



CHILD PROTECTION POLICY

ABU DHABI INDIAN SCHOOL, BRANCH I, AL WATHBA



WHAT IS CHILD PROTECTION?

The term 'child protection' to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.

A child who is under the age of 18 years, is subject to detrimental effects of a significant nature affecting his/her the child physically, emotionally and social well-being.

POLICY STATEMENT

All staff employed by Abu Dhabi Indian School, Br. 1, Al Wathba is responsible for the care, safety and protection of the students. It is the paramount concern of Staff members of this institution. An effective whole-school child protection policy is one which provides clear direction to staff and others about expected behaviour when dealing with child protection issues.

An effective policy also makes explicit the school's commitment to the development of good practice and sound procedures. This ensures that child protection concerns, referrals, and monitoring may be handled sensitively, professionally and in ways which support the needs of the child. This responsibility also extends to the identification and timely response to concerns regarding the possible sexual, physical, psychological and emotional abuse or neglect of a child.

There are three main elements to our child protection policy;

- a. **Prevention** through the creation of a positive school atmosphere, and pastoral support offered to the students.
- b. **Protection** by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns.
- c. **Identification and Support** to students who may have been abused or neglected (UAE Federal Law No.3 of 1987 on Penal code and other relevant UAE laws)

All aspects of children's safety are included in this policy:

- a. Safety from injury and accident;
- b. Health; mental health; self-harming; drugs and substance misuse;
- c. Safety at home; abuse and neglect;
- d. Safety at school; from adults and other students; bullying including cyber bullying; sexual abuse, while travelling in the school bus from and to school and during the extra-curricular school activities

SCHOOL POLICY

We recognize that for our students, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult helps to prevent abuse.

Our school will therefore:

- a. Establish and maintain an environment where students feel safe and secure and are encouraged to talk, and are listened to.
- b. Ensure that students know that there are adults within the school who they can approach if they are worried or are in difficulty.
- c. Include in the curriculum activities and opportunities for physical education, which equip students with the skills they need to stay safe from abuse.
- d. Include in the curriculum material which will help students develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills. Further information can be obtained from the school Counsellor.
- e. Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues.

This policy is posted on the school website www.adiswathba.com and is available to parents on request.

AIMS

We aim to ensure the safety of students by:

- a. having an up-to-date child welfare and safeguarding policy and procedures in place
- b. ensuring all personnel who have contact with children receive appropriate training so that they are able to implement the school's child welfare and safeguarding policy and procedures;
- c. following staff appointment and record keeping procedures including confirmation of identity and qualifications by examination of original documents.
- d. ensuring that a central register is maintained in accordance with SEF statutory and regulatory requirements.
- e. educating students with regard to welfare and safeguarding so that they can take steps to protect themselves and seek appropriate help.

ROLE AND RESPONSIBILITIES OF THE SCHOOL PRINCIPAL, STAFF AND PARENTS/LEGAL GUARDIAN

- a. All adults working with or on behalf of the children have a responsibility to protect them. However, key people within schools includes the Principal, Vice Principal (when in office), Vice Principal, Admin Officer, Academic Supervisors, School Counsellor and the Transport In-Charge.
- b. To ensure that any new employee to the school is trained with regard to welfare and safeguarding policy and procedures.
- c. To monitor the central register ensuring that it is accurate and up to date; the keeping of confidentiality and storage of records in relation to Child Protection and Safeguarding (records must be in a locked cabinet).

- d. It is the role of the Designated Child Protection officer to ensure that all of the child protection procedures are followed within the school. Additionally, it is the role of the School Counsellor who is the Child Protection Officer, to ensure all staff employed including temporary staff and volunteers within the school are aware of the school's internal procedures, to advise staff and to offer support to those requiring this.
- e. The school management, school senior leadership team and recruitment department are responsible for ensuring that the school follows safe recruitment processes. As part of the schools recruitment and vetting process, local intelligence checks will be sought on all staff for safety.
- f. It is important that the teachers and other staff members listen to what any child has to say. Neglect a child also amounts to abuse.
- g. Every staff member is advised not to physically touch/verbally abuse a child. The School has a well-defined policy with regard to Teacher's code of conduct and behavior. (Given to the staff members at the time of Appointment.)
- h. Corporal punishment, a physical 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.
- i. Corporal Punishment is banned and adapting to such punishment would lead to immediate termination and legal intervention.
- j. The designated staff ensures that all staff and governors know: the names of the designated Child Protection Officer,
- k. Ensure that members of staff are aware of the need to be alert to signs of abuse and know how to respond to a student who may tell of abuse; for safety and life reasons, all school staff shall never leave children unattended at any time.
- l. Keep written records of concerns about children (noting the date, event and action taken), even when there is no need to refer the matter or take it further. Where there is cause to take the matter further Child Protection Officer must ensure that the case is discussed with all relevant parties and that there are set procedures for reporting and following up concerns;
- m. Monitor child protection awareness in the school and ensure that due diligence is given to Child Protection issues;
- n. Ensure that designated notice boards around the school display names and telephone numbers of Child Protection Coordinators and related persons who can be contacted in an emergency or if a child or member of staff feel the need to raise a concern or seek help.
- o. Ensure that parents have an understanding of the responsibility placed on the school and staff in relation to child protection, by setting out its obligation in the school prospectus;
- p. Parents/legal guardians must attend all scheduled school parent meetings. Communicate any concerns, observations or changes in their child's behavior to the school administration or to the concerned school staff.

Student safety in school is absolute priority and should take maximum care in ensuring:

- All staff are persons of good standing with no record of mistreating young people physically or mentally and are not currently mistreating their students.
- There is mutual respect between adults & students with no discrimination or failure of support
- There are clear & effective (written) systems safeguarding students from suspected or actual abuse.

- There is central register of staff & regular visitors to the school which records names, addresses, qualifications, and medical fitness, right to teach in the UAE & confirmation that moral fitness checks have been carried out.

Relationships and Communication with the students

Employees are required to have a professional relationship with students: seeking to be friendly and caring but not 'over familiar'.

Employees are not permitted to have personal relationships with Students of ANY age.

PROCEDURES

1. All staff members to be trained about child protection policy by the counsellor through inductions, briefings and awareness programs. It is to be organized by the School Counsellor and the Principal.
2. There may be other adults in the school who rarely work unsupervised, more usually working alongside members of the school staff. However the school will ensure they are aware of the school's policy and the identity of the School Counsellor.
3. Any member of staff, volunteer or visitor to the school who receives a disclosure of abuse, an allegation or suspects that abuse may have occurred **must** report it immediately to the Principal. In the absence of either of the above, the matter should be brought to the attention of the Vice Principal or the School Counsellor.
4. Principal or the school staff shall report a suspect case of a child abuse or neglect by a third party should be reported to the Ministry of interior – Child Protection Centre shall conduct the case with the concerned individuals and for referral for treatment and rehabilitation of affected child, families if required.
5. ADEK Division in charge for Child Protection in collaboration with the ministry of interior shall provide guidance to school staff for further immediate actions taking into account confidentiality and privacy of the students and the families and laws, regulations and procedures relevant to the incident.
6. The article 272 of the UAE law no.3 (1987) Federal Penal Code states that "Any public official or person in charge of detecting crimes and arrested the accused who fails or defers to denounce a crime within his knowledge shall be punished by detention or fine. A fine shall be imposed upon any official who is in charge of detecting or seizing crimes and who neglects or delays to notify the concerned authorities of a crime which becomes known to him in the course of or in respect of his job performances.

AREAS OF CONCERN

All staff and volunteers should be aware that the main categories of abuse are:

- I. Physical abuse
- II. Emotional abuse

III. Sexual abuse

IV. Neglect

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home.
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups).
- Display insufficient sense of 'boundaries', lack stranger awareness.
- Appear wary of adults and display 'frozen watchfulness'.

INDICATORS

I. PHYSICAL ABUSE

Physical abuse 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 of, or deliberately induces, illness in a child.

Indicators in the Child

Bruising

it is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth.
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, through a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured 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 a hair brush.
- Linear bruising at any site, particularly on the buttocks, back or face.
- Bruising or tears around, or behind, the earlobe/s 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, smothering/suffocation, strangling and 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 carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of 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 under 5 is usually due to the carelessness of a parent or carer, 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 carer. 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/eating disorders, as a result of unpleasant feeding interactions.
- 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 development delays.
- Dislike of close physical contact.
- Attachment disorders.
- Low self-esteem.
- Poor quality or no relationships with peers because social interactions are restricted.
- Poor attendance at school and under-achievement.

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been

inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical/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 burns and scalds. Scalds are the 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 a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the 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 a 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/Behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents 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 absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/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 or undisturbed by accident or injury

- Aggressive towards child or others
- Unauthorized attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault.
- Parent/carer may be overinvolved in participating in medical tests taking temperatures and measuring bodily fluids.
- Observed to be intensely involved with their child, never taking a much needed break nor allowing any one 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/carer has convictions for violent crimes.

Indicators in the Family/Environment

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

II. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 expectations being imposed on children. These may include interactions that are beyond the 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 cyber bullying), 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, though it may occur alone.

Indicators in the Child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behavior towards others

- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others
- Over-action to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behavior (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of 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
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behavior.

Indicators in the Parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalized or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

III. Sexual Abuse

Students must be treated with respect, whatever their age, gender, disability, religion or ethnicity. No child must be attended to in a way that causes distress or pain. Forcing or enticing the student to take part in sexual activities, whether or not the child is aware of what is

happening. The activities may include physical contact, penetrative and non-penetrative acts. They include non-contact activities e.g. looking at pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Contrary to some beliefs, it is not illegal to touch a student. There are occasions when physical contact, other than reasonable force, with a student is proper and necessary. Examples include:

a. Holding the hand of the younger child at the front/back of the line when going to assembly; b. comforting a distressed student; c. congratulating or praising a student; d. demonstrating how to use a musical instrument; e. demonstrating exercises or techniques during PE lessons or sports coaching; f. administering first aid.

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 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 help with washing, toileting or dressing.

As per 2012 statistics, 1 in every 5 girl child is sexually abused and 1 in every 11 boys are sexually abused

IV. NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Provide a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to inappropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the Child

Physical Presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent/untreated health/medical conditions including poor dental health
- Frequent accidents or injuries

Developmental delay

General delay, especially speech and language delay, inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behavior in relationships with adults
- Emotional needy
- Compulsive stealing
- Constant tiredness
- Frequent absent or late at school
- Poor self-esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behavior
- Disturbed peer relationships
- Self-harming behavior

Indicators in the parent

- Dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialization
- Abnormal attachment to the child eg. Anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs eg. Adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs eg. poor dental health; failure to attend or keep appointment with health visitor, GP or hospital; lack of GP registration;
- Failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy.
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators in the family/environment

- History of neglect in the family

- Family marginalized or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- The School clinic must be accessible to all the students and the teachers also made aware how to act in case of emergency.
- The Food available in the school canteen should be also checked from time to time by the School Nurse and Designated Health and Safety Supervisor.
- The School canteen will not serve any junk food and fizzy drinks.

Updated after attending the child protection policy workshop in Nov 26, Dec 10 & 17, 2014 by the School Counsellor also the Child Protection Officer.

The School Principal and the Counsellor are the designated Child Protection Officer in the school.

CHILD PROTECTION ON ROADS AND IN TRANSPORT

Child using the private transport must also be protected as physical and sexual assaults are possible.

Measures to protect children in roads and transport usage:

- To educate children about the importance of crossing in the zebra crossing
- To educate children to play safely near the roads
- Proper seat restraints in cars and buses must be used
- All School Buses will have a Bus Supervisor, who will look after the safety and the wellbeing of the children on the School Transport.
- For private transport students, while the School is available for any support required, the parents will be responsible for the wellbeing of the child.

CHILD PROTECTION ON THE INTERNET

The internet has the potential to offer children and young people a wide range of opportunities – to learn, to develop new skills, to keep in touch and make friends and make new ones and to have fun. However, there are range of risks and danger that access to technology present. The School Counsellor regularly undertakes to educate the students on the how to use the Internet safely. There is also a Cyber Safety Policy in place.

CHILD PROTECTION AGAINST BULLYING AND PEER ABUSE

The phenomena of bullying has spread and is now significant threat to the health and safety of many children.

Bullying is defined as "The use of force or coercion to abuse or intimidate others. The behaviour can be habitual and detrimental to health and wellbeing of students and can include verbal harassment or threat, physical assault or coercion and may be directed repeatedly towards particular victims, perhaps on grounds of race, religion, gender age or ability.

The school has strict guidelines on dealing with Bullying and this is covered in the Behaviour Management Policy of the School.

CHILD PROTECTION IN SPORTS

The school has very clear guidelines on behaviour that is acceptable as part of Sports and on the Playground. The Behaviour Management Policy and the Playground rules have been prominently displayed to ensure students understand the behaviour expected of them.

REPORTING PROCEDURES:

Any staff who identifies the signs of abuse, MUST immediately bring it to the notice of the Child Protection Officer (School Counsellor) or the Vice – Principal or the Principal of the school.

All students are aware that they can approach any member of the staff for help and support regarding any issues that are bothering them.

The TIME TO TALK and WALK THE TALK programs are also available for students to report issues and problems troubling them. Members of the staff have been instructed to listen when students approach them and show empathy and compassion when listening to their problems. Posters have been put up across the school to ensure that students are aware that they can approach any member of the staff and discuss their problems.

There are boxes kept at strategic points in the school corridor, students can put their concerns on paper and drop it in the Drop Boxes. The boxes are opened by the School Counsellor and a report is given to the School Principal periodically. The School Counsellor approaches the students and helps them deal with the issues indicated.

Shibanti



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Annexure 2 to the Child Protection Policy:

In view of the continuing COVID pandemic, certain safety measures have been implemented to ensure that all stakeholders remain safe. All the measures outlined in Annexure 1 of the Child Protection policy remain applicable. However, there are changes to the school rules with reference to visitors. These are outlined below:

1. Parents who have the emergency use symbol on their Al HOSN App can access the school without showing evidence of a negative PCR test.
2. A negative PCR test will be valid for 96 hours from test date. This is applicable to all school visitors including parents.
3. All visitors must strictly adhere to the COVID safety precautions outlined by the government, including wearing a mask and gloves.



Ms. Shibanti Bhowmik
Principal