المدرسة الهندية العامة العليا الخاصة
Indian Public High School Private

VISION : **To promote, instill and sustain a desire for inquiry, innovation and research among all learners towards an organic growth as a global citizen.**

POLICY NAME:	**CHILD PROTECTION POLICY**				
APPROVAL AUTHORITY:	**PRINCIPAL**	**ADOPTED:**	**03.05.2017**	**REVIEWED:**	**03.10.2022**
RESPONSIBLE EXECUTIVE:	**CHILD PROTECTION OFFICER**	**REVISED:**	**15.4.2025**	**NEXT REVIEW ON:**	**15.04.2026**
RESPONSIBLE OFFICE:	**CHILD PROTECTION UNIT**	**AVAILABLE:**	**IN THE LIBRARY, WEBSITE, NLP**		

MISSION

To serve as a model, where teaching and learning is innovative and to excel beyond the classroom.

DISTRIBUTION LIST: -

- **Principal**
- **Vice Principal**
- **Supervisors**
- **Academic staff**
- **Admin staff**

CHILD PROTECTION TEAM & CONTACT DETAILS

Sl No:	Name	Designation	Phase	Contact Details
1	Ms. Nafeesath T	Child Protection Officer	Whole school	counsellor@iphsrak.com
2	Ms. Margina Selvaraj	Vice Principal	Whole School	viceprincipal@iphsrak.com
3	Ms. Shammy Santhosh	Supervisor	Grade 5-8	primary@iphsrak.com
4	Ms. Manpreet Kaur	Supervisor	KG- Grade 4	kgprimary@iphsrak.com

ALTERNATIVE REFERRAL POLICY:

In an emergency situation for the safety and protection of a child, it is expected from the person handling the situation to make immediate referral to any member of the child protection team or to the senior leadership team.

Recognizing that some children may face academic, social, emotional, or behavioural risks, the school ensures early identification and proactive intervention for students who may be considered "at-risk".

Introduction:

The health, safety and well-being of all our children is of paramount importance to all the adults who work in our school. Our children have the right to protection, regardless of age, gender, race, culture or disability.

We ensure that children with **disabilities and additional needs** are fully included, supported, and protected within our CHILD PROTECTION framework. They have a right to be safe in our school.

Protecting children is everyone's responsibility at our school and this includes reporting any act committed by a parent, Staff or any other person, to a child enrolled in the school which results in neglect, physical or emotional injury or sexual harm.

All staff have a duty and will report any suspected or disclosed issues of child protection to the Child Protection Team. If the threat is immediate or ongoing it will be reported to the appropriate local safeguarding authorities as set in place by the UAE.

There are 4 major areas that can create long term negative effect on children:

1. Child abuse: Every action that would lead to the harm of the child
2. Child neglect: Failure of the parents to take necessary actions to preserve the child's life and needs
3. Violence against children: use of force against any child by any one that would lead to harm
4. Child pornography: child is shown in a disgraceful manner in a sexual act or sexual show

Purpose

- Ensure the safeguarding of children and young people from harm is the highest priority.
- Ensure students feel safe and protected from significant physical and emotional harm both inside and outside of school.
- Establish clear standards for the early identification, intervention, and sustained monitoring of students who are at **educational risk**.
- Inform staff regarding the signs of child abuse, neglect, and educational risk, and equip them with knowledge on what to do in the event of suspected abuse or identified risk.

Aims

We aim to safeguard and promote the welfare of children at the school. This is in compliance with:

- UAE Federal Law NO. 3 of 2016 on Child Rights
- UAE Federal Law No. 3 of 1987 on Penal Code
- To promote collaboration among teachers, counsellors, parents, and external specialists in supporting the overall well-being and educational success of at-risk students.
- To ensure early identification, intervention, and monitoring of students who are at risk of academic failure, emotional distress, behavioural challenges, or social vulnerability.
- To inform all parties of the correct procedures to use in the case of a child protection issue.
- To strengthen the link between child protection, inclusion, and welfare practices, ensuring that every child—especially those facing additional challenges—receives equal access to safety, learning, and support opportunities.

We aim to ensure that children with disabilities and additional needs are fully included, supported, and safeguarded against abuse, neglect, and exploitation, recognizing their increased

vulnerability and potential communication barriers.

Legal Requirements in the UAE:

- Crimes of abuse and penalties are defined in Federal Law (3); which was updated in June 2016 to include the Child's Rights Law. Updated article will be provided when available. Below are the specific articles pertaining to each type of abuse as listed in the previous Federal Law (3).

- **-Physical Abuse Crimes: Articles 336-343**
- **-Sexual Abuse Crimes: Articles 354, 356, 358, 363, 364**

***Article 362 pertains to the distribution of drawings, photos, films**

-Emotion

- **al Abuse Crimes: Articles 351, 352, 372-374**
- **-Neglect: Articles 348-350**

Child Protection Procedures:

In addition to reporting severe abuse cases, the school counsellor and the School Support Team shall provide structured interventions for students experiencing emotional distress, learning barriers, or behavioural decline.

The Level of Support to be followed:

- **Level 1 – Universal Support:** Inclusive classroom strategies for all students.
- **Level 2 – Targeted Support:** Small-group interventions for students with ongoing difficulties.
- **Level 3 – Intensive Support:** Individualized Education Plans (IEPs) for students requiring personalized attention, developed with parental involvement.

Each at-risk student will have documented goals, strategies, responsible staff, and review timelines. Progress will be monitored and adjusted as required.

ROLES AND RESPONSIBILITIES
Principals will:

- Comply with the provisions of this policy.
- Every private school shall publish a Child Protection and Safeguarding policy to protect

students from any abuse and neglect provided it meets the minimum requirements of what is included in this policy and does not contradict any of its provisions.

- Ensure that procedures to prevent situations that could lead to the abuse or neglect of students are in place and understood by all school staff and leaders.
- Ensure the supervision of students at all times while in school's care.
- Ensure that there is priority emphasis within the school on the protection of the students and for taking immediate actions when there is suspicion of cases of student abuse or neglect.
- Ensure that students can safely report their concerns about abuse and/or neglect without fear of retribution or punishment.
- Ensure that staff and others can safely report their concerns about the potential exposure of any student to abuse and/or neglect without fear of retribution or punishment.
- Gain views from students and parents regarding security and protection within the school.
- Immediately report any case of potential abuse and/or neglect of students as stated by this policy.
- Ensure that all staff and administrators targeted for student protection training are fully attend and participate in all training sessions.
- Conduct orientation sessions for parents/guardians upon student registration or enrollment and at the start of every school year to promote this policy and to inform them of their roles and responsibilities, and their rights and duties.

  Immediately suspend any staff member who is suspected of an offence involving student abuse and/or neglect on a temporary basis until the suspicion is adjudicated

Child Protection Team Will:

- Implement the child protection policy and procedures.
- Encourage good practice by promoting and championing the child protection policy and procedures.
- Monitor and review the child protection policy and procedures to ensure they remain current and fit for purpose.
- Regularly report to the Management/Committee/Board.
- Raise awareness of the Code of Conduct for working with children to parents/guardian, adults and children.
- Challenge behavior which breaches the Code of Conduct.
- Keep abreast of developments in the field of child protection by liaising with the Child Protection Officer, attending relevant training or events.

- Organize appropriate training for all adults working/volunteering with children in the club.
- Establish and maintain contact with local statutory agencies including the police and social services.
- Respond appropriately to disclosures or concerns which relate to the well-being of a child.
- Maintain confidential records of reported cases and action taken.
- Where required liaise with the Child Protection Officer and/or statutory agencies and ensure they have access to all necessary information
- Collaborate with the School Support Team to track and support students at educational risk, using regular data reviews to inform school improvement plans

All School Staff will:

- Report a suspected case of abuse and/or neglect upon immediate discovery and Supervise students at all times while in school's care.
- Understand this policy to address suspected or alleged student abuse or neglect cases.
- Attend and participate in mandated student protection training.
- Observe and record early warning signs of academic, emotional, or behavioural risk and refer such cases to the counsellor or Child Protection Officer.

Specific responsibilities of the School Doctor/Nurse and Counsellor:

- The school Doctor/Nurse or Counsellor may be requested to provide physical treatment and emotional support after a child has been abused.
- The Doctor or Nurse may be required to conduct an examination if there are physical injuries and write an initial report about the child's physical and emotional condition.
- The Doctor/ Nurse and/ or Counsellor can provide positive encouragement to the child, liaise with family members determine how best to promote the child's safety both at school and at home.
- Child abuse can leave deep emotional scars and the School Doctor or Nurse should recognize these and help develop a rehabilitation plan.
- In some cases, the child may have to take medication as a result of the abuse. The School Doctor or Nurse should ensure that all standards and procedures for administering medications in the school setting are met.

Specific responsibilities of the HR department and Security

When recruiting any member of the teaching staff or support staff with access to children, all reasonable steps should be taken to ensure compliance as far as possible with the following:

- Provision of an up-to-date policy 'good conduct' letter and/or criminal records check.
- That two or more references are taken up from previous employers with follow-up

questions with regard to the applicant's compliance with any Child Protection procedures.

- A declaration signed by the prospective employee on any application form and/or contract that s/he has not been convicted or undergoing court or disciplinary proceedings for any offence involving child abuse and/or breach in exercising a duty of care for children.
- The Security staff undertake to be vigilant and adhere to the procedures governing the access, detailed record-keeping, provision of a Visitor's Pass to be worn for ease of identification and monitoring of visitors to the school.

Parents/Legal Guardians will:

- Cooperate with the school administration and staff, answer all inquiries related to the student's behavior, academic performance and respond to their feedback and guidance.
- Attend all scheduled school parent meetings.
- Communicate any concerns, observations, or changes in their child's behavior to the school administration or to the concerned school staff.
- Be informed when their child is identified as at-risk and participate actively in planning and reviewing support strategies to promote the child's overall development.

When to be concerned

Staff should be concerned if a student:

- Has any injury which is not typical of the bumps and scrapes normally associated with the child's activities.
- Regularly has unexplained injuries.
- Frequently has injuries even when apparently reasonable explanations are given.
- Offers confused or conflicting explanations about how injuries were sustained
- Exhibits significant changes in behavior, performance or attitude.
- Indulges in sexual behavior which is unusually explicit and/or inappropriate to his or her age.
- Discloses an experience in which he or she may have been harmed.

Recording disclosure:

When a pupil has made a disclosure, the member of staff should:

• Make some brief notes as soon as possible after the conversation;

- Not destroy the original notes in case they are needed by a court;
- Record the date, time, place and any noticeable non-verbal behavior and the words used by the child;
- Draw a diagram to indicate the position of any bruising or other injury;
- Record statements and observations, rather than interpretations or assumptions.
- For students identified as at-risk, staff must maintain detailed intervention records, including objectives, strategies, and progress reviews within the IEP. Confidentiality will be maintained while enabling effective communication among staff and parents.

CHILD PROTECTION FOR STUDENTS OF DETERMINATION

Increased Risk Factors: Vulnerability of Disabled Children to Abuse & Neglect

- Dependency on Adults – Higher risk due to reliance on others for care and support.
- Communication Barriers – Difficulty expressing concerns or reporting abuse.
- Social Isolation – Limited opportunities to disclose or seek help.
- Lack of Safety Awareness – Reduced understanding of personal safety, especially with cognitive disabilities.
- Perceived Lack of Credibility – Concerns may be dismissed or overlooked by adults

CONCERNS OF STUDENTS OF DETERMINATION

- Intimate care and personal hygiene should be handled with dignity, privacy, and consent to prevent abusive behavior; staff must maintain clear boundaries and follow respectful practices.
- Appropriate physical contact should be distinguished from unsafe touch, with children being taught body autonomy, consent, and the right to refuse uncomfortable contact.
- Vulnerable children are at increased risk of abuse due to reliance on caregivers and communication barriers, requiring regular well-being checks and accessible reporting methods.
- Social exclusion, bullying, and discrimination must be addressed by promoting inclusivity, peer support, and anti-bullying policies.

- Positive behavior strategies should replace punitive discipline methods, particularly when addressing challenging behaviors in children with disabilities.
- Communication tools like visual aids, assistive technology, and sign language support are crucial for children to express concerns and report abuse.

BARRIERS TO REPORTING ABUSE AND SEEKING HELP (SOD):

- Fear of losing essential support if they disclose abuse by a caregiver or trusted adult.
- Limited understanding of what constitutes abuse, especially if their experiences have been normalized.
- Difficulty accessing communication aids or having limited language skills to express concerns.

- Assumptions that behaviors (e.g., distress, withdrawal) are due to disability rather than possible abuse**.**

ADDRESSING VULNERABILITY TO ABUSE AND NEGLECT IN STUDENTS OF DETERMINATION

To ensure the safety of disabled children, IPHS is committed to:

- Training staff to recognize the signs of abuse and neglect in disabled children and to respond sensitively and effectively.
- Providing accessible communication methods, including visual aids, sign language support, and assistive technology.
- Ensuring safe and trusted reporting mechanisms, making it easier for children to disclose concerns.
- Encouraging peer support and social inclusion to reduce isolation and create a protective environment.

APPENDIX A

DEFINITIONS:

a) Neglect - The persistent or severe neglect of a child which results in impairment of health or development

b) Physical Abuse - Actual or likely physical injury to a child, or failure to prevent physical injury or suffering

c) Sexual – Actual or likely exploitation of a child by involvement in sexual activities without informed consent or understanding, or that violate social taboos or family roles

d) Emotional – Actual or likely severe adverse effects on the emotional and behavioral development of a child by persistent or severe emotional ill- treatment or rejection

e) Potential abuse – situations where children may not have been abused but where social and medical assessments indicate a high degree of risk that they might be abused in the future, including situations where another child in the household has been abused, or where there is a known abuser

f) Bullying - any persistent and uninvited behavior which insults, hurts or intimidates someone (includes cyber bullying).

Signs of possible abuse include: (These are not exhaustive or necessarily indicative of abuse).

a) Neglect – constant hunger or tiredness; frequent lateness or absence, poor personal hygiene, untreated medical problems; running away, stealing, low self-esteem

b) Physical - unexplained injuries/bruises; improbable or evasive excuses, untreated injuries; fear of treatment or medical help, fear of physical contact, fear of going home, over aggressive or defensive tendencies, fear of removing clothes, bites, lashes, facial injuries.

c) Sexual - Tendency to cling, tendency to cry, genital itching, acting 'like a baby', distrust of familiar adults, wetting and/or soiling, fear of undressing, throat infections, depression, fearful/panic attacks.

d) Emotional – Physical, emotional, developmental delay; over-reaction to mistakes; tearful, fear of losing, fear of parents being contacted, stealing, thumb-sucking, rocking, anxiety, Munchausen Syndrome by proxy (If a parent of child deliberately fabricates or induces illness in that child). Signs may include; perceived illness, doctor shopping,

f) SOD- Student of Determination-student with a long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, restricts the student's full and effective participation in education on an equal basis with peers of the same age

enforced illness, fabricated illness, poisoning e.g. with salt, induced seizures, suffocation, bleeding, rashes, tampering with vomit/urine. Child may exhibit unusual or unnaturally prolonged illness; symptoms/signs have a temporal association with mother's presence, mother unusually at ease in hospital environment, multiple illnesses/similar symptoms in family, unexplained death of siblings.

APPENDIX B

WHAT TO DO ON DISCLOSURE

Stay calm

(Don't over-react, however shocked you may be)

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Listen, hear and believe (Listen carefully, take it seriously)

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Give time for the person to say what they want

(Don't make assumptions and don't offer alternative explanations, ask questions beginning with Tell me about…Explain…Describe… Avoid 'who, what, when, where' questions)

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Reassure and explain that they have done the right thing in telling.

(Do not promise confidentiality; explain that only those professionals who need to know will be informed)

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Record in writing as near verbatim as possible and as soon as possible on a Disclosure Form (Use the child's own words, make your record as soon as possible after the event, so that you don't forget anything, and include information about what action was taken afterwards)

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Report to the Child protection team lead & to the Principal

APPENDIX C

Indian Public High School, Rasal Khaimah.

DISCLOSURE OF ABUSE FORM

Name of Person Making Allegation/Disclosure:

Time and Date:

Parent(s) Name and Contact Details:

Nature of Disclosure:

(Continue on separate sheet as required, recording as close to verbatim as possible)

Name and Signature: …… Role: …… Date and Time: ……

CHILD ABUSE- ESCALATION MATRIX