



Safeguarding Policy

Emirates International School – Jumeirah

Approved by: Jayne Needham

Date: August 2026

Last reviewed on: August 2026

Next review due by: August 2027

Prevention, Protection & Support

Rationale

At Emirates International School we are fully committed to promoting children's rights, notably their right to be protected from harm, abuse and exploitation and to be involved in any decisions that directly affect them. Emirates International School is committed to developing the children's understanding of their rights and responsibilities as global citizens, in line with The United Nations Convention on the Rights of the Child to which the UAE is a signatory.

The UN Convention on the Rights of the Child

Article 34

The Government should protect children from sexual abuse.

Article 33

The Government should provide ways of protecting children from dangerous drugs.

Article 39

Children who have been neglected or abused should receive special help to restore their self-respect.

Article 19

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 36

Children should be protected from any activities that could harm their development.

Article 12

Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

This policy defines the responsibilities, processes and procedures relating to the protection of students at Emirates International School. The overall intention and purpose behind this Child protection policy is underpinned by the fundamental principle of the Children Act 1989 and The United Nations Convention on the Rights of the Child.

This policy should be read in association with the Code of Conduct and the policies on Behaviour, E-Safety, Attendance and the Health and Safety Policy.

ROLE AND RESPONSIBILITIES OF DESIGNATED SAFEGUARDING LEAD (DSL) FOR CHILD PROTECTION ISSUES

At EISJ the DSLs are the Heads of Schools who form a safeguarding Committee alongside the Principal, school counsellors and Pastoral Assistant Heads who play a particularly important role in monitoring safeguarding and child protection issues. The DSLs and the safeguarding committee are responsible for coordinating action within the institution and liaising with outside agencies/professionals as appropriate.

They:

- will follow the agreed procedures
- know how to identify the signs and symptoms of abuse
- can provide advice and support to staff in matters of Child Protection
- report allegations and suspicions to Heads of School and Principal when necessary and as soon as practical
- maintain relevant records of incident reports and follow-up
- ensure all records are kept confidentially, separate from the main student file, and in locked locations
- know when and how to make a referral to outside agencies/professionals • can contribute to and monitor a child protection plan
- will hold monthly case conferences (Child Protection Meeting) with School Counsellors to update themselves on status of current/new concerns

All EISJ staff have received official externally certified Safeguarding training as well as in-house training on Child Protection matters.

PREVENTION

SCHOOL ENVIRONMENT

All staff will be expected to contribute towards an environment that offers children maximum protection and create a positive atmosphere in which students are respected and know that they can find assistance if necessary. Children should know that there are adults in the school whom they can approach if they have a worry or a problem.

EISJ has two school counsellors:

Shaista Ansari sansari@eischools.ae - Primary School

Rose Kamath rkamath@eischools.ae - High School

It is a safeguarding priority that access to the school site is monitored closely

in order to ensure the safety of all students and staff. All staff, parents, and visitors are asked to observe the school's procedures. In addition to 24 hour CCTV we have the following in place:

Meetings - parents who have arranged to meet with a member of staff should sign in at reception and wait for the teacher to collect them, or to be escorted to the meeting room. Parents do not have unescorted access to the school building.

Visitors' Code of Conduct - all visitors are made aware at reception of our expectation for visitors.

Signing in - all visitors sign in at reception and must present ID. Parents and nominated persons such as drivers or nannies have school ID which must be worn at all times in the school building. Other visitors must leave a photo ID such as driving license or Emirates ID with security staff and will be asked to wear a visitor pass.

Staff ID Badges - ID badges should be worn by all staff members at all times.

CHILD PROTECTION IN THE CURRICULUM

The planned curriculum will include material and activities which are designed to help children to be less vulnerable to abuse, where this is possible. This will include emotional health and well-being, sex education, anti-bullying, safety, drug education and all work that develops self-esteem and inter-personal skills.

MONITORING OF ATTENDANCE

Staff should notify the safeguarding team immediately if there is an unexplained absence of more than one day of a student who is on the EISJ Safeguarding register.

EMPLOYMENT

Safe recruitment procedures will be upheld e.g. appropriate checks are carried out on new staff and volunteers who will work with children.

INFORMATION

Information about individual needs will be shared with relevant others in order to ensure the highest level of care and support. A register of medical needs and Achievement Centre IEPs (Individual Education Plans) and profiles will be available on the Drives and staff will be reminded to refer to these. Updates will be circulated to all staff.

MEDICAL

Emergency procedures will be made known to all staff to ensure that children who require medical assistance will receive it promptly. In order to protect children, there will be staff training provided in the use of Epipens and information regarding the treatment of children with epilepsy will be available on

THE SCHOOL NURSES

Their role is to ensure that relevant information obtained in the course of their duties is communicated to the Child Protection Team when appropriate. Types of injuries, attendance at the clinic and frequency are recorded. The medical team is responsible for informing the Child Protection Team of any concerns they have about the student data they are recording.

PARENTS

Parents should be aware that the school will take any reasonable action to ensure the safety of its students. In cases where the school has reason to be concerned that a child may be subject to ill-treatment, neglect or other forms of abuse, staff will have no alternative but to follow safeguarding procedures.

Parents will not always be fully informed of concerns unless staff are certain that the safety of the child will not be prejudiced by their doing so.

PROTECTION

Signs and Symptoms (please see Appendices A (i) and (ii))

All staff have a responsibility to protect and safeguard children. Safeguarding concerns may come to staff attention in a number of ways:

- A child or young person may make a direct disclosure
- Staff may observe bruises/burns or injuries for which there is no plausible explanation
- Another child, young person or parent/carers may tell staff something which causes concern
- Staff may observe changes in behaviour that are a cause of concern
- Staff may instinctively feel something is wrong
- There may be neglect issues

Child Protection/Welfare concern – referral form

If there are concerns of a child showing signs of abuse, the class teacher/Tutor needs to complete a referral form which can be found within this policy and pass it on to the DSL (if unsure, please discuss with DSL). **(SEE APPENDIX B)**

Role of Designated Safeguarding Officer (DSL)

Any disclosures or concerns regarding possible abuse need to be recorded on a referral form and passed on to the DSL. The DSL will then investigate the case further and decide on the next course of action. Whilst some incidents can be contained within the school without the need for outside assistance, some will require additional assistance from Head Office. Responses to incidents or allegations of abuse follow a three-tier response system:

Staff member raising concern

Head of School

Principal - Principal may involve Head Office for additional Legal Advice.

Board Representative:

Note that Mr. Hada El Kadi (hadi@habtoor.com) is the board representative for Safeguarding and Child Protection issues at school.

(See Appendix C for overview of 3 tier response)

SUPPORT

GUIDANCE FOR STAFF

- All Staff will receive training on the procedures for identifying and reporting cases, or suspected cases, of abuse
- All staff will receive copies of the documents needed to record a disclosure (Appendices A– F)
- Counselling support will be available to staff involved in reporting cases of child abuse
- The Counsellor and DSO will advise on the appropriate external support services available to children and their families

REPORTING AND DEALING WITH ALLEGATIONS OF ABUSE AGAINST STAFF

The procedures apply to all staff as well as volunteers. It is imperative that those dealing with an allegation maintain an open mind and that further action is not subject to delay. The Heads of School will make an initial assessment of the allegation, consulting others as necessary. Where the allegation is considered to be either a potential criminal act or indicates that the child has suffered, is suffering or is likely to suffer significant harm, the matter will be reported immediately to the Head of School. The Principal should also be informed. The principal will make the judgement on whether to involve the board representative at this stage.

It is important that the Heads of School do not investigate allegation. The initial assessment should be on the basis of the information received and gives rise to a decision whether or not the allegation warrants further investigation and if so by whom. National laws in the U.A.E. govern any legal action taken in cases of child abuse. However, staff should know that upon allegation they may also be prosecuted in their country of origin or residency (as in the case of the UK under the Sexual Offences Act 2003).

Appendix A

What is 'Child Abuse'?

Child abuse is when a child is suffering, or is likely to suffer, significant harm, as a result of someone inflicting harm or failing to act to prevent harm. The abuse may happen in the child's family, or in the community or institutional setting.

Categories of Abuse:

Physical abuse is actual or attempted physical injury to a child where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented.

Emotional abuse is failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child. This includes conveying to children the feeling that they are worthless or unloved.

Sexual abuse is where a child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) – including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.

Neglect refers to persistent or deliberate failure to meet a child's physical or psychological needs eg. a failure to provide adequate food, clothing or shelter, failure to protect a child or failure to provide adequate medical care. It may also involve neglect or failure to give adequate response to a child's emotional needs.

Warning signs and possible indications of the forms of abuse:

Sexual Abuse

- Age-inappropriate sexual knowledge, language, behaviours discarded cuddly toys
- Loss of appetite or compulsive eating
- Regressive behaviours such as thumb sucking, needing previously
- Becoming withdrawn, isolated
- Inability to focus
- Reluctance to go home
- Bed-wetting
- Drawing sexually explicit pictures
- Trying to be 'extra good'

- Over-reacting to criticism
- Have outbursts of anger/irritability

Emotional Abuse

- Physical/mental/emotional developmental lags
- Admission of punishment which seems excessive
- Over reaction to mistakes
- Fear of new situations
- Inappropriate emotional response to painful situations
- Neurotic behaviour (e.g., rocking, thumb sucking etc)
- Fear of parents being contacted
- Self-mutilation
- Extremes of passivity or aggression

Physical Abuse

- Unexplained injuries or burns (particularly if they are recurrent)
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Fear of parents being contacted
- Withdrawal from physical contact
- Fear of returning home
- Fear of medical help
- Aggression towards others
- Self-destructive tendencies

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness and/or unexplained non-attendance
- Substance and or alcohol abuse
- Untreated medical problems
- Low self-esteem
- Poor peer relationships
- Stealing

Appendix A (ii): Common sites of accidental and non-accidental injury
Common Sites of Accidental Injury:

HEAD	UPPER BODY LOWER BODY
Forehead Nose Chin	Spine Hips Elbows Knees Forearm Shins

Common Sites of Non-Accidental Injury:

HEAD	NECK AND SHOULDERS	UPPER BODY LOWER BODY
Eyes = bruising, black (particularly both eyes) Skull = fracture, bruising, bleeding under skull (from shaking) Cheeks = bruising, finger marks Mouth = torn frenulum (ligament behind the upper lip)	Neck = bruising grasp marks Shoulders = bruising grasp marks	Upper and Inner arms = bruising grasp marks Genitals = bruising Buttocks, Back, thighs = linear bruising, outline of Chest = bruising belt/buckle marks, burns or grasp marks scalds Back = linear bruising, outline of belt/buckle marks, burns or scalds Knees = grasp marks

Appendix B

CONFIDENTIAL SCHOOL CHILD PROTECTION REFERRAL FORM

Date Received _____ PRIORITY: Low Moderate Emergency

Student's Name _____ Class _____ Teacher _____

Referred by: _____ Teacher _____ Parent _____ Self _____ Other _____

Reason(s) for Referral - Problems/Concerns related to: *(Please check all that apply.)*

- | | |
|---|--|
| ☐ Dramatic change in behaviour | ☐ Fighting |
| ☐ Swearing | ☐ Lying |
| ☐ Fears | ☐ Defiant |
| ☐ Sadness | ☐ Self Harm |
| ☐ Always tired | ☐ Bruising found |
| ☐ Lacks motivation | ☐ Destruction of Property |
| ☐ Withdrawn | ☐ Peer Relationships |
| ☐ Cries easily | ☐ Poor personal hygiene |
| ☐ Low self confidence | ☐ Family Concerns |
| ☐ Nervous/anxious | ☐ Absences or often late |
| ☐ Aggression | ☐ Student disclosure of information |

Clarification/Other information

Agreed actions / follow-up

Signature _____ Date _____

PRIORITY: Low High Emergency

Student's Name _____ Class _____

Teacher _____ Have you contacted parent/guardian about your
concern? Yes/No Date: _____

Meeting focus / Outcome	Attendees Follow-up Date for next Follow up

Signature _____

Date of Referral _____

EMIRATES INTERNATIONAL SCHOOL

SAFEGUARDING CHILDREN: CHILD PROTECTION

Child Protection/Welfare Concern - Referral Form

PART 1: INTERNAL NOTIFICATION OF CP/WELFARE CONCERN TO THE DSL (DESIGNATED SAFEGUARDING LEAD)	
Name(s) of student:	
Class / Year:	
What is the nature of your concern	
• What are you most concerned about? I.e. physical, sexual, emotional abuse or neglect? Self-harm, bullying, sexual exploitation, sexualized behaviour, e-safety issues, other ... • Any evidence of impairment of health or development? • Any evidence of ill-treatment? • Why are you reporting this concern <u>now</u>? • Have you had any previous concerns about this student? If so, what, when, action? Detail	
Any action already taken	
Signed	
Name Job title	

CONTINUATION SHEET ATTACHED Y/N
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Note:

- | |
|--|
| <ul style="list-style-type: none">- <i>Differentiate clearly between fact, opinion, interpretation and stick to the facts as you understand them wherever possible!</i>- <i>if you have used quotes please ensure that they are accurate</i>- <i>make a note of any open questions asked or minimal prompts used</i>- <i>Any notes made 'at the time' should be attached to this pro-forma; these may be required as evidence if the matter goes to court</i> |
|--|

SIGNED:

DATE:

PART 2: FOR USE BY DSL (DESIGNATED SAFEGUARDING LEAD)

**Time and date
information
received by DSO,
and from whom.**

**Any advice
sought by DSO
(name, time, date,
detail)**

Action taken

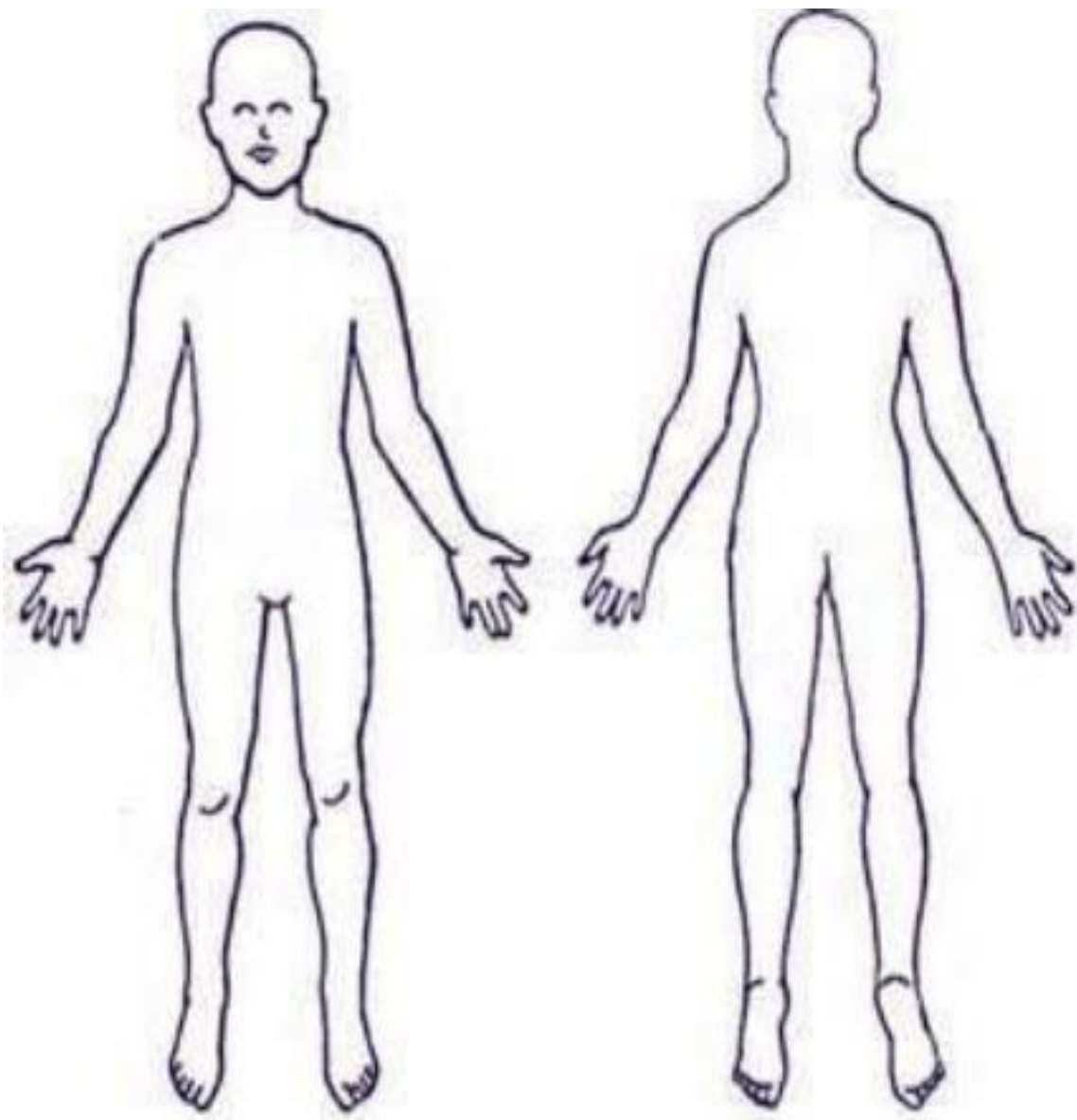
Note time, dates, names, who information shared with and when.

**Parents informed
Y/N & reason(s)**

CONTINUATION SHEET Y/N	
PART 4: FOR USE BY DSL (&/or feedback sheet to staff)	
Outcome Record here the names of any individuals/agencies who have given you information re the outcome of any referral. Note dates/times of any information received.	
Where can additional information be found	
i.e. Student File, other (state)	

Signed	
Dated	

Appendix B : Body Map



Appendix C

Talking and Listening to Children

If a child wants to confide in you, you should:

- Be accessible and receptive
- Listen carefully and uncritically, at the child's pace
- Take what is said seriously
- Reassure children that they are right to tell
- Tell the child that you must pass this information on.
- Make sure that the child is ok
- Make a careful record of what was said (see *Recording*)

You should not:

- Investigate or seek to prove or disprove possible abuse
- Make promises about confidentiality or keeping 'secrets' to children
- Assume that someone else will take the necessary action
- Jump to conclusions, be dismissive or react with shock, anger, horror etc.
- Speculate or accuse anybody
- Investigate, suggest or probe for information
- Confront another person (adult or child) allegedly involved
- Offer opinions about what is being said or the persons allegedly involved
- Forget to record what you have been told
- Fail to pass this information on to the DSL

Children with communication difficulties, or who use alternative / augmentative communication systems

While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children. Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court). Where appropriate an interpreter may be used. This should be a bi-lingual member of staff who has been trained in how to receive a disclosure correctly

Recording of communication should

- State who was present, time, date and place
- Be written in ink and be signed by the recorder
- Be passed to the DSL immediately (within 24 hours)
- Use the child's words wherever possible
- Be factual/state exactly what was said
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation

What information do you need to obtain?

- Schools have **no investigative role** in child protection (The DSL will refer cases to the police as appropriate)
- Never prompt or probe for information, your job is to listen, record and pass on.
- Ideally, you should be clear about what is being said in terms of **who, what, where and when**
- The question which you should be able to answer at the end of the listening process is '**Might this be a child protection matter?**'
- If the answer is yes, or if you're not sure, record and pass on immediately to the Designated Safeguarding Lead

If you do need to ask questions, what is and isn't OK?

- **Never** asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc. e.g. top or bottom, front or back?
- If we must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that'.
- Timescales are very important: '**When was the last time this happened?**' is an important question

What else should we think about in relation to disclosure?

- Is there a place in school which is particularly suitable for listening to children eg not too isolated, easily supervised, quiet for example
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal
- Be prepared to answer the 'what happens next' question
- We should never make face-value judgments or assumptions about individual children. For example, we 'know that [child.....] tells lies'
- Think about how you might react if a child DID approach you in school. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity
- Think about what support **you** could access if faced with this kind of situation in school

APPENDIX D

What to do on suspicion or disclosure

Becoming aware of abuse can cause a multitude of emotional reactions, which are personal to the individual. Whatever the reaction, it must be responded to in the correct manner, outlined below.

Stay calm

(Don't over-react. It is extremely unlikely that the child is in immediate danger)



Listen, hear and believe

(Don't probe for more information. Questioning the disclosure may affect how it is received at a later date)



Give time for the person to say what they want

(Don't make assumptions, don't paraphrase and don't offer alternative explanations.)



Reassure & explain that they have done the right thing in telling. Explain that only those professionals who need to know will be informed

(Don't promise confidentiality to keep secrets or that everything will be OK – it might not be.)



Act immediately in accordance with the procedure in this document

(Don't try to deal with it yourself)



Record in writing as near verbatim as possible and as soon as possible on the referral form (Appendix B)

APPENDIX E

DO

- Listen and accept
- Try not to interrupt
- Tell the student that they have done the right thing by telling you
- Inform the student of what you are going to do
- Make accurate notes using all the student's words as soon as possible
- Inform a member of the EISJ Child Protection Team

DON'T

- Promise confidentiality
- Investigate
- Ask leading questions
- Paraphrase when recording the allegation
- Ask a student to remove clothing
- Take photographs
- Ask the student to repeat the disclosure over and over again

APPENDIX F

Involvement of Outside Agencies:

Dubai Foundation for Women and Children (DFWAC) is the first licensed non-profit shelter in the UAE for women and children victims of domestic violence, child abuse, and human trafficking. It was established in July 2007 by His Highness Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE and Ruler of Dubai, to offer victims immediate protection and support services in accordance with international human rights obligations. The Foundation provides a helpline, emergency shelter, and support services to women and children victims. DFWAC aims to protect physically, sexually, and emotionally abused women and children, prevent ongoing abuse and the escalation of violence, and promote social awareness through education and outreach.

Dubai Police Human Rights Department

24/7 Duty Officer 056 6862121



Latifa Hospital Child Welfare Unit

Tel: 04-2193000

Fax: 04-3241717

PO Box 4115 Dubai, UAE

Working Hours: 24 Hours

Community Development Authority (Centre)

Any child in Dubai who needs help, protection from abuse, or advice can pick up the phone and dial 800-988 any time. Four social workers and psychologists at the Child Protection Centre in Al Barsha are on standby to assist residents under 18 years of age to ensure their rights are protected and upheld. The recently opened centre under the Community Development Authority (CDA) is part of CDA's comprehensive strategy to make Dubai the most secure and ideal environment for children to live. It is tasked with rehabilitating, providing counselling, visiting and assisting children in need.

Al Ameen Reporting (Dubai & Federal Police)

The Al Ameen Service officially launched in September 2003. Using this service, the people of Dubai can communicate confidentially with the authorities to keep abreast of developments in Dubai and on issues that concern them.

www.alameen.ae/en/