



BISK
BRITISH INTERNATIONAL
SCHOOLS IN KURDISTAN

Safeguarding and Child Protection Policy

British International Schools in Kurdistan

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1-Introduction

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

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

- Part 1 of “Keeping Children Safe in Education (September 2021)
- Anti-bullying
- E-safety Policy
- Behaviour Policy (Includes Staff Code of Conduct)
- Peer on Peer Abuse Policy

2- Definition of Safeguarding

The term ‘**child**’ and ‘**children**’ refer to anyone under the age of 18. For the purpose of this policy, ‘safeguarding and protecting the welfare of children’ is defined as:

- Protecting children from maltreatment.
- Preventing the impairment of children’s health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all pupils to have the best outcomes.

3- Principles

Our core safeguarding principles are:

- It is the setting’s responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- Policies will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier review date.
- The setting will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.

- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this guidance.
- All children and staff involved in child protection issues will receive appropriate support from the Head Teacher of the setting (if applicable) who will follow this policy guidance in doing so.

4- Aims

- To provide all staff with the necessary information to enable us to meet our statutory responsibilities to promote and safeguard the wellbeing of children.
- To ensure consistent good practice across the setting.
- To demonstrate the setting's commitment to safeguarding children.

5- Roles and responsibilities

The Designated Safeguarding Lead (DSL) is.

The Deputy Designated Safeguarding Lead (DDSL) is.

The setting will ensure that the Designated Members of Staff

- are appropriately trained
- act as sources of support and expertise to the setting
- 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 and reported onward in accordance with this policy guidance, but kept separately from the child's general file
- refers cases of suspected neglect and/or abuse to children's social care or police in accordance with this guidance and local procedure
- develop effective links with relevant statutory and voluntary agencies.
- ensures that all staff sign to indicate that they have read and understood this policy
- ensures that the safeguarding policy is updated annually
- keep a record of staff attendance at child protection training and makes this policy available to parents.

6- Good practice guidelines

To meet and maintain our responsibilities towards children, the setting agrees to the following standards of good practice:

- to treat all children with respect
- to set a good example of conducting ourselves appropriately
- to ensure the staff are positive role models to children and other members of the team and never engage in rough, physical or sexually provocative games
- to involve children in decision-making which affects them (taking age and development of children into account)
- to encourage positive and safe behaviour among children
- to be a good listener
- to be alert to changes in a child's behaviour
- to recognise that challenging behaviour may be an indicator of abuse
- to read and understand all of the setting's safeguarding and guidance documents on wider safeguarding issues, for example physical contact and information-sharing
- to ask the child's permission before doing anything for him/her (taking age and development of the child into account) which is of a physical nature, such as assisting with dressing or administering first aid
- to maintain appropriate standards of conversation and interaction with and between children and avoid the use of sexualized and derogatory language
- to be aware that the personal and family circumstances and lifestyle of some children lead to an increased risk of neglect and/ or abuse
- to raise awareness of child protection issues and equip children with the skills to keep themselves safe
- to provide any form of manual or physical support required, as a last resort and to do so openly and appropriately, and to always consult the children and gain their agreement (taking age and development of children into account)
- to establish a safe environment in which children can learn and develop, particularly in their confidence and self-esteem and to provide opportunities for achievement.

7- Monitoring Children's Attendance

As part of our requirements under the statutory framework and guidance documents, we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern.

Parents/Carers should inform the setting prior to their children taking holidays or days off. If a child is absent due to sickness, parents/carers should phone or email the setting in the morning so the headteacher is able to account for a child's absence.

If a child has not arrived in the setting, within one hour of their normal start time the parents will be called to ensure the child is safe. If the parents/carers are not contactable then the further emergency contacts will be used to ensure all parties are safe.

When a child is part of a child protection plan or during a referral process, any absences will be reported immediately to the local authority children's social care team to ensure the child remains safeguarded.

This should not stop parents taking precious time with their children but enables children's attendance to be logged so we know the child is safe.

8- Intimate/Personal Care

Children's dignity will be preserved and a level of privacy ensured. The normal process of nappy changing should not raise child protection concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not occur, but we must ensure that staff do not leave themselves vulnerable and will always work in an open environment by avoiding private or unobserved situations or closing doors to toilet areas.

9- Safer Caring

All members of staff are aware of the setting's safeguarding procedures and are committed to working in accordance to the principles of safe caring.

- We ensure that our setting has an open environment where the children feel safe to share information about anything that is upsetting them.

- Our setting has a strong and positive PSHE curriculum through Quality Circle Time, (Kindergarten and Year 2) and social stories in Nursery and Pre-Nursery.
- Staff do not have to deal with Child Protection issues by themselves. If procedures are followed then support is available to manage these difficult and potentially upsetting situations.
- It may be necessary or appropriate, particularly with younger children to hold hands or give cuddles but such contact should be kept to a minimum and should only be initiated by the child. Staff should only have physical contact with children when there are other people present.
- All members of staff are mindful of how they approach children both physically and verbally. All contact should be appropriate to the child's age and emotional understanding.
- As a school, we recognise that there is sometimes the need to work in a one-to-one situation with a child. Staff should leave the door open and make sure another adult knows where they are and what they are doing.

10- E-Safety, Staff and Parents/Carers

11- Mobile Technologies

We recognise that the area of mobile technology is rapidly advancing and it is our school's policy to review its stance on such technology on a regular basis. Currently, our policy is:

- Staff are not permitted to use their personal mobile phones in school while they are teaching and any use should be restricted to times when the children are not present. Staff are required to keep their phones switched off and in their bags while on duty. Mobile phones may be used in the staffroom or offices where children are not present. The only exception to this is in the case of an emergency during a school outing.
- Staff do not use their mobile phones to take images of children, for example on a school outing. The school has devices available for this. Personal mobile phones should not be visible while staff are teaching and moving around the indoor and outdoor areas.

- Staff are not permitted to wear technology such as “Smart Watches” or other wearable devices, which can send and receive pictures, videos, texts and messages.
- Parents, carers, visitors, support staff and volunteers are requested to turn their mobile phones off and put them away before they enter the school grounds.

12- Use of Digital Images and Video

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images so we must ensure that we have safeguards in place. To protect children we will:

- Written consent is obtained from the parents/carers to take and use images of children
- obtain parents’ and carers’ consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- use only the child’s first name with an image
- ensure that children are appropriately dressed
- ensure the setting’s designated cameras and/or iPads are only used in the setting
- images taken on the setting’s cameras and/or iPads will not be emailed as they may not be secure
- parents, carers, volunteers and support staff are not permitted to take photographs of the children in the setting. The occasions during the year when parents/carers are permitted to take photographs are end of term school/class concerts and Sports Day
- ensure all school cameras and iPads used are open to scrutiny.

13- Recording Suspicions of Abuse and Disclosures

Staff should make an objective record of any observation or disclosure (using the appropriate form). This record should include:

- Child’s name
- Child’s address

- Age of child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Using body map exact position and type of any injuries or marks seen (physical injury)
- Exact observation of any incident including any concern that was reported, with date and time
- Any discussion held with parent(s) where deemed appropriate.

These records should be signed by the person reporting this and the DSL, dated and kept in a confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure, details must be logged accurately.

14- Guidelines for Designated Safeguarding Leads

- If an incident is reported , they should decide how to proceed.
- Wherever possible talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place a member of staff or others at risk.
- Whether to make a child protection referral, because a child is suffering or is likely to suffer significant harm and whether this needs to be undertaken immediately.

OR:

- Not to make a referral at this stage but to continue to monitor and log the situation.
- If it would be, appropriate to undertake inter-agency assessment including the use of the "The Early Help Assessment" and/or make a referral for other services, i.e. "Team Around the Child" (TAC).

All information and actions taken, including the reasons for any decisions made, should be fully documented. All referrals should be accompanied by a referral form.

Social care is always available to offer advice to designated safeguarding staff if action needed is unclear.

15- Informing Parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the local authority children's social care team/police does not allow it. This will usually be the case where the parent of family member is the likely abuser or where the child may be endangered by this disclosure. In this case, the investigating officers will inform parents.

16- Early Help

Early help means providing support as soon as a problem emerges, at any point in a child's life. Any child may benefit from early help but in particular, staff will be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- Is a young carer
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for a child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs and/or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

17- Pupils with SEND

The setting recognises that pupils with SEND can face additional safeguarding challenges and understands that further barriers may exist when determining abuse and neglect in this group of children.

Staff will be aware of the following:

- Certain indicators of abuse, such as behaviour, mood and injury, may relate to the child's disability without further exploration; however it should never be assumed that a child's indicators relate only to their disability
- Pupils with SEND can be disproportionately impacted by things like bullying, without outwardly showing any signs
- Communication barriers may exist, as well as difficulties in overcoming these barriers

When reporting concerns or making referrals for children with SEND, the above factors will always be taken into consideration.

18- Allegations against adults working or volunteering with children

If an allegation is made against a member of staff, student or volunteer we will follow the procedures below:

- The allegation should be reported immediately to the school director.
- If as an individual you feel this will not be taken seriously or are worried about the allegation getting back to the person in question then it is your duty to inform the LADO directly
- A full investigation will be carried out by the appropriate professionals LADO to determine how this will be handled
- The setting will follow all instructions from the LADO and ask all members of staff to do the same and co-operate when required.

19- Safeguarding Partners

To be discussed with British council

20- Confidentiality

All staff understands that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence. Staff should only discuss concerns with the designated persons or headteacher. That person will then decide who else needs to have the information and they will disseminate it on a “need-to-know” basis.

21- Staff Training

- All staff receive approved external training every year.
- The DSL and deputy DSL undergo updated child protection training every two years, as well as additional training to refresh their skills and knowledge at regular intervals (at least annually) to allow them to keep up-to-date with any developments relevant to their role.
- The Designated Professionals deliver training at least annually to all staff who work in the setting.
- All staff members receive safeguarding and child protection updates as required. These updates usually take place at staff meetings.
- All new staff and temporary staff are required to attend an induction session with the Designated Safeguarding Lead within their first week at the setting.
- Volunteers/students are familiarised with this Child Protection Policy.

22- Record keeping

Well-kept records are essential to good Safeguarding Practice. Our setting is clear about the need to record any concerns held about a child or children within our setting, the status of such records and when those records should be passed over to other agencies.

Any records regarding safeguarding and child protection are kept securely in the Designated Safeguarding Lead’s office.

23- Safer Recruitment

An enhanced DBS check with barred list of information will be undertaken for all staff members engaged in regulated activity. A person will be considered to be in '**regulated activity**' if, as a result of their work, they:

- Are responsible on a daily basis for the care or supervision of children.
- Regularly work in the setting at times when children are on the premises.
- Regularly come into contact with children under 18 years of age.

24- Pre - employment checks

The school director will assess the suitability of prospective employees by:

- Verifying the candidate's identity, preferably from the most current photographic ID and proof of address.
- Obtaining a certificate for an enhanced DBS check with barred list information where the person will be engaged in regulated activity.
- Obtaining a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available.
- Checking that a candidate to be employed as teacher/teaching assistant is not subject to a prohibition order.
- Verifying the candidate's mental and physical fitness to undertake their working responsibilities, including asking relevant questions about disability and health to establish whether they have the physical and mental capacity for the specific role.

25- Volunteers

Any parent or other person/organisation engaged by the school to work in a voluntary capacity with pupils will be subjected to all reasonable vetting procedures and Criminal Records Checks. There is no legal requirement to obtain DBS certificates for volunteers who are not in regulated activity but an enhanced DBS check without a barred list check may be requested following a risk assessment. Volunteers will be subject to the same code of conduct as paid employees of the school.

26- Recognising Child Abuse

Child abuse manifests itself in a variety of ways, some overt and some less obvious. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or more rarely by others. Abuse can take place wholly online or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

Abuse is defined under four categories: physical abuse, emotional abuse, sexual abuse and neglect. These categories overlap and an abused child does frequently suffer more than one type of abuse.

Physical Abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or 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
Sexual Abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware what is happening. The activities may involve physical contact including assault by penetration (for example rape or oral sex) or non penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The

	sexual abuse of children by other children is a specific safeguarding issue in education.
Emotional Abuse	The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or “making fun” of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
Neglect	The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy for example, 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 or 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.
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27- Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and can also be a sign of child criminal exploitation including involving in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in the future. Staff should be aware of the setting's unauthorised absence and children missing from education procedures.

28- Fabricated or Induced Illness (FII)

FII in children is a difficult and complex subject but schools and nurseries can play a key role in recognising concerns that may relate to this rare form of child abuse. Fabricated/Induced Illness occurs when a child is presented for medical attention with signs or symptoms which have been fabricated or induced by the child's carer. FII is a spectrum of disorders rather than a single entity. At one end less extreme behaviours include a genuine belief that the child is ill. At the other end the behaviour of parents/carers includes them deliberately inducing symptoms by administering drugs, intentional suffocation, overdosing, tampering with medical equipment, falsifying test results and observational charts. Most of these symptoms will not be visible within the nursery/school setting but it is sensible to be aware of signs in case a child or another family member raises these issues.

The signs of FII can be ambiguous and may be attributed to other problems in the child's family that you may be aware of. School staff are particularly well-placed to notice outward signs of harm or to observe if a child is repeatedly unwell for no apparent reason. Or a discrepancy may occur when parents give a description of a child's ill health, which does not accord with your observation, and knowledge of the child in the nursery/school setting.

29- Domestic Abuse

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

The abuse can encompass but is not limited to:

- physical
- sexual
- financial
- emotional
- psychological

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

Exposure to domestic abuse and/or violence can have serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

30- Mental Health

All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately, trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect or other traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy and speaking to the designated safeguarding lead or deputy.

31- Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying): sexual violence and sexual harassment: physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiation/hazing type violence and rituals.

32- Monitoring and Review

This policy is reviewed annually by the **Designated Safeguarding Lead** and **Deputy Safeguarding Lead**. Any changes made to this policy by the **DSL** and the **DDSL** will be communicated to all members of staff.

All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy.

The next scheduled review date for this policy is **September 2022**.

2022 -2023



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