It is expected that all leaders will consider the areas that exist in their area of responsibility for addressing personal safety issues.

The CBSE curriculum will be used to inform students how to keep safe and to know how to ask for help if their safety is being threatened. As part of developing a healthy, safer lifestyle, students will be taught, for example:

- To recognize and manage risks in different situations and then decide how to behave responsibly
- To judge what kinds of physical contact are acceptable and unacceptable
- To recognize when pressure from others (including people they know) threatens their safety and well-being, including knowing when and where to get help
- To use assertiveness techniques to resist unhelpful pressure.

### **Safeguarding within Woodlem Park School - Rules for Visitors**

- No internal doors to classrooms will be locked whilst students are present in these areas.
- Entry to the School premises will be controlled by staff supervision, or by video surveillance.
- **Authorized visitors** to the School will be logged into and out of the premises and will be asked to wear their identity badge. Unidentified visitors will be challenged.
- The presence of intruders or suspicious strangers seen loitering near the School or approaching students will be reported to the police
- Parents, carers or relatives may only take still or video photographic images of students in the School, or on School organized activities, with the prior consent of the School and then only in designated areas. If parents do not wish their son to be photographed or filmed, and express this view in writing, their view will be respected.
- Our policies reflect the consideration we give to the protection of our students both within the School environment and when away from the School when undertaking School trips and visits.
- The School recognizes the need to be alert to the risks posed by strangers, or others (including the parents or carers of other students), who may wish to harm students on the School site, or students travelling to and from the School. In such cases, the School will take all reasonable steps to lessen such risks.



## Appendix

### Types of child abuse and their symptoms

Child abuse can be categorized into four distinct types, i.e.:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect

A student can cause grave concern or be at risk from any combination of the four categories.

These four different types of abuse require different approaches. A student suffering from physical abuse may be in immediate and serious danger. Action should therefore be taken immediately. With other forms of abuse, there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion, then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a student who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes.

### Physical abuse

This involves physical injury to a student, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented. 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 student. Some types of bruising are particularly characteristic of non-accidental injury especially when the student'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 make a student eat or to stop a student from speaking.
- **Grip marks on arms or trunk** – gripping bruises on arms or trunk can be associated with
- **Shaking a student.** Shaking can cause one of the most serious injuries to a student; i.e. a brain haemorrhage, as the brain hits the inside of the skull. 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. NB. 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 lip or torn skin where the upper lips join the mouth.
- Bite marks
- Fractures
- **Poisoning or other misuses of drugs** – e.g. overuse of sedatives
- **Burns and/or scalds** – a round, red burn on tender, non-protruding parts, like a 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. An experienced person will notice skin splashes caused when a student accidentally knocks over a hot cup of tea. In contrast, a student who has been deliberately 'dipped' in a hot bath will not have splash marks.
- **Beating (with hands or objects).**
- **Pinching / Pushing.**
- **Hurling objects at a person.**
- **Making a child kneel for an extended period.**
- **Being made to stand for hours on end inside the class / outside the class / in the sun.**
- **Making a child run in the playground for a long period of time which proves injurious to health.**
- **Bullying.**

### Sexual abuse

The involvement of dependent, developmentally immature students and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of sexual abuse are

- Detailed sexual knowledge inappropriate to the age of the student.
- Behaviour that is excessively affectionate or sexual towards other students or adults.
- Attempts to inform, by disclosing the sexual abuse, often begin with the initial sharing of limited information with an adult. It is also very characteristic of such students that they have an excessive preoccupation with secrecy and try to bind the adults to secrecy or confidentiality for fear of medical examinations.
- Fear of being alone – this applies to friends/family/neighbours/babysitters etc



- Sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
  - Excessive masturbation is especially worrying when it takes place in public.
  - Promiscuity.
  - Sexual approaches or assaults – on other students or adults.
- 
- Urinary Tract Infections (UTIs), and Sexually Transmitted Diseases (STDs) are cause for immediate concern in students if their partners cannot be identified.
  - Bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a student has been held so that sexual abuse can take place.
  - Discomfort or pain particularly in the genital or anal areas.
  - Drawing of pornographic or sexually explicit images.

### **Emotional abuse**

The severe adverse effect on the behaviour and emotional development of a student caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill-treatment – this category should be used where it is the main or sole form of abuse.

- Any action that causes mental trauma for a child by severe or persistent emotional ill-treatment or rejection resulting in behavioural problems
- Humiliating a child by calling him/her names (especially in front of his/her peers, teachers or parents).
- Hurling verbal abuse at a child.
- Startling a child by banging on the desk or striking the desk with an object.
- Misrepresenting a child's learning disability as a discipline problem.
- Denying a student adequate time for Recess/Games.
- Abusing a child's parents in class.
- Making negative comparisons to other students/siblings.
- Turning a blind eye to bullying.

### **Physical neglect**

The persistent or severe neglect of a student (for example, by exposure to any kind of danger, including cold and starvation), which results in serious impairment of the student's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell and apparent anorexia can be associated with physical neglect.

However, typical signs of physical neglect are



**Underweight** – a student may be frequently hungry or preoccupied with food or in the habit of stealing food or with the intention of procuring food. There is a particular cause for concern where a persistently, underweight student gains weight when away from home, for example, when in hospital or on a School trip. Some students also 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 students 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 student from thriving.

Physical neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to involve child protection procedures in the case of neglect where the student's development is being adversely affected.

### **Grave concern / at-risk**

This is not a separate category of child abuse as such but covers a number of situations where a student may be at risk. It is in reference to students whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt

when a student shows symptoms of stress or distress (see below) and any of the following circumstances apply:

- There is a known child abuser in the family.
- Another child in the family is known to have been abused.
- The parents are involved with pornographic material to an unusual degree.
- There is an adult in the family with a history of violent behaviour.
- The student is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

### **The symptoms of stress and distress**

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

- A lack of concentration and a fall-off in School performance.
- Aggressive and 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.
- Self-harming or suicidal behaviour.
- Low self-esteem.
- Wariness, insecurity, running away or truancy – students who persistently run away from home may be escaping from sexual or physical abuse.
- Disturbed sleep.
- General personality changes such as unacceptable behaviour or severe attention-seeking behaviour.
- 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 students are kept away from the School until their injuries have healed without adequate reason.
- A high level of expressed hostility to the student.
- Grossly unrealistic assumptions about child development.
- General dislike of child-like behaviour.
- Inappropriate labelling of students' behaviour as bad or naughty.
- Leaving children unsupervised when they are too young to be left unattended.



### INCIDENT REPORT FORM

Name of the student:		Date of incident:	
Grade & Division:		Venue of incident:	
Incident reported by:		Time of incident:	

Nature of incident:

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Action Taken:

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Name of person reporting the incident:

Designation/relation with the child:

Action plan:

Signature:

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Signatures with the date (If applicable):

Student:

Parent:

Counsellor:

Phase Head:

Child Protection Officer:

School Principal:



## DISCLOSURE OF ABUSE FORM

Name of Person Making Allegation/Disclosure: \_\_\_\_\_

Parent(s) Name and Contact Details: \_\_\_\_\_

Time and Date: \_\_\_\_\_

Nature of Disclosure: (Continue on separate sheet as required, recording as close to verbatim as possible)

Name and Signature: .....

Role: .....

Date and Time: .....



## Intimate care policy

### 1) Principles

1.1 The governing body will act in accordance with Section 3 of the UAE Federal Law on child Rights to safeguard and promote the welfare of students at this school.

1.2 Woodlem Park School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The governing body recognises its duties and responsibilities which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the school's policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- health and safety policy and procedures
- Inclusion policy

1.5 The governing body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is paramount, and his/her experience of intimate and personal care should be positive. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.



1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This *intimate care policy* has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## 2) Child-focused principles of intimate care

The following are the fundamental principles upon which the policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 3) Definition

3.1 Intimate care can be 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 some students are unable to do because of their 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 help with washing, toileting or dressing.*

3.2 It also includes supervision of students involved in intimate self-care.

## 4) Guidelines for best practice

4.1 Students who require regular assistance with intimate care have written individual education plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally, the plan should be agreed upon at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse)



should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, for example; for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers on appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (for example; has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.4 In relation to record keeping, a written record should be kept in a format agreed upon by parents and staff every time a child has an invasive medical procedure, for example; support with catheter usage (see aforementioned multi-agency guidance for the management of long term health conditions for children and young people).

4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full dates, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.6 These records will be kept in the child's file and available to parents/carers on request.

4.7 All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual students to do as much for his/herself as possible.

4.8 Staff who provide intimate care are trained in personal care (for example; health and safety training in moving and handling) according to the needs of the student. Staff should be fully aware of best practices regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.



4.9 Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the number of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the student's wishes and feelings should be sought and taken into account.

4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a student with intimate care.

4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.15 Whilst the safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research<sup>1</sup> which suggests there may be missed opportunities for children and young people due to over-anxiety about risk factors; ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree on what actions will be taken, where and by whom.

4.16 Adults who assist students with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks.



4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health and safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5) Physiotherapy**

5.1 Students who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

5.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

5.3 Any concerns about the regime or any failure in the equipment should be reported to the physiotherapist.

## **6) Medical Procedures**

6.1 Students who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, and managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.3 Any members of staff who administer first aid should be appropriately trained. If an



examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## 8) Massage

8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, and tolerance to touch and as a means of relaxation.

8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

8.4 Care plans should include specific information for those supporting children with bespoke medical needs.



### Parental permission for intimate care

Should it be necessary, I \_\_\_\_\_ (Name of the parent) permit for  
(Name of the student) to receive intimate care (e.g. help with changing or following toileting).

Mention Type of Care required:

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I understand that staff will endeavour to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

Sign: \_\_\_\_\_

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

Adult with parental responsibility for: \_\_\_\_\_



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