



## **CHILD PROTECTION POLICY**

### **Appendix**

**Ajyal International School**

**2019-2021**

## **CHILD PROTECTION**

### **Appendix**

#### **Purpose**

Ajyal International School fully recognizes its responsibility to safeguard and promote the welfare of children at our school. The purpose of this policy is to provide staff and employees with the guidance they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

#### **Perspective**

We recognize that children have a right to feel secure and cannot learn effectively unless they do so. Parents, caretakers and other people can harm children either by direct acts or failure to provide proper care, supervision and protection. Children may suffer neglect, emotional, bullying, physical or sexual abuse and exploitation or a combination of such types of abuse. **All children have a right to be protected from abuse.** The school will always put every effort to work openly with parents as much as possible, the school reserves the right to contact the Ministry of Interior-Child Protection Centre, without notifying parents if this is in the child's best interests.

#### **Objectives**

These procedures apply to all staff and employees working in the school. The aim of our procedures is to prevent children from being abused, and to safeguard and promote the welfare of pupils at this school in the following ways:-

- Raise awareness of child protection and safeguarding roles and responsibilities with staff and parents.
- Develop, implement and review procedures in our school that enable all staff and volunteers to identify and report cases, or suspected cases, of abuse.
- Support pupils who have been abused in accordance with an agreed child protection plan.
- Support children with additional needs.
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.

- Ensure that allegations or concerns against staff are dealt with in accordance with UAE government policies.

### **Whole Staff Responsibilities**

Ajyal International School recognizes that because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:-

- Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Follow the procedures set out by ADEC and take account of guidance issued by the Ministry of Interior.
- Treat all disclosures with the strictest confidence.
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection by setting out its obligations in an annual school report and that parents are offered a copy of this policy on request.
- Notify ADEC and Ministry of Interior Child Protection Centre of any cases of alleged or suspected child abuse.
- Inform parents of any concerns, and provide them with opportunities to change the situation, where this does not place the child at greater risk.
- Notify the Assistant Principal if there is an unexplained absence of more than two days.

### **Child Protection Coordinator responsibilities**

**In this school the CPC is the Counsellor: Salma Kamel**

**They will:**

- Ensure that the school directors and staff are fully aware of and understand their responsibilities and obligations under this policy.
- Ensure they have received appropriate training.
- Ensure every member of staff, governors and volunteers knows the name of the designated person CPC, their role and their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person CPC.
- Ensure that whole school training occurs yearly so that every member of staff, and governors can fulfill their child protection responsibilities effectively and to comply with the requirements of ADEC and Ministry of Interior.
- Keep written records of child protection concerns that are kept securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of child protection records and/or records of concern are transferred accordingly (separate from pupil files) when a child leaves the school.
- . The school reserves the right when a pupil leaves the school, their information is transferred to the new school in accordance to ADEC guidelines.

### **Responsibilities of adults within the school community:**

- All adults are required to be aware of and alert to the signs of abuse.

- If an adult identifies that a child may be in an abusive situation they should record their concerns and report them to the CPC as soon as possible.
- If a child discloses allegations of abuse to an adult, they will follow the procedures attached to this policy.
- If the disclosure is an allegation against a member of staff they will follow the allegations procedures attached to this policy.

**At Ajyal International School we will educate and encourage pupils to keep safe through:**

- The content of the curriculum
- A school ethics which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- A “Rights, Respect and Responsibility” agenda
- The creation of a culture which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

## **WHAT IS CHILD ABUSE?**

### **What is abuse and neglect?**

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children.

### **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/guardian fabricates the symptoms of, or deliberately induces, illness in a child.

### **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 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, 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.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**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/primary caretaker 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)
- ensure access to appropriate medical care or treatment

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

**Bullying**

Please refer to School Anti- Bullying Policy

## **Indicators of Abuse**

### **NEGLECT**

#### **The nature of neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Neglect can include parents or primary caretakers failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision or stimulation
- Ensure access to appropriate medical care or treatment.

Highlighted below are some of the following examples of the neglect of children

- Frequently going hungry
- Frequently having to go to school in dirty clothes
- Regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the doctor when ill
- Not receiving dental care.

Neglect is a difficult form of abuse to recognize and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. Research would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated CPC.

#### **Indicators of neglect**

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognize that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

#### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles

### **Behavioral indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

## **EMOTIONAL ABUSE**

### **The nature of emotional abuse**

- Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognize and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person – as in domestic violence.
- It is sometimes possible to spot emotionally abusive behavior from parents and caregivers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

### **Indicators of Emotional Abuse**

#### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

#### **Behavior**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc.)
- Neurotic behavior (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behavior – e.g., wetting
- Eating disorders

- Destructive tendencies
- Arriving early at school, leaving late

#### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behavior
- Insecure, clinging behavior
- Poor social relationships

## **SEXUAL ABUSE**

### **The nature of sexual abuse**

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbors, babysitters, and people working with the child in school, faith settings, clubs or activities.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- Grooming the child’s environment – abusers try to ensure that potential adult protectors (parents and other primary care taker) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

#### **Indicators of sexual abuse**

##### **Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

##### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualized behavior or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults

- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Trying to be „ultra-good“ or perfect; overreacting to criticism.

## **PHYSICAL ABUSE**

### **The nature of physical abuse**

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

#### **Indicators of Physical Abuse / Factors that should increase concern:**

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, and cigarettes.
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- The explanation given does not match the injury
- The explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- No explanation is forthcoming
- The child (or the parent/ primary care takers) is secretive or evasive
- The injury is accompanied by allegations of abuse or assault

**You should be concerned if the child or young person:**

- Is reluctant to have parents/ primary care takers contacted
- Runs away or shows fear of going home
- Is aggressive towards themselves or others
- Flinches when approached or touched
- Reluctant to undress to change clothing for sport
- Wears long sleeves during hot weather
- Unnaturally compliant in the presence of parents/ primary care takers.
- Has a fear of medical help or attention
- Admits to a punishment that appears excessive.

## **CHILD PROTECTION PROCEDURES**

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and parent, the interests of the child must be the priority.

**If a member of staff suspects abuse e.g. through physical injury etc. they must:**

1. Record their concerns
  
2. Report it to the CPC (116111)
  
3. Consider if there is a requirement for immediate medical intervention and if so assistance must be called or 999.
  
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations
  - Dates and times of any discussions they were involved in
  - Any injuries
  - Explanations given by the child / adult
  - Action that was taken.
  
  - The records must be signed and dated by the author.

**Following a report of concerns from a member of staff, the CPC must:**

1. Decide whether or not there are sufficient grounds for suspecting child abuse in which case a referral must be made to the MOI Child Protection Centre via Telephone:

Make a clear statement of:

- The known facts
- Any suspicions or allegations
- Whether or not there has been any contact with the child's family.

- If the CPC feels unsure about whether a referral is necessary they can phone MOI Child Protection Centre to discuss concerns and obtain advice. To do so will not constitute a child abuse referral and may well help to clarify a situation.

2. If there is no clear risk of harm the CPC will either actively monitor the situation or seek advice from the MOI Child Protection Centre.

3. The CPC must confirm any referrals in writing to MOI Child Protection Centre, within 24 hours, including the actions that have been taken. The written referral should be made using the referral form attached to this document.

4. If a child is in immediate danger and urgent protective action is required, the police should be called using the 999 service. The CPC should also notify ADEC and MOI Child Protection Centre of the occurrence and what action has been taken. Submit written reports documenting incident. The CPC should seek advice from the police / MOI Child Protection Centre/ADEC about informing the parents.

5. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible

6. Where there are doubts or reservations about involving the child's family, the CPC should clarify with MOI Child Protection Centre or the local police whether, the parents should be told about the referral and, if so, when and by whom this is important in cases where the police may need to conduct a criminal investigation. Where appropriate, the CPC should help the parents understand that a referral is in the interests of the child and that the school will be involved in the police investigation.

7. When a pupil is in need of **urgent** medical attention and there is suspicion of abuse the CPC should take the child to the Accident and Emergency Unit at the nearest hospital, having first notified MOI Child Protection Centre. The CPC should seek advice about what action the MOI Child Protection Centre will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention. If the suspected abuse is sexual then the medical examination should be delayed until ADEC/MOI Child Protection Centre and/or the police can liaise with the hospital, unless the needs of the child are such that medical attention is the priority. If a decision is made not to inform the parents there must be a responsible adult with the child at all times, whether from the school, ADEC and MOI Child Protection Centre or the police.

**When dealing with allegations against staff, or governors:**

- Report any concerns about the conduct of any member of staff or volunteer to the Administration as soon as possible and within 24 hours
- If an allegation is made against any person in the Administration, the concerns need to be raised with ADEC as soon as possible and within 24 hours.

## **Child Protection Staff and volunteer Selection and clearances**

At this school, we strongly recognize the need for vigilant awareness of child protection issues. It is important that all staff have appropriate training and induction so that they understand their roles and responsibilities and are confident about carrying them out. Staff, pupils and parents should feel secure that they can raise any issues or concerns about the safety or welfare of children and know that they will be listened to and taken seriously. This will be achieved by maintaining an ethos of safeguarding and promoting the welfare of children and young people and protecting staff. This is supported by having clear child protection policies, appropriate induction and training, briefing and discussion of relevant issues and relevant learning. Pending applicants and prospective volunteers working with children to ensure they are not unsuitable is a very important aspect of child protection. In keeping with the above safeguarding statement the school requires that all persons having regular or unsupervised access to children will be required to produce proof of their having no history of committing any offence that would suggest they present a risk to children. The proof of such should be provided by a recognized law enforcement agency with contact details being provided for verification purposes.

**Ajyal International School**

**Recording Form**

**Child's Name: DOB**

**Name/title of person raising concern:**

<b>Date and Time</b>	<b>Details of concern</b>	<b>Action taken - To whom and organization (Has a MOI Child Protection Centre been informed)</b>	<b>Outcome of action</b>	<b>Further actions required By whom and when</b>	<b>Review Date</b>	<b>Name and signature of person completing entry</b>

## Child Volunteering Information

If a child volunteers information about abuse to a member of staff, it may be done obliquely, rather than directly, e.g. through play, drawings etc. Children will talk about their concerns and problems to people they feel they can trust. The person a child talks to will not necessarily be a senior member of staff. The role of the member of staff hearing this is to listen but not undertake an investigation of the potential abuse. That is the role of the child protection agencies. Legal action against a perpetrator can be seriously damaged by any suggestion that the child's words have been influenced in any way by the person they told.

### When a child confides in you:

#### Things you should do:

- Give the child undivided attention
- Show concern, support and warmth but don't show emotions, distress or negative reaction. Be reassuring – (you can say „that must have been sad/hard for you” it's right to tell someone because you need help”) Ask if the child has told his/her parents if the alleged abuse is outside the home or the other parent if one parent is implicated
- Rather than directly questioning the child, just listen and be supportive
- It may be appropriate to check that the child is indicating abuse or neglect
- Check if the child is hurt or might be in need of medical attention
- Deal with the allegation in such a way that the child does not have to repeat the information to different people within the school; It is important to know if an incident has happened recently and whom the child is saying has hurt her/him.
- Make careful records of what was said, put the date and time when the child spoke to you, put the location and names of the people who were present, as well as what was said, using child's own language and colloquialisms. Then sign it, and hand your record to the CPLO straight away
- Keep a copy of your notes
- Look after yourself by seeking some support

#### Things you should not do:

- You must not promise a child complete confidentiality – you should explain that you may need to pass information to other professionals to help keep them or other children safe
- Malign the character of the alleged perpetrator
- Jump to conclusions
- Ask leading questions
- Ask for lots of details about the alleged event(s)
- Speculate or accuse anybody yourself
- Make promises you can't keep
- Pre-empt or prejudice an investigation by leading the child with *closed* questions.

### Questioning Skills

To avoid leading questions when clarifying what a child has said, you should use open questions with a child rather than closed questions. The following table gives some examples of both

Closed Questions	Open Questions
Do	Tell me
Can	Explain to me
Did	Describe to me
Would	Who
Could	What
Are etc	When
Where	
How	

### Safe Working Practice

It is essential that all staff, governors and volunteers working in schools are aware of how to pass on any concerns about other members of staff or volunteers and be conscious of how they should conduct themselves to minimize the risk of finding themselves as the subject of any child protection processes.

### In dealing with allegations or concerns against an adult in the school all staff, governors and volunteers should:

- Report any concerns about the conduct of any member of staff or volunteer to the Principal as soon as possible and within 24 hours.
- If an allegation is made against an individual in the Senior Leadership team, the concerns need to be raised with ADEC as soon as possible and within 24 hours.
- In either event the CPC or Administration should report to ADEC to contact the MOI Child Protection Centre on Telephone

### Safe Professional Conduct

#### All Employees should;

- Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions
- Dress appropriately for your role
- Avoid unnecessary physical contact with children. If physical contact is made:
  - Ensure you are aware of and understand the rules concerning physical restraint
  - Where it is essential for educational or safety reasons, gain pupil's permission for that contact wherever possible

- To remove a pupil from a dangerous situation or an object from a pupil to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Head teacher
- It should not be secretive, even if accidental contact was made, it should be reported.
- Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to;
- Accepting regular gifts from children
- Giving personal gifts to children
- Recognize their influence and not engage in activities out of school that might compromise their position within school,
- Not establish or seek to establish social contact with pupils outside of school. This includes;
  - Communication with pupils in inappropriate ways, including personal e-mails and mobile telephones.
  - Passing your home address, phone number, e-mail address or other personal details to pupils/children.
  - The transportation of pupils in your own vehicle without prior management approval.
  - Contact through social networking sites.
  - Avoid volunteering to house children overnight.

**All staff and volunteers should;**

- Only use e-mail contact with pupils via the school's system.
- Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done when parents have given their express permission.
- Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.
- Only arrange to meet with pupils in closed rooms when senior staff have been made aware of this in advance and given their approval.
- Not access inappropriate material via the internet
- Not allow boundaries to become blurred and unsafe in more informal settings such as trips out, out of school activities etc.
- Never use a physical punishment of any kind.
- Not attribute touch to the teaching style.

**Informing the Child Protection Coordinator**

**All staff, volunteers and governors should inform the CPC if;**

- There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.
- There is any suggestion a pupil may be infatuated with you or taking an above normal interest in you.

# MOI Child Protection Centre REFERRAL FORM

## STUDENT DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

### Telephone Contact Details:

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Child's 1st Language: \_\_\_\_\_

### Nationality:

Emirati  American  Chinese  UK

Indian  Bangladesh  Pakistani  African

Other Western European  Other Eastern European  Other Asian

\*If other please specify: \_\_\_\_\_

Does the child have a disability  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

## SCHOOL DETAILS

Current School: \_\_\_\_\_ Year Group: \_\_\_\_\_

Last School attended: \_\_\_\_\_

### REASON FOR REFERRAL

Suspected/Disclosed Physical Abuse

Suspected/Disclosed Sexual Abuse

Suspected/Disclosed Emotional Abuse

Suspected/Disclosed Neglect

Description/Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the name of the member of staff responsible for liaison with MOI Child Protection Centre

Name (please print): \_\_\_\_\_ Position \_\_\_\_\_

Telephone No: \_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Intimate Care Guidance on Toileting Needs in Schools and Early Years Settings**

### **Introduction**

The vast majority of children are appropriately toilet trained and able to manage their own needs competently before they start school. This policy will apply to pupils who, for whatever reason, require toilet training or special arrangements with toileting in preschool, school or other education settings.

This guidance:

- Identifies the importance of working in partnership with parents/caretakers.
- Sets out the principles of good practice.
- Provides practical guidance for preschools and schools.
- Clarifies the implications of the Special Educational Needs and Disability Discrimination Acts.
- Sets guidance for all children including those with special educational needs and disabilities.
- Emphasises the employer's duty to safe-guard the health and safety of pupils and staff.
- Provides Child Protection advice.
- Raises awareness of the need to protect the dignity of the child.

### **Partnership with Parents/Caretakers**

Open and supportive communication with parents (including caretaker) is fundamental to planning for and meeting the child's toileting needs effectively and sensitively. Many parents may feel anxious that their child is not able to use the toilet independently and may have already experienced some difficulties with toilet training and/or experienced negative attitudes from others towards the issue. For some children their toileting needs may be relatively short term and related to initial toilet training, whereas others may require a long term toileting programme. Parents will need to feel confident that the setting is able to support their child's toileting needs and is positive about doing so, and should be encouraged to be open about and able to discuss any concerns in this area.

### **Partnership with Children and Young People**

The active involvement of the child in their toileting programme is vital to make sure they have ownership and understanding of their targets.

### **Principles of Good Practice**

**All children have an educational entitlement irrespective of their difficulties with toileting.**

- Children or young people who need assistance with toilet training or special toileting arrangements must be treated with respect, dignity and sensitivity.
- Some children who cannot achieve continence and independent toileting will require high levels of assistance.
- Educational establishments should ensure that they work in partnership with parents and caretakers in planning for toileting needs and effective toilet training, acknowledging that continence and independent toileting may not be achieved by some children.
- It is important to adopt consistent approaches at home and at school.
- The setting, in partnership with parents/caretakers and any other professionals involved, should make and review care plans, working towards achieving maximum independence of the child with toileting.
- The setting, supported by teachers, Learning Managers, and Senior Managers, should positively address issues raised by toileting needs in a constructive and problem solving way.
- Staff should be provided with access to appropriate resources and facilities and be supported by clear plans, policy guidelines and training. All staff supporting pupils with toileting difficulties must receive appropriate information and specific training as required.

- Head teachers and Managers should be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- It is important to alert the school nurse if any school attendance difficulties develop as a consequence of toileting concerns.

### **Definition of Disability**

Special protection should be provided for children who have a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. Anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting.

### **Attending preschool settings and starting school**

Children with toileting difficulties should be admitted into pre-schools and into nursery and reception classes with their friends in the same way as any other child. At this stage it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs. However, there are some children who enter pre-school or reception with special educational needs and/or medical conditions which indicate the need for special toileting arrangements or toileting training. Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school or school activities solely because of incontinence.

Any admissions policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory. All such issues should be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

Before the child begins attendance it is important to:

- Gather information from parents, child and any professionals involved.
- Establish effective partnership with parents/caretakers, child and any professionals involved.
- Focus on health and safety implications and determine whether a risk assessment is required.
- Decide, in consultation with parents/caretakers, whether you need further advice from Health Services.
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance.
- Agree a plan with parents/caretakers and child create a written note of your agreement.
- Make sure that all staff are informed and clear about their responsibilities.

It is important for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

It is reasonable to discuss the level of independence with toileting before a child starts school. However, it is not acceptable to deny, delay or reduce attendance at pre-school or school simply because a child has special toilet requirements. It is important to agree a plan which will work towards maximum independence and support the child's attendance in the educational setting.

## Good Practice Guidance

Each child and situation is of course unique. However teachers may find the following guidance helpful in deciding what "reasonable steps" should be taken to support pupils who require toilet training. It is anticipated that existing staff will volunteer to support pupils with toilet training or special toileting arrangements in school and preschool. Where incontinence is caused by an underlying impairment, it is a necessary reasonable adjustment for staff to carry out personal care. When recruiting new staff it is important that duties relating to personal care are specified in the contract of employment (see link to Role Profiles below). Managers should ensure that staff carrying out such procedures feel confident and supported by relevant training and protocols to ensure the dignity of the pupil and protection of the staff. If the child or young person is not able to use the toilet independently on entry, schools have found a variation on the following procedures usually addresses the difficulty.

- Gather as much information as possible from the parents/caretakers and child. How have they tried to introduce toilet training at home? What happens at home? Has the child any regular routines or daily patterns which could inform the routine set up by the school? Have the parents/caretakers noticed any particular difficulties or phobias which the school should be aware of? Can the parents/caretakers suggest a strategy or procedure for dealing with the problem?
- An appropriate toileting programme will need to be discussed and agreed so that the child, parents/caretakers and staff are aware of their roles and responsibilities. The plan must have regular monitoring and review arrangements. The plan should give careful consideration to choosing which adults should be involved in toileting care. Schools and pre-school settings should give a written copy of the programme to the parents/caretakers.
- Clothes should be easy for the child to pull up and down. Wherever possible it is better to train the child with appropriate clothing rather than continuing to rely on the nappy/pad or training pants.
- No child should be left wet or dirty for a parent/caretaker to change later.
- It is not reasonable to expect parents or caretaker to be on emergency stand-by to change children during the school day.
- Staff should ask parents/caretakers to provide the school with a couple of appropriate changes of pants/trousers etc. in case of accidents.
- It is the responsibility of parents/caretaker to deal with wet/soiled clothing. Staff should liaise accordingly and make the necessary arrangements.
- Organise that a member of staff familiar with the child is given the responsibility of taking the child to the toilet at fixed, appropriate intervals throughout the morning/day. Careful observations and discussions with the child may identify when the child "needs to go".
- Ensure that the routine established in school is strictly maintained from the start and try hard to avoid accidents. If necessary shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas.

- Drinking water easily accessible for all children and encourage them to have "little and often" rather than in huge amounts at a time.
- Reminders to use the toilet should be discreet and staff may consider the use of signs, pictures or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Give extra attention when they have made the effort to go to the toilet independently.
- After a period of training it may be sufficient to remind the child to go to the toilet on their own. Be positive and patient and praise the child for effort.
- It is important to anticipate toileting needs for these pupils before planning off site activities. Children should not be excluded from off-site activities because of their toileting needs.
- Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents/caretakers and seek their agreement before involving further professional guidance and support.

### **Children with special educational needs and disabilities**

In addition to the good practice guidance described above the following considerations may apply:

- In consultation with parents, Health service staff will provide any relevant medical information, training and advice.
- It may be appropriate to consult a specialist to advise for children with Physical Disabilities who can provide guidance and assistance with risk assessments.
- Special equipment may be accessible through a specialist advisor.

### **Health and Safety considerations**

Teachers have a duty to safeguard the Health and Safety of pupils and staff. Schools and other settings registered to provide education will already have hygiene or infection control policies as part of their health and safety policy and will follow these when managing a child with toileting needs. Ensure all known allergies are considered when planning and carrying out each child's toileting programme.

### **Child Protection concerns**

The normal process of changing a nappy/pad should not raise child protection concerns, and 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 take place. Few settings will have the staffing resources to provide two members of staff for nappy changing.

## **PERSONS INVOLVED IN TRANSPORTING CHILDREN FOR SCHOOL ACTIVITIES**

At Ajyal International School it is important to ensure children are transported safely without risk of harm or abuse.

### **All drivers must:**

- . Hold a valid driving license for the type of vehicle being driven
- . Be fit to drive
- . Have no medical condition which affects their ability to drive
- . Ensure that any vehicle is roadworthy, including brakes, lights, tires, bodywork, wipers, mirrors etc.
- . Ensure that they adhere to the appropriate speed limit
- . Ensure that all seat belts are working and worn by everybody in the vehicle

### **Safety:**

- . Be familiar with, and drive in accordance with, the road regulations at all times
- . Drive safely and observe the speed limit
- . Before driving not to consume alcohol or drugs which may impair driving
- . Ensure that all passengers wear seat belts as appropriate
- . Use child proof locks on doors where necessary.

