EL ALTILLO INTERNATIONAL SCHOOL | iSP International Schools Partnership

CHILD PROTECTION AND SAFEGUARDING POLICY

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SCHOOL CONTACT STAFF

DSL Designated Safeguarding Lead - Safeguarding and Child Protection Officer

Sebastian Gomez email: s.gomez@altillointernational.com

DDSL Deputy Designated Safeguarding Lead - Deputy Safeguarding and Child Protection Lead

Charo Ortiz email: m.ortiz@altillointernational.com

Director

Vanessa Moore email: v.moore@altillointernational.com

Deputy Manager ISP

Miguel Ángel Garrán email: mgarran@ispschools.com

LOCAL AUTHORITIES

Área de Servicios Sociales del Ayuntamiento de Jerez - Departamento de Infancia y Adolescencia en Riesgo (Social Services Department of Jerez City Council - Department of Children and Adolescents at Risk)

Phone: 956149920
Fax: 956149921
email: delegación.bsocial@aytojerez.es

REGIONAL AUTHORITIES

Regional Ministry for Equality, Health and Social Policies

Telephone: 900851818 (notification of possible situations of child abuse)

POLICY OBJECTIVES

- To preserve and defend the rights of children, promoting their welfare and intervene when these rights are violated.
- To make known the guidelines to be followed by all members of El Altillo International School in order to comply with the first objective of this policy.
- To inform staff, parents and visitors to El Altillo International School of the school's responsibility and the standards of conduct expected in the area of child protection.
- To state the school's commitment to the development of good procedures to ensure that all safeguarding and child protection concerns, referrals and follow-up will be handled in the best interests of the child, with maximum efficiency and transparency and in accordance with the criteria of minimum intervention, speed and specialisation.

LEGAL FRAMEWORK

- United Nations Convention on the Rights of the Child

- Spanish Constitution

- Article 27 (right to education)
- Article 39 (protection of the family and childhood)
- Statute of Andalusia (articles 17, 18 and 21)

- BOJA 12/5/98 Law 1/1998, of 20 April, on the rights and care of minors.

ROLES AND RESPONSIBILITIES

All adults who work with children have the responsibility to protect them: according to Law 1/1998, of 20 April, on the rights and care of minors in the Official Gazette of the Junta de Andalucía "any person or entity and, in particular, those who, by reason of their profession or purpose, become aware of the existence of a situation of risk or neglect of a minor, must inform any authority, who will immediately notify the competent Administration, Judicial Authority or Public Prosecutor's Office". Without prejudice to this duty, the school also assumes a number of obligations and appoints certain persons (DSL and DDSL) with specific roles and responsibilities in the implementation of its safeguarding policy.

School responsibilities

- To provide and maintain a safe and secure environment for pupils.
- To inform pupils of the existence of adults in the school to whom they can turn if they have any problems.
- To equip pupils with the necessary skills and knowledge to avoid abusive behaviour (neglect, physical, sexual, emotional or emotional abuse or exploitation).
- Implement safe recruitment procedures, including criminal record checks for all staff on joining the school.

Responsibilities of the DSL and DDSL

The names of the persons who perform this function at El Altillo International School are listed on the first page of this document. Both have been properly trained and have the knowledge and authority to activate the procedures outlined in this document in order to ensure the welfare of the pupils at the school. In the absence of the DSL, the DDSL will take over the duties of the post of Safeguarding and Child Protection Officer. The responsibilities of the Safeguarding and Child Protection Officer are as follows:

- Ensure that the safeguarding and child protection policy is followed in the establishment, referring cases to the appropriate authorities as appropriate.
- Ensure that all staff have read the safeguarding and child protection policy and provide regular training to staff.
- Ensure that newly recruited staff receive relevant training on safeguarding and child protection.
- Ensure that the centre's safeguarding and child protection policy is reviewed and updated annually.
- Ensure that the safeguarding policy is published on the centre's website.
- Ensure that the management of the setting is kept informed of any child protection concerns.
- Maintain safeguarding records in an appropriate manner, which involves keeping the information secure and separate from the pupil's general file. In the event that a pupil for whom a safeguarding record exists changes schools, ensure that the information is sent to the new school, in a separate file from the pupil's general file, and check the receipt of the safeguarding register.
- To provide guidance to parents, pupils and staff on how to proceed and obtain help in the area of child protection.

- Decide on an appropriate response to child protection issues that arise, bearing in mind that such a response should always be in the best interests of the child and acting promptly, transparently and effectively.
- Responsibilities of the Medical Department
- Only the school doctor is qualified and authorised to assess physical condition and to ask students to undress and photograph injuries in order to assess their nature and severity and/or the existence of signs of abuse.
- For this purpose, she has the document in ANNEX I, which, once registered, should be handed to the DSL.

CODE OF CONDUCT FOR EMPLOYED STAFF

The following is the code of conduct to be adopted by all staff in their contact with pupils:

- To treat all children with the utmost respect, avoiding any language, attitude or action that could be considered offensive or humiliating.
- Be a good role model for all pupils.
- Be alert to possible changes in pupils' behaviour and to signs of abuse, neglect and exploitation.
- Be aware of pupils' personal and family circumstances that may put them at greater risk of abuse.
- Report any concerns about the safety and welfare of pupils to the school's DSL.
- Do not take photographs of pupils without permission to do so. Never take photos of pupils for personal use.
- Maintain a safe and appropriate distance from children, avoiding physical contact and kissing as a sign of affection.
- Never use the toilets intended for pupils. Do not enter P.E. changing rooms when pupils are changing, unless there is a suspicion that a conflict is taking place between pupils.
- Prohibit provocative games or games that may have a sexual connotation.
- Do not use language, attitude or behaviour that could lead to an improper relationship or that could be interpreted by the child in that light.
- In case of being alone with a student, always do so with the door of the room open and in an easily visible and accessible place.
- Do not share social networks, email or personal phones with pupils.
- In the event of a fight between two pupils, use as little force as possible to separate the pupils in conflict and return the situation to normal.
- On school trips of more than one day, never share a room with pupils and prevent them from entering your room. On those exceptional occasions when the safety

of the pupil may be compromised, the protection of the pupil's privacy should take precedence, after informing the pupil's legal guardians of the situation.

SIGNS OF ABUSE

All staff should be aware of the main types of maltreatment recognised by the Junta de Andalucía:

1. Neglect - abandonment: constitutes the constant lack of adequate care and protection of the child, as well as the failure to provide for aspects important for the child's growth, development and well-being, such as lack of medical care, nutrition, affection, safety, security, education....
2. Physical abuse: a form of abuse that may consist of hitting, shaking, throwing to the ground, poisoning, burning, drowning, suffocating or otherwise causing even minor physical harm. There can also be physical harm when a parent invents symptoms or deliberately causes illness in a minor.
3. Emotional abuse (including domestic violence): persistent emotional abuse of a child that causes serious detrimental effects on his or her emotional development. For example, transmitting devaluation or contempt to a minor, making them feel inadequate, or valuing them only to the extent that they satisfy the needs of another person. This abuse may include not giving the child the opportunity to express his or her opinion, intentionally silencing him or laughing at what he says or how he expresses himself. It may consist of imposing expectations inappropriate for the child's age or development, for example, exposing him to interactions that exceed his developmental capacity, overprotecting him and limiting his willingness to explore and learn, or preventing him from participating in normal social interactions. It may consist of seeing or hearing other people being mistreated. It can be characterized by severe bullying (including cyberbullying), frequently causing the child to feel intense fear or danger, or exploitation or corruption of the child. Emotional abuse, although it intervenes to some degree in all types of child abuse, can also occur on its own.
4. Sexual abuse: forcing or inducing a minor to take part in sexual activities, without using a high degree of violence and regardless of whether the minor is aware of what is happening or not.

As Díaz Huertas (2006) states, there are a series of physical and behavioral indicators of the child and the aggressor/companion, in addition to common indicators in the educational field that can be symptomatic of the existence of a situation of abuse and which are detailed in the following table:

	PHYSICAL INDICATORS	INDICATORS BEHAVIORAL	CONDUCT OF THE CARER
	Bruises or hematomas: in face, lips or mouth; in different healing phases; in areas extensive areas of the torso, back, buttocks or thigh; with abnormal shapes or as a sign of the object with which it has been caused; in various areas different indicating that the child has been hit from different addresses. Burns: from cigars or cigarettes; burns that cover the entire surface of the hands or feet or donut-shaped burns on buttocks, genitals, indicative of immersion in hot liquid: burns on arms, legs, neck or torso caused by having state bound with ropes: burns with objects that leave clearly defined signal (for example, griddle or grill) Fractures: in the skull, nose or mandible: spiral fractures in long bones (arms or legs); in various phases of healing; multiple fractures; any fracture in a child under 2 years old Wounds or scrapes: in the mouth, lips, gums and eyes; in the genitals external, back of the arms, legs or torso. Abdominal injuries: swelling of the abdomen, localized pain, vomiting constants. Human bite: footprint adult with separation greater than 3 cm between canines Poisoning due to ingestion of medicines	Cautious about physical contact with adults. HE shows when other children they cry Shows extreme behaviors: extreme aggression or rejection He seems to be afraid of his parents, go home, or cry when classes end and he has to leave school He says that one of his parents has caused any injury He is overdressed and refuses to undress in front of others He is withdrawn and does not participate in common activities and games Multiple income in different hospitals Siblings with illnesses rare or "never seen"	He was subjected to abuse in his childhood Use severe discipline, fault committed and condition of the child Does not give any explanation regarding the injury of child or are illogical, little convincing or contradictory He seems not to care for the child Perceives the child in a way significantly negative (e.g. perverse, bad, monster…) Psychotic or psychopath Alcohol or drug abuse Try to hide the injury or protect the identity of the person in charge

	Münchausen by proxy: symptoms recurring, invented, inexplicable, they disappear separating the child from her family and		Mothers: They visit the child with frequency They express veneration and
	They reappear when contacted again, discordance between history and clinical and analytical		overprotection With medical studies, Nursing… Kind, attentive. Collaborators with doctors to find the false diagnosis Family: Couple conflicts violent, tendency to drugs and self-medication Parents: History of autolysis

Delays in seeking health care Infants or children under 3 years of age
Unacceptable, discordant or contradictory story
Hematomas in different evolutionary phases. Other associated injuries Assistance rotating through different health centers
Signs of poor hygiene, malnutrition, location of lesions in non-prominent areas.
Psychomotor deficit, behavioral disorders. Height-weight delay

	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS	CAREGIVER BEHAVIOR
NEGLIGENCE - ABANDONMENT	Lack of hygiene Delayed growth Mild, recurrent or persistent infections Frequent visits to emergency services due to lack of medical follow-up Unexplained bruises Frequent accidents due to lack of supervision in dangerous situations Striking chronic illness that does not generate medical consultation Inappropriate clothing for the climatic conditions Inappropriate diet and/or time habits Delay in maturation areas School learning problems	Self-gratifying behaviors Drowsiness, apathy, depression Hyperactivity, aggressiveness Tendency to fantasy Truancy from school He usually falls asleep in class He comes to school very early and leaves very late He says that there is no one to take care of him Behaviors aimed at attracting the attention of the adult Antisocial behaviors (e.g.: vandalism, prostitution, drug addiction)	Chaotic home life Shows evidence of apathy or worthlessness Mentally ill or has a low intellectual level You have a chronic illness He was neglected as a child

EMOTIONAL ABUSE	0-2 years: Short stature, non-organic growth retardation, diseases of psychosomatic origin, delay in all or some maturation areas 2 to 6 years: Short stature, diseases of psychosomatic origin, language delay, decreased attention span, socio-emotional immaturity. 6 to 16 years: Short stature, underlying diseases psychosomatic	0-2 years: excessive anxiety or rejection in psychoaffective relationships (primary attachment disorders); scared, shy, passive, negativistic or aggressive behavior, lack of responses to social stimuli 2 to 6 years: language delay, decreased attention span, socio-emotional immaturity, hyperactivity, aggressiveness, poor discrimination and passivity in social relationships 6 to 16 years: learning and literacy problems, lack of self-esteem, poor capacity and ability in conflict situations, socio-emotional immaturity, poor and/or conflictive social relationships, compulsive and/or self-harming behaviors, serious sphincter control problems	Blame or despise the child It's cold, it denies love Treats siblings unequally It seems not concerned about the child's problems Demands the child beyond his or her physical, intellectual, or psychological capabilities It tolerates absolutely all child's behaviors without setting any limits
MISTREATMENT – SEXUAL ABUSE	Difficulty walking and sitting Torn, stained or bloody underwear Complains of pain or itching in the genital area Bruises or bleeding in the external genitalia, vaginal or anal area Has a sexually transmitted disease Has a swollen or swollen cervix or vulva red Has semen in the mouth, genitals or on clothing Presence of foreign bodies in the urethra, bladder, vagina or anus Pregnancy (especially in early adolescence) Recurrent urinary tract infections	— Behavioral: He says he has been sexually assaulted by a parent/caregiver Manifests strange, sophisticated, unusual sexual behaviors or knowledge — Psychosomatics: Sleep and eating disorders Various: abdominal pain, headaches, neurological, respiratory, sphincter disorders, etc., which cause intense medical consumption without clarifying the causes — Psychics: Chronic depression, attempts at self-lysis, self-mutilation Body devaluation: obesity, anorexia Behavioral problems: runaways, school and professional failures Sexual promiscuity, transvestism, evolution towards homosexuality, male or female prostitution Criminality (often in the form of sexual abuse). Violence	Extremely protective or jealous of the child Encourages the child to engage in sexual acts or prostitution in the presence of the caregiver He suffered sexual abuse in his childhood He experiences difficulties in his marriage Drug or alcohol abuse Is frequently absent from home

INDICATORS IN THE SCHOOL FIELD	
INDICATORS IN THE CHILD	Repeated physical signs (bruises, burns...) Dirty, smelly, inappropriate clothing,... Significant change in school behavior for no apparent reason Explicit sexual behavior, games and sexual knowledge inappropriate for your age, compulsive masturbation or in public Presents frequent non-specific pain without apparent cause Repeated absence from class without justification Delay in physical, emotional and intellectual development Antisocial behavior, escapes, vandalism, theft,... Behavioral regressions (very childish behaviors for their age,...)
INDICATORS IN PARENTS	They do not care about the minor, they do not attend meetings They despise and devalue the child in public They do not allow social contacts with the minor (social isolation) They are always away from home (never has time to...) They compensate with material goods for the limited personal/emotional relationship they have with their children. They are jealous and excessively protective of the child

OTHER RISK SITUATIONS

School exchanges

In school exchanges, the school will ensure that the host families provide our students with an adequate and safe environment and that they are aware of the school's safeguarding and child protection policy. In the same way, families of students at the center who welcome visiting students into their homes will take appropriate precautions to provide them with an adequate and safe environment and will ensure that they are aware of the center's current safeguarding and protection of minors policy.

School bullying and cyberbullying

Bullying and cyberbullying are not considered forms of child abuse, although they are not matters that may be less serious than abuse. For these purposes, the school has a bullying prevention policy that complies with the provisions of the order of June 20, 2011 (Annex I) of the Junta de Andalucía on the protocol for action in cases of bullying.

Sexting

Sexting refers to the sending or publication of images with sexual content of minors. In the event of sexting incidents, the school will act as follows:

• The facts will be brought to the attention of the person responsible for safeguarding and protecting minors (DSL), who will be the one to collect information from the students involved.

• The parents of the students involved will be informed, unless it is considered that this may compromise the safety of the minors.
• If it is considered that a minor has suffered any type of harm that threatens their safety and security, the incident will be brought to the attention of the National Police.

Female genital mutilation and forced marriages

Female genital mutilation refers to all those procedures that, without medical justification, have the intention of altering or injuring the female genital organs. In Spain it is sanctioned in Organic Law 11/2003, of September 29, with prison sentences and withdrawal of parental authority for parents or guardians who consent to such a crime. It is a practice that is carried out on girls of any age (from babies to adolescents and adult women) so school personnel must be vigilant against the appearance of any risk indicator. Specifically, given that this practice most often takes place in the countries of origin, one must be especially attentive to the concerns that the student may express about going on vacation to her country.
Forced marriage is understood to be one that occurs without the valid consent of at least one of the parties due to the intervention of third parties in the family environment (often the parents), who grant themselves the power of decision and pressure for this practice to occur. In our legal system, organic law 1/2015, of March 30, introduces the specific crime of forced marriage as a form of coercion and trafficking in human beings that threatens freedom and moral integrity. As in the case of genital mutilation, school personnel must be attentive to the concern expressed by a student about going on vacation to their country of origin and not returning, since this practice is also usually carried out outside our country.

Radicalization

Radicalization is understood as the phenomenon by which a person can adopt opinions, points of view and ideas that could lead to the imposition of such thoughts in a violent manner. Given the risk of minors who have suffered radicalization processes, the school must provide its students with opportunities in the curriculum in which to debate issues of religion, politics, ethnicity, culture... in order to learn to live in a plural society in which freedoms of expression and thought are fully guaranteed.

INTERVENTION GUIDELINES

Due to the continued relationship that is maintained in the educational field with minors and their families, all the professionals who work there become the first level of detection for situations of child abuse. If a minor makes a disclosure to an adult, they must:

• Listen to the minor, taking what he says seriously and without showing signs of being shocked or alarmed.
• Allow him to speak freely, using the words he needs to do so.

• Reassure the minor, telling him that he has done the right thing and acknowledging how difficult it must have been to tell what happened.
• Do not criticize the alleged aggressor.
• Don't quiz him on details, avoiding leading questions and explaining what will happen next.
• Never promise confidentiality in the event that it may be necessary to inform other people or institutions.

Information and registration procedure

With the greatest urgency possible, the person responsible for safeguarding and protection of minors (DSL) of the center must be informed in writing using the document that appears in ANNEX II and which is also found on paper in the teachers' rooms of Infant, Primary and Secondary:
Once the information is received by the DSL and transmitted to the management, it will proceed to notify the competent organizations (social services and other institutions, depending on the case), given that the notification is:

• a necessary condition to enable intervention in cases of child abuse
• a legal and professional obligation

The notification must be made by the DSL directly to the Department of Equality, Health and Social Policies of the Junta de Andalucía by telephone (900851818). Subsequently and within a maximum period of 24 hours, said telephone notification must be confirmed in writing using the following link:

Notification Sheet for Possible Risk Situations

The notification sheet included in the previous link is a copy and is included for reference purposes only. All models delivered to the Juntade Andalucía must carry a reference code.
The following link describes the procedures for completing the SIMIA notification sheet:

SIMIA

The DSL must indicate the type of abuse and its severity, in accordance with the guidelines established in the SIMIA manual and using the following document to assess the severity:

RATE ME: Severity Rating Sheet

After sending the information to the Junta de Andalucía, it will be this body that continues with the investigation and not the school, since the center is limited to the detection, classification of severity and notification of possible abuse, and must notify the notifier of the case, what has been the final result after the assessment and intervention phase. Simultaneously with the sending of the Notification Sheet to Social Services, the educational center must include a copy of it in the student's file, in a sealed envelope and marked as confidential.

Information for parents

The school must inform the parents of its intention to inform the relevant authorities about the minor's situation, as long as this does not leave the minor in a situation of greater risk of harm or considers that the subsequent investigation of the reported events could be hindered.

Accusations against school employees

When the safety of the minor may be compromised, the school will never act in collusion with any of its employees or any organization related to the center. The rights of the personnel involved will also be taken into account in any accusation.
In the event of a conflict of interest, the person responsible for safeguarding and protection (DSL) and the management team will decide who will be in charge of the procedure.

False accusations

If after assessing the situation it is considered that the accusation has no basis, the following must be done:

- Assess whether the minor has suffered abuse from a person other than the accused.
- Inform the minor's parents of the accusation and the result.
- Facilitate, to the extent possible, psychological guidance to the minor and their parents.
- Analyze the need to apply disciplinary measures against the minor.
- If the accusation has been made against a school employee, formally inform them that no disciplinary measures will be taken against them. Write a report that will be delivered to the employee stating that the accusation is baseless, explaining the reasons.

ANNEX I

Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physicalinjuries. These should be drawn up and sent to the Designated Safeguarding Lead at the same time as completing the record of concern form. Even if the injury to the child has aplausibleexplanation, a completed body map helps track a history or pattern of repeatedinjuries. A copy of the body map should be kept on the child's concern/confidential file. Always use a pen (never a pencil) or type the document and do not use correction fluidor any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freelyavailable because of treatment. At no time should staff seek to record injuries on photographic equipment. Body maps such as those shown below should be used. If you notice an injury toa child, try to record as much of the following as possible in respect of all the injuries you cansee:

Exact site of injury on the body, e.g. upper outer arm/left cheek.

- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

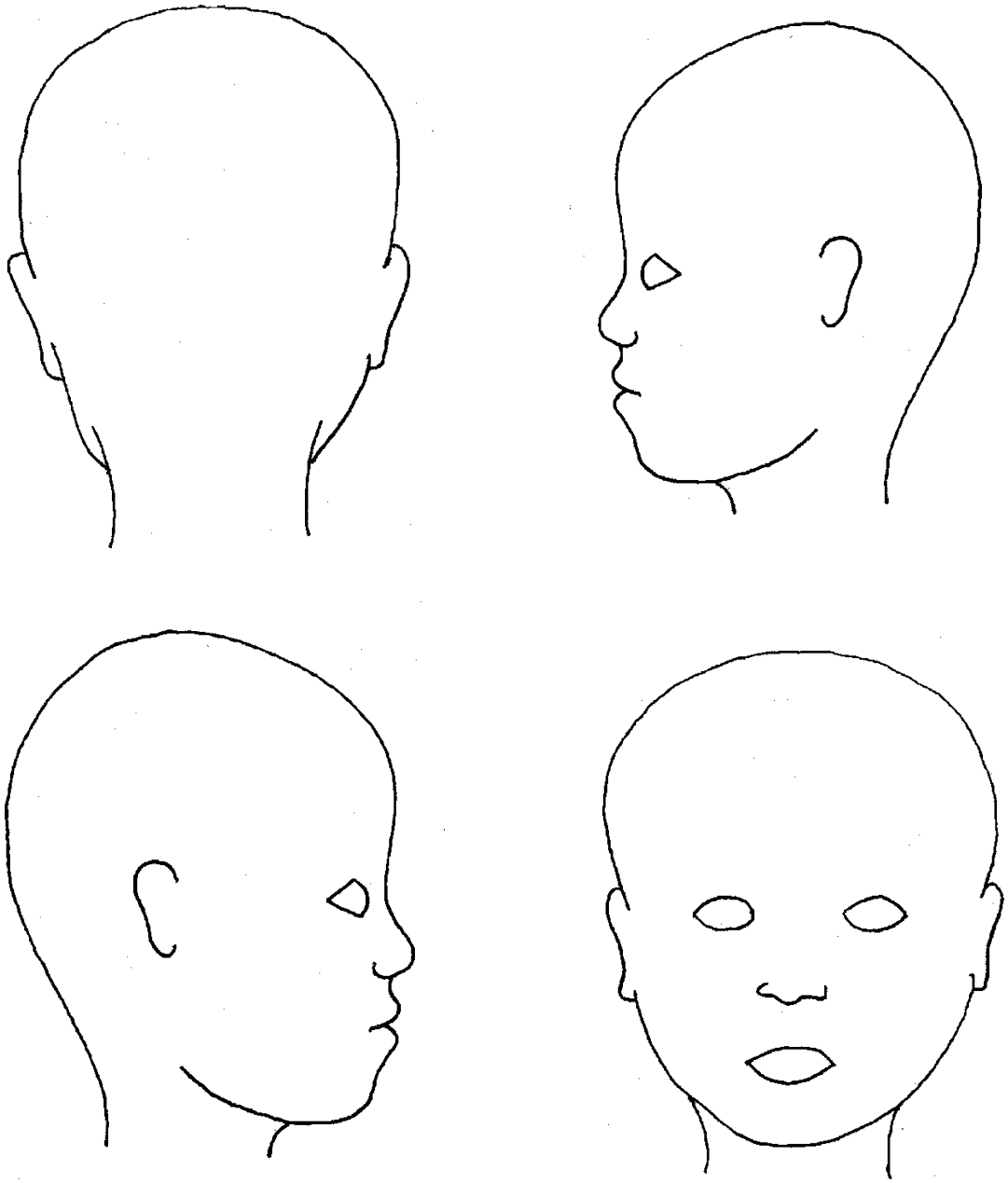
Importantly the date of the recording must be noted as well as the name and designation ofthe person making the record. Add any further comments as required. Where any child has any form of injury that requires attention please ensure that firstaid isapplied where necessary.

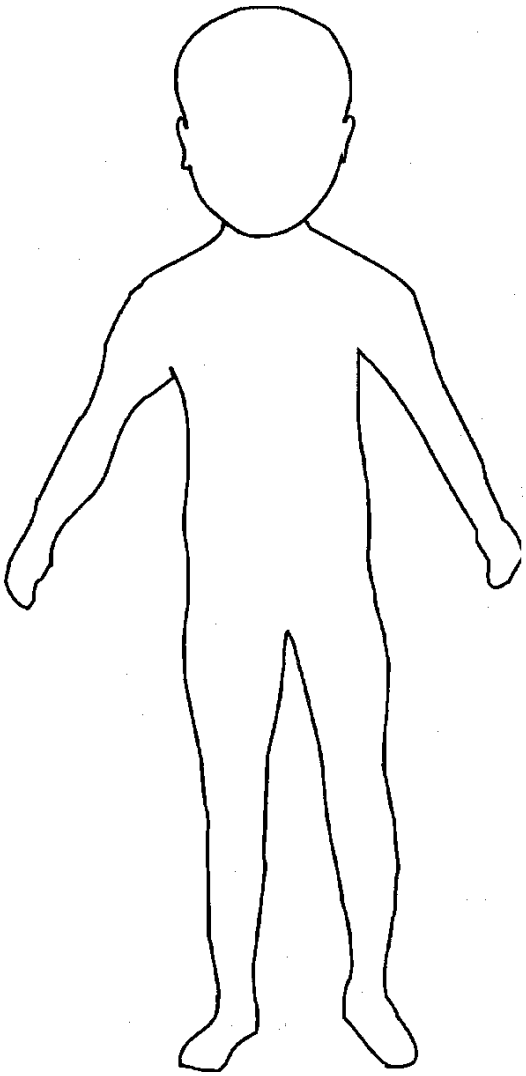
Name of the person completing the body map:

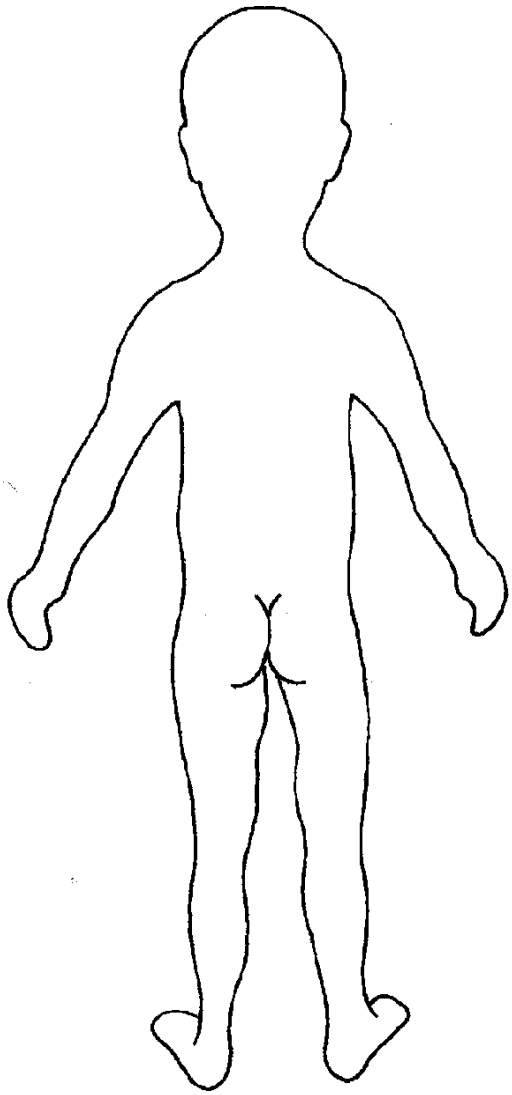
Role of the person completing the body map:

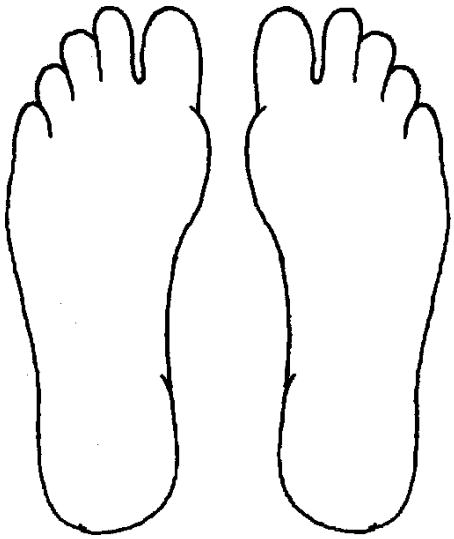
Date of injury and form being completed:

Date this form was completed and returned to DSL (if different)

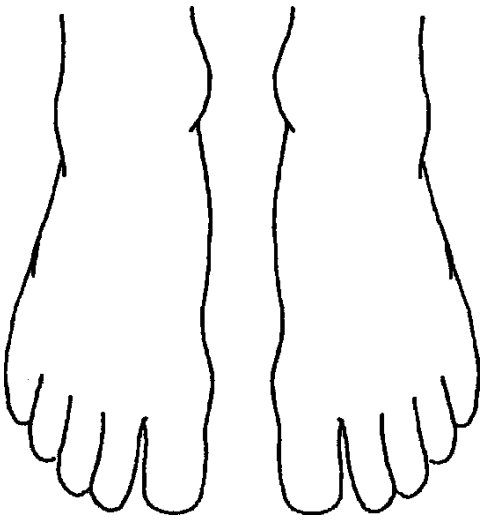








Sole of Feet



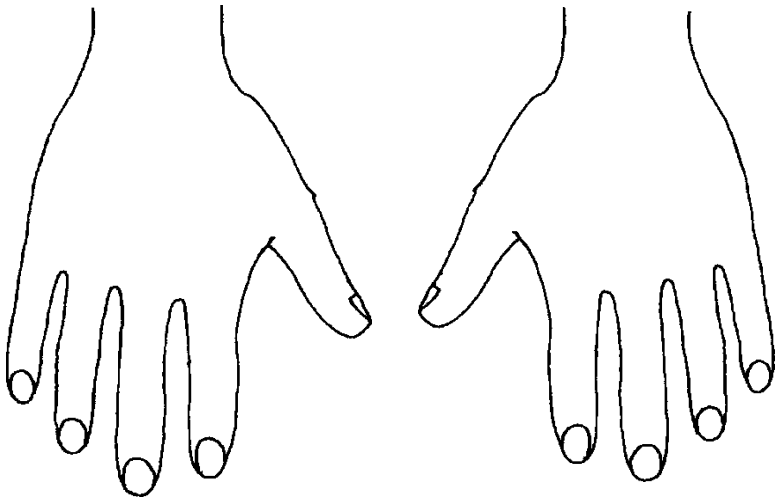
Top of the Feet



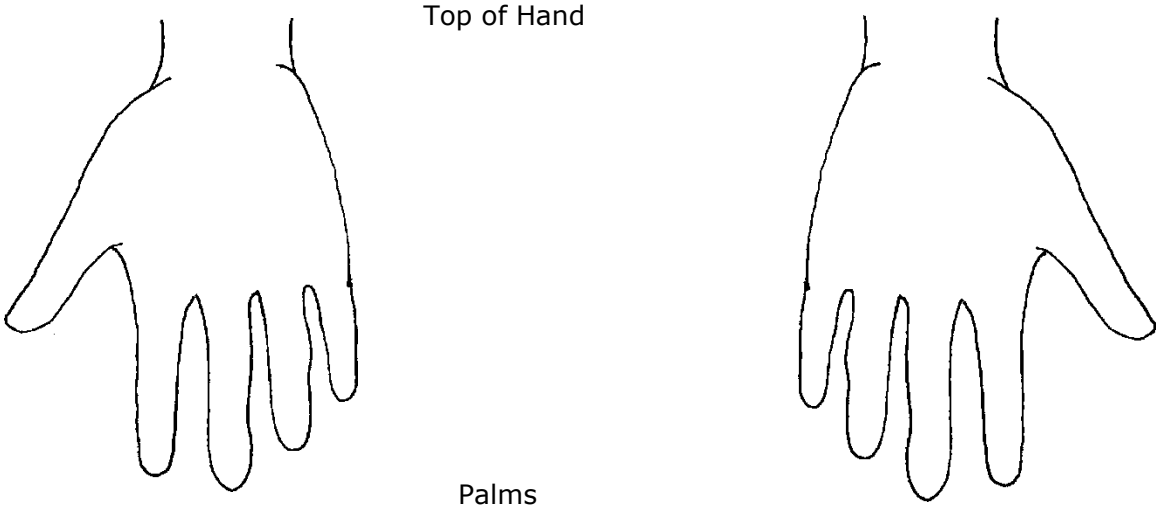
ɨft Foot



Right Foot



Top of Hand



Palms

ANNEX II

SAFEGUARDING CONCERN FORM

ALUMNO/PUPIL'S NAME:
CURSO/YEAR:
GROUP:
FECHA/DATE:
PERSONA ENTREVISTADA/INTERVIEWED PERSON:
FORMA DE CONTACTO/CONTACTED BY:
TEMA PLANTEADO/CONCER:

DESARROLLO DE LA ENTREVISTA/INTERVIEW

PRIMERAS ACCIONES/INITIAL ACTIONS

SEGUIMIENTO/FOLLOW UP: **FECHA/DATE:**

CONCLUSIONES/CONCLUSIONS

OTROS DATOS DE INTERÉS/OTHER INFORMATION

FIRMA/SIGNATURE: **FECHA/DATE:**

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Díaz Huertas, J. (2006). Maltrato Infantil: Detección, Notificación y Registro de Casos (1st ed., pp. 32, 33, 35). Madrid: Subdirección General de Información Administrativa yPublicaciones. Recuperado de: https://www.ccmaresme.cat/ARXIUS/2010/BENESTAR/INFANCIA/PROTOCOL/Maltr ato_infantil.pdf