

GLOBAL PARADIGM ENGLISH SCHOOL

Safeguarding / Child Protection Policy

Applicable to:	Whole school
Reviewed by:	SLT & Top Management
Effective date:	September 2021
Date of next review:	September 2022

SAFEGUARDING / CHILD PROTECTION POLICY

Introduction:

All Governors, Directors, staff and volunteers working at GPES are bound by this policy. The school is responsible for safeguarding and supporting the health of pupils. Pupils that are and sound secure make learners more competent. Safeguarding and promoting child welfare is described as—

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.
- Insuring any student with learning disabilities are treated equal and supported.
- Children include everyone under the age of 18.

Safeguarding:

Safeguarding and ensuring children's welfare applies to the mechanisms of shielding students from harm, eliminating the impairment in their health and development, ensuring that all students under our care are trying to improve their general health and wellbeing. Facilitating any student to have the optimum life chances and reach adulthood successfully.

Child Protection:

Child Protection is the core element of safeguarding and is defined as the responsibility to protect children who are suffering or likely to suffer from harm as a result of abuse or neglect.

We acknowledge our ethical and institutional obligation to protect and enhance the health of all students. We aspire to have a secure and supportive community where learners feel accepted and appreciated. To ensure that students receive adequate care, security and justice, we are alert to the signs of violence and negligence and follow our procedures.

This policy works alongside these other specific policies to cover all aspects of child protection:

- Anti-bullying
- E-safety Policy
- Behaviour Policy (Includes Staff Code of Conduct)
- Peer on Peer Abuse Policy

Key Objectives:

This policy will contribute:

- To provide all staff with the necessary information to enable us to meet our stated responsibilities to promote and safeguard the wellbeing of children in a happy environment.
- To ensure consistent practice across the whole school and all respected parties.
- To exhibit the commitment to safeguarding children.
- Support to the establishment of a safe, resilient, and core values in the school. To build on respect and shared values.

- Clarifying standards of behavior for staff and pupils.
- To develop staff, parent and student awareness of the risks and vulnerabilities faced. The awareness that Safeguarding and child protection address such aspects and of identifying them.
- Raise awareness to all staff of safeguarding/child protection issues, and define their roles and responsibilities in reporting possible cases.

Principles:

Our fundamental safeguarding principles are:

- It is the school's responsibility to take all the rational measures to safeguard and protect the rights, health and well-being of all children who are in our care.
- Policies will be reviewed annually, unless there is any need for an earlier review date due to an incident or new guidance.
- All children, regardless of age, gender, ability, culture, race, language, or religion, have equal rights to protection.
- All staff member has the right to address any act of suspicion or disclosure that may suggest the child is in any risk of harm.
- All staff member have to listen to children and their families for any concern reported. Be a good listener.
- The school will be open, honest and transparent with families in our approach.
- All staff members are provided with appropriate general safeguarding training upon joining the school and at the beginning of the academic year.
- To ensure consistent good practice across the school, in accordance with standards and practices which reflect Egyptian and UK legislation.

Responsibilities:

This Safeguarding and Child Protection Policy cannot be separated from the general core values of the school, which should ensure that pupils are treated with respect, dignity, taught to treat each other with respect, feel safe, have a voice and are listened to.

The designated Safeguarding Lead will be responsible of the below:

- Are appropriately trained.
- Ensure that this policy and procedures are implemented across their school and followed by all staff members.
- Act as sources of support and expertise to the situation.
- Keep written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely.
- Maintain record of all training undertaken by the staff with signed attendance for the safeguarding/ child protection policy.
- Have a clear understand of the local expectations around safeguarding, who to contact, and how to reach the contact.
- Be familiar with local regulations, procedures and agencies who can offer support for safeguarding matters.
- Listen to and take seriously the views and concerns of children.

Designated Staff Members for Safeguarding and Child Protection:

School Principal

Stage Principal

School Counselor

TRUSTED ADULTS

All adults employed by the school are considered appropriate for the position they hold. The school operates safe recruitment procedures.

As 'trusted adults' all employees are expected to act appropriately in the company of children and not place themselves in situations that may be misunderstood or misinterpreted. It is in the interests of children and colleagues for classroom windows to remain uncovered. Classroom doors are to remain open when an adult is talking alone with a child. If a child insists on privacy for a meeting with an adult, with door closed, the adult should insist that a third person (chosen by the child), and preferably another adult, join the conversation. All staff are to participate in an annual review of this policy and to be notified of any updates in a timely fashion. All staff are to be informed of who the responsible committee for Safeguarding and Child Protection are.

Notification of abuse or neglect is required when 'a person suspects on reasonable grounds that a child has been, is being, and/or is perceived to be at substantial risk of being abused or neglected'. Anyone aware of such a situation MUST report it to a member of Safeguarding and Child Protection Committee as a matter of urgency and certainly within 48 hours of acknowledging their suspicion or awareness of abuse. Reporting and subsequent actions must be kept confidential.

APPENDIX 1

DEFINITIONS AND INDICATORS OF ABUSE

1. 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 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);
- Protect a child from physical and 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.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger
- Stealing, scavenging and/or hoarding food
- Frequent tiredness or listlessness
- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from school
- The child is left at home alone or with inappropriate carers

2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given
- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

3. SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative and non-penetrative acts. They may include non-contact activities such as involving children in looking at pornographic material or participating in the production of pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

4. SEXUAL EXPLOITATION

Child Sexual Exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to the country’s responsible side. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving vehicles driven by unknown adults
- Possessing unexplained amounts of money, expensive clothes or other items
- Frequenting areas known for risky activities
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets
- Missing for periods of time

5. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to children/young people 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/young person 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/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faces, enuresis.

N.B: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. PEER-ON-PEER ABUSE

It is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships. All staff should recognise that children are capable of abusing their peers. Peer-on-peer abuse can take various forms, including: serious bullying (including cyberbullying). These types of abuse rarely take

place in isolation. Any response to peer-on-peer abuse therefore needs to consider the range of possible types of peer-on-peer abuse set out above and capture the full context of children's experiences.

7. RESPONSES FROM PARENTS/CARERS

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- A persistently negative attitude towards the child
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home; or
- Violence between adults in the household
- Evidence of coercion and control.

8. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

9. CHILD NEGLECT

Neglect occurs when a parent/caregiver fails to provide for a child's most basic needs. These can include food, clothing, housing, education, medical care or supervision. Emotional neglect may include permitting the child to use drugs or alcohol or participate in other maladaptive or dangerous behaviour, allowing the child to witness domestic violence, refusing to obtain needed psychological care for the child or failing to provide the necessary nurturing for the child. A child who is chronically neglected may be frequently absent from school, may have poor hygiene or clothing that is inappropriate for the weather or may beg or steal food or money. There may also be an obvious need for dental or medical care that is going unchecked. The child may be unsupervised for long periods of time or may be out getting into trouble and no one seems to notice.

10. EDUCATIONAL NEGLECT

Where a parent/s, or nominated caregiver, neglects their duty to provide a child with access to mandatory education. This includes preventing a child's access to school for any reason as well ignoring determined attendance requirements (85%).

11. MEDICAL NEGLECT

The failure of the responsible adult/s to provide adequate health and hygiene care for a child, including appropriate treatment of evident medical conditions. Medical neglect also includes inappropriate treatment and/or mismanagement

of treatment, over-medication, and administration of inappropriate medication without evidence of authorisation from a licensed medical practitioner.

12. BULLYING

Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert). Bullying of any form or for any reason can have long-term effects on those involved, including bystanders. Single incidences of fighting, arguing, or disagreements between individuals of equivalent power and authority does not constitute bullying.

13. HARASSMENT

Behaviour that targets an individual or group due to their: identity, race, culture or ethnic origin, religion, physical characteristics, gender, sexual orientation, marital, parenting or economic status, age, ability or disability. It offends, humiliates, intimidates or creates a hostile environment. It may be an ongoing pattern of behaviour or a single act directed randomly or towards the same person(s) and can be intentional or unintentional.

14. TEENAGE RELATIONSHIP ABUSE

Broadly includes any of the types of abuse outlined above, but where the child victim is perhaps unaware that they are being mistreated because of their perceived consent/endorsement of the relationship.

15. Child Coersion (Extremism) and Radicalisation:

Promoting ideas which are radically different to, and perhaps in contradiction with, the school's undying principles and those of the wider community.

APPENDIX 2

Notification of abuse or neglect is required when 'a person suspects on reasonable grounds that a child has been, is being, and/or is perceived to be at substantial risk of being abused or neglected'. Anyone aware of such a situation MUST report it to one of the school's Child Safeguarding committee members as a matter of urgency and certainly within 48 hours of acknowledging their suspicion or awareness of abuse. Reporting and subsequent actions must be kept confidential.

DEALING WITH A DISCLOSURE OF ABUSE

When a pupil tells me about abuse they have suffered, what should I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing as much detail as possible.

NB - it is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately after a Disclosure, you should not deal with this yourself. Clear indications or disclosure of abuse must be reported to Safeguarding and Child Protection committee without delay, by the Head Teacher, or in exceptional circumstances by the staff member who has raised the concern. Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child who has been abused can be traumatic for the adults involved. Support for you will be available from your Safeguarding and Child Protection committee.

APPENDIX 3

ALLEGATIONS ABOUT A MEMBER OF STAFF, GOVERNOR OR VOLUNTEER

1. Inappropriate behaviour by staff/volunteers could take the following forms:

- **Physical**

For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.

- **Emotional**

For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

- **Sexual**

For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.

- **Neglect**

For example failing to act to protect children/young people, failing to seek medical attention or failure to carry out an appropriate risk assessment.

- **Spiritual Abuse**

For example using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.

2. If a child makes an allegation about a member of staff, Governor, visitor or volunteer the Head of Committee must be informed immediately. The Head of Committee must carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Head of Committee should not carry out the investigation him/herself or interview pupils.

3. The Head of Safeguarding and Child Protection should exercise and be accountable for their professional judgment on the action to be taken as follows:

- If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the Head Teacher will notify the principal for action to be taken.

- If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil. These should be addressed through the school's own internal procedures.

- If the Head Teacher decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child's safeguarding file. The allegation should be removed from personnel records.

4. Where an allegation has been made against the Head Teacher, then the Chair of the Governing Body takes on the role of liaising with the respected responsible authorities in determining the appropriate way forward.

APPENDIX 4

KEEPING RECORD OF REPORTS

Concerns should be recorded on the “SAFEGUARD” platform. As soon as a concern is raised – DSL will be immediately informed.

Concerns must be filed on the form below and handed in an envelope for urgent attention of the named DSL.

CHILD’S NAME:			
CHILD’S DOB:			
MALE/FEMALE:	NATIONALITY:	DISABILITY Y/N:	RELIGION:
Date and time of concern:			
Your account of the concern: (what was said, observed, reported and by whom)			
Additional information: (your opinion, context of concern/disclosure)			
Your response: (what did you do/say following the concern)			
Your name:		Your signature:	

Your position in school :	Date and time of this recording :
Action and response of DSL:	
Feedback given to member of staff reporting concern:	Outcome of action taken by DSP/Headteacher (e.g. what was parental response? outcome of professional consultation/referral? etc.)
Information shared with any other staff? If so, what? Information was shared and what was the rationale for this?	
Name:	Date:.....

Checklist

- Child clearly identified?
- Name, designation and signature of the person completing the record populated?
- Date and time of any incidents or when a concern was observed?
- Date and time of written record?
- Distinguish between fact, opinion and hearsay
- Concern described in sufficient detail, i.e. no further clarification necessary?
- Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim.)
- Record free of jargon?
- Written in a professional manner without stereotyping or discrimination?
- Record of concern passed to DSL in a timely manner?
- The record includes an attached completed body map (if relevant) to show any visible injuries

Appendix 5

GUIDELINE CHECKLIST FOR DISCLOSURE FOLLOW – UP:

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child’s own words. Stick to the facts, and do not put your own judgement on it
- Sign and date the write-up and pass it on to the DSL or record on the online platform.

Determine risk for re-offence

- What? / Who? / When? / Where?

If the offence is ongoing and the child lives with the offender

- Will you report to authorities?
- Who will you bring in to protect the child, such as a non-offending parent?
- What immediate actions can the child take apart from reporting?

Listen to as much as the child wants to tell you without pushing the child for details. Try to keep limits – giving the child other alternatives to talk if more time is needed, such as counseling or others in her/his support system.

Explore the feelings and concerns the child has about the experience

- Guilt
- Fear
- Shame
- Anger

Affirm that the experience was “assault” and thus s/he is never to blame for someone else’s action. Affirm each of the feelings, while also determining if those feelings are overwhelming to the child, then working on helping the child put those feelings within a healthy limit.

Explore the support system so the child can have someone to talk with

- Parents or other adult relative?
- Friend?
- Trusted adult such as a teacher, School Counsellor

External support:

- Maadi Psychology Centre - 16 Oraby, Maadi as Sarayat Al Gharbeyah, Al Maadi, Cairo Governorate 11431 Tel: 02 23592278
- The Behman Hospital Helwan (24h Emergency Support) - 32 El-Marsad St •Helwan Sharkeya, Qism Helwan, Cairo Governorate. Tel: 02 28166610

Explore the play the child enjoys and help her/him continue to do these things

- Movies with friends
- Parties that are safe
- Arts, writing

End the session by making sure the child knows what to do if attempted or assault happens again.

- Say NO, or run away to somewhere safe – ask the child to specify to whom
- Tell someone – ask the child to specify to whom
- Consider giving child an emergency number

APPENDIX 6

BODY MAP

Name of child:

Class:

Date of observation:

Observed by:

Indicate area of injury and describe:

