



مهارات Maharat  
Learning Center مركز تعليمي

# SAFEGUARDING CHILDREN POLICY

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Learning Center

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## 1. Purpose & Objective

- 1.1 As Maharat Learning Center (MLC) is committed to ensuring a healthy and safe environment for its employees and clients, this Safeguarding Children Policy has been created to identify the policies and procedures set in place to ensure the safety of all children during the course of services provided by the Center.
- 1.2 MLC has a moral and legal obligation to ensure that, when given responsibility for children and young people, staff provides them with the highest possible standards of care. Children and young people are vulnerable to abuse, and the purpose of this policy is to ensure the actions of any adult in the context of the work or services carried out by the Center are transparent and safeguard and promote the welfare of all young people.
- 1.3 MLC is committed to ensuring that all staff are trained, educated, and understand their responsibilities in safeguarding children from harm and abuse. This includes following procedures to protect children at all times and reporting any concerns about their welfare to the appropriate authorities.
- 1.4 The aim of the policy is to promote good practice, provide children and young people with appropriate safety and protection while in the care of the Center and its staff, and to enable staff to make informed decisions and take appropriate action to specific child protection issues.
- 1.5 The implementation of the Safeguarding Children Policy and its procedures should be regularly monitored and reviewed. Staff should regularly report progress, challenges, difficulties, achievements, gaps and areas where changes are required to ensure the effectiveness of the policy.

## 2. Scope

- 2.1 The policy applies to all employees and consultants working on MLC premises as well as employees and consultants providing services to offsite clients in residences, schools, or any other location.

## 3. Definitions and Abbreviations

- 3.1 **MLC:** Maharat Learning Center
- 3.2 **FFI:** Fabricated or Induced Illness
- 3.3 **CDA:** Community Development Authority
- 3.4 **CEIMC:** Child Early Intervention Medical Center

## 4. Policy

### 4.1 Safeguarding Children Principles

- 4.1.1 A child or young person is defined as a person under the age of 18 years. MLC have based its Safeguarding Children Policy on the following key principles:

- The welfare of a child or young person will always be paramount.
- The welfare of families will be promoted.
- The rights, wishes and feelings of children, young people, and their families will be respected and listened to, and all reasonable steps must be taken to protect children from harm, discrimination, or degrading treatment.
- All children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity will be treated with respect and have the right to receive services in a healthy and safe environment.
- All suspicions and allegations of poor practice or abuse will be considered very seriously and responded to swiftly and appropriately.
- Working in partnership with parents and children is essential for the protection of children.

## 4.2 Promoting Good Practices & Identifying Poor Practices

4.2.1 In order to provide children with the highest standards of care in a healthy and safe environment, it is important for staff to operate within the accepted ethical framework of the MLC Code of Conduct and the guidelines included herein.

4.2.2 The Center recognizes that it is not always easy to distinguish poor practice from abuse. It is therefore **NOT** the responsibility of employees to make judgments or determine whether or not abuse is taking place. It is however the responsibility of employees to highlight poor practice and possible abuse and if employees recognize concerns about the welfare of the child, they are expected to act in accordance with the reporting guidelines set forth in this policy.

## 4.3 Provision of Policy to Third Party Providers / Suppliers / Clients

4.3.1 This Policy will be shared and agreed with additional providers / suppliers (as required and appropriate), including but not limited to the bus transportation company, children's activities providers and those contracted by the Center to provide services to our clients.

4.3.2 This Policy will be made available for the Centers clients on the iClient CRM system.

## 4.4 Code of Conduct for Safety and Protection of all Students

4.4.1 MLC is committed to the safety and protection of children and young people, and has created a Code of Conduct for Safety & Protection of Students (HSE023 – provided as Attachment A) which is read and signed in conjunction with this Safeguarding Children Policy by all staff, volunteers, interns and contractors who represent the Center and who interact with children or young people in both a direct and/or unsupervised capacity.

4.4.2 The Code of Conduct includes Statement of Acknowledgement of Code of Conduct, whereby the signee promises to strictly follow the rules and guidelines in the Code of Conduct as a condition of providing services to the children and young people participating in MLC programs.

## 5. Procedure

### 5.1 Good Practice

5.1.1 The following section serves to guide staff on what is meant by good practice and poor practice. Center personnel should adhere to the following principles and action:

- Always work in an open environment (e.g. avoiding private or unobserved situations) and encourage open communication with children without secrets, unless in cases of client-clinician confidentiality.
- Ensure children work in an environment that promotes fairness and respect. Confront and deal with bullying to ensure children feel safe and respected at all times.
- Treat all children equally and in a manner that is free from discrimination based on age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity.
- Always put the welfare of the child or young person first.
- Avoid unnecessary physical contact with children and ensure a safe and appropriate distance from children. Where any form of manual/physical support is required within the scope of service, it should be provided openly and with the knowledge and consent of the parents and/or clinician. Physical contact can be appropriate as long as it is neither intrusive, nor disturbing, nor forceful.
- Involve parents/caregivers whenever possible if children need to be changed, use toilets, etc. Encourage parents to take responsibility for their own child if available on premises.
- Request written parental consent if you are required to travel with a child in a car, via the metro, school bus, or in a taxi.
- Be an excellent role model for children. This includes not smoking or drinking alcohol in the company of children.
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Recognize the developmental needs and capacity of the child and do not risk sacrificing welfare in a desire for personal achievements.

### 5.2 Poor Practice

5.2.1 The following practices are regarded as poor practice and should be avoided by all Center employees at all times:

- Using negative words, such as “bad boy/ bad girl” which are unhelpful in any situation.
- Using physical punishment, such as smacking or spanking, for any reason.

- Transporting children alone in your car on journeys, however short.
- Taking children to your home where they will be alone with you.
- Engaging in rough, physical, or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Allowing children to use inappropriate language unchallenged.
- Making sexually suggestive comments to a child or young person.
- Reducing a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for a child that the child can do for themselves.

5.2.2 If, during the course of care, you accidentally hurt a child, the child seems distressed in any manner, appears to be sexually aroused by your actions and/or if the child misunderstands or misinterprets something you have done, report any such incidents as soon as possible to another colleague and complete an Incident Report Form. Supervisors and Parents should also be informed of the incident.

### 5.3 Defining Child Abuse

5.3.1 Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm. It commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a child or young person regardless of their age, gender, race or ability. Employees should be alert to potential abuse of children both within the child's family and also from other sources which could potentially include abuse by other employees within the organization.

5.3.2 There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse and neglect.** The abuser may be a family member, someone the child or young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a child young person directly, or may be responsible for abuse because they fail to prevent another person harming the child or young person. Abuse in all of its forms can affect a child or young person at any age. The effects can be so damaging that if not treated, may follow the individual into adulthood.

5.3.3 Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

## 5.4 Types of Abuse

### 5.4.1 Physical Abuse

5.4.1.1 Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person.

5.4.1.2 Physical harm may also be caused when a parent or caregiver reports non-existent illness, feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation is commonly described using terms as 'Fabricated or Induced Illness' (FII) or 'Munchausen Syndrome by proxy'. Giving young people alcohol or inappropriate drugs would also constitute physical child abuse.

### 5.4.2 Emotional Abuse

5.4.2.1 Emotional abuse is the persistent emotional ill treatment of a child, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a young person they are useless, worthless, unloved, and inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn. It may also involve the exploitation or corruption of children. Ill treatment of children, whatever form it takes, will always feature a degree of emotional abuse.

5.4.2.2 Emotional abuse may occur when the young person is constantly criticized, given continuous negative feedback, expected to perform at levels that are above their capability. Other forms of emotional abuse could take the form of name calling and bullying. Bullying may come from another young person or an adult. Bullying is defined as deliberate hurtful behavior, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are four main types of bullying. It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating from the group), or sexual (e.g. unwanted physical contact or abusive comments).

### 5.4.3 Neglect

5.4.3.1 Neglect is the persistent failure to meet the child's basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Refusal to give love, affection and attention can also be a form of neglect.



#### 5.4.4 Sexual Abuse

5.4.4.1 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or full sexual intercourse) or include masturbation, oral sex, anal intercourse and fondling. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, watching sexual activities, talking to children in a sexually explicit manner, or encouraging children to behave in sexually inappropriate ways.

#### 5.5 Indicators of Abuse

5.5.1 Even for those experienced in working with child abuse, it is not always easy to recognize a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which an explanation seems inconsistent.
- The young person describes what appears to be an abusive act involving them.
- Another young person or adult expresses concern about the welfare of a young person.
- Unexplained changes in a young person's behavior, such as becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper.
- Inappropriate sexual awareness or engaging in sexually explicit behavior.
- Distrust of adults, particularly those whom a close relationship would normally be expected.
- Difficulty in making friends.
- Being prevented from socializing with others.
- Displaying variations in eating patterns including over eating or loss of appetite.
- Losing weight for no apparent reason.
- Becoming increasingly dirty or unkempt.

5.5.2 Signs of bullying may include:

- Behavioral changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go to school.
- An unexplained drop in performance.
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes.
- A shortage of money or frequents loss of possessions.

5.5.3 It must be recognized that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working at MLC to decide that child abuse is occurring. It **IS** their responsibility to act and report any concerns.

## 5.6 Child Restraint Policy

5.6.1 MLC aim to provide a calm and secure environment for children at all times and works hard to prevent physical incidents or aggressive confrontations from occurring. However MLC staff is authorized to physically intervene (and may be deemed negligent if they fail to do so) in cases where a child is:

- Committing a criminal offense
- Injuring themselves or others
- Causing (considerable) damage to the property, including their own property

5.6.2 Examples of types of incidents in which staff may physically intervene include:

- A child attacks another child or member of staff
- A child or young person is engaged in, or about to engage in, vandalism
- A child is misusing dangerous materials or objects
- A child is running in a corridor in such a way that they may hurt themselves or others

5.6.3 Physical restraint must never be used as a substitute for behavior management. Children with additional needs may at times require physical intervention, however any physical intervention must be done in accordance with behavior management guidelines, methods, and techniques specified by the Center. Using physical restraint should be considered a last resort and staff must ensure, and be able to demonstrate, that all other means have been exhausted. Staff must also ensure that physical restraint is never used to punish a child or is used out of anger or frustration.

## 5.7 Risk Assessment

5.7.1 Before using physical intervention, staff must assess whether physical intervention will do more harm than good. Before physical restraint, consideration should be given to:

- The presence of a second member of staff to assist, supervise, or witness
- The presence of other children and the effect they may have
- The scope to secure further assistance
- Glasses, hearing aids, clothing worn by child
- Restraint's capacity to remain calm
- Location of the restraint and any risks posed by surroundings
- Child's previous experience of restraint and their likely reaction
- Presence of any weapons or dangerous objects

- Restrainer being trained in appropriate physical restraint

## 5.8 Methods of Handling

5.8.1 Any physical restraint should use minimum force for the minimum amount of time. Where possible, staff should try to ensure that a staff member of the same gender is present during the incident. Physical handling should never be used to humiliate or inflict pain on a child. Staff must also avoid touching sensitive areas.

5.8.2 Physical intervention by staff may involve:

- Physically interposing between children
- Blocking a child's path
- Holding
- Pulling or pushing a child away from danger
- Leading a child by the hand or arm
- Shepherding a child away by placing a hand in the center of the back
- (In extreme circumstances) using more restrictive holds

5.8.3 During restraint, staff must:

- Not employ another child to assist
- Avoid moving the restrained person
- Avoid generating a fear of injury
- Continually offer verbal reassurance in a calm manner
- Give clear messages under what conditions the restraint will cease
- Monitor physical well being

5.8.4 Staff must **NOT** act in a way that might reasonably be expected to cause injury, such as:

- Holding a child by the neck or collar
- Slapping, punching, or kicking a child
- Twisting or forcing limbs against a joint
- Tripping a child
- Holding or pulling a child by the hair or ear
- Holding a child face down on the ground
- Touching or holding a child in any way that might be considered indecent

## 5.9 Follow Up Action

5.9.1 Physical restraint is upsetting for everyone involved. Once calm, it is important to explain why restraint was used and to defuse this and any potential future situation. Any incident must be logged by the member of staff by completing an Incident Report Form and parents should be informed as soon as possible. Clinical/Educational Supervisors and Management have a duty to monitor logged incidents of physical restraint carefully and take action if restraint incidents give rise to concern. If, after receiving the report of an incident, Supervisors or Management determine that the Center guidelines

have been seriously breached and that further investigation is warranted, Safeguarding procedures should be taken.

## 5.10 Environmental Safety

5.10.1 Providing a safe environment for the protection of the children in our care is MLC's first priority. Accidents are one of the leading causes of death in children ages 1 to 14 years and are the leading cause of disability, permanent or temporary, in children. Medical, safety, and health professionals agree that most childhood accidental death and disabilities can be prevented by implementing stringent environmental safety protocols. Accidents usually occur through a child's curiosity about the environment around them and inattention from parents and childcare providers. By implementing safety precautions and following basic safety rules, most accidental injuries can be avoided. The following guidelines should be followed at all times, whether in the Center or the residence:

- Do not tempt children by leaving dangerous objects around for a child to play with, feel, or taste.
- Never leave a child alone in the Center or the residence.
- Keep all nooks free of hazards.
- Check tables, chairs, and shelving to ensure children cannot overturn them.
- Check the premises for hanging cords, electric cords, or other choking hazards.
- Use safety gates at all stairways to prevent children from falling downstairs.
- Fasten securely doors that lead to stairways, driveways, storage areas, and/or swimming pools. Do not lock needed fire exits.
- Do not depend on window screens to prevent falls. Screens keep out insects but may not be strong enough to keep in children. Move chairs and other furniture away from windows to discourage climbing and subsequent falls.
- Do not allow children to play on stairs.
- Teach children where they may and may not climb. Be sure play equipment is well maintained, and that there is adult supervision when children are playing.
- Children are sensitive to indoor air quality problems, which make children susceptible to effects of indoor contaminants and pollutants. Prevent mold by reducing leaks, moisture and humidity levels.
- Do not keep products that give off toxic or dangerous fumes or that are flammable near children. Tighten lids on cleaning and maintenance products, hygiene products, and perfumes and store hazardous material in locked cabinets.

## 5.11 Medication Risk & Child Poisoning

5.11.1 Children are curious by nature, and it makes sense that they would be even more curious when it comes to medication. Many medications look and taste like candy, and are therefore the leading cause of child poisoning. In order to safeguard children in the Center and the residence, the following guidelines should be adhered to in the Center or the residence:

- Put all medicines up and away and out of sight. Make sure that all medicines and vitamins are stored out of reach and out of sight of children.
- Consider places where children could get access into medicine. Children may get into medication in all sorts of places, like in purses, backpacks, and nightstands.
- Consider products you might not think about as medicines. Most adults store medicine up and away - or at least the products they consider to be medicine. They may not think about products such as diaper rash remedies, vitamins or eye drops as medicine, but they actually are and need to be stored safely.
- Use the dosing device that comes with the medicine when administering medication to a child. Proper dosing is important, particularly for young children. Kitchen spoons are not all the same, and a teaspoon or tablespoon used for cooking will not measure the same amount as the dosing device. Use the dosing device that comes with the medicine to prevent dosing errors.
- Keep coin lithium battery-controlled devices out of sight and reach of children, as they present great risk to children who may such “button” batteries. These include remote controls, digital scales, watches, hearing aids, thermometers, calculators, etc.
- Keep loose batteries locked away, or place a piece of tape over the controller to prevent small children from accessing the battery. If you suspect a child has ingested a battery, follow immediate emergency procedures to have the child assessed by a medical professional.

## 5.12 Responding to Suspicions and Allegations

5.12.1 It is not the responsibility of staff in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns through contact with the appropriate authorities, so the authorities can then make inquiries and take necessary action to protect the child or young person. This applies **BOTH** to allegations/suspicions of child abuse occurring within MLC and also to allegations/suspicions that child abuse is taking place in other premises, such as schools, residences, or elsewhere. The following section explains how to respond to allegations/suspicions.

## 5.13 Receiving Evidence of Possible Safeguarding Issues

5.13.1 Center staff may become aware of possible safeguarding issues in various ways. Staff may see it happening, may suspect it happening because of

signs such as those listed in Section 3.2 of this document, or it may be reported to MLC by someone else or directly by the child or young person affected. In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- **Stay calm** so as not to frighten the child.
- **Reassure** the child that they are not to blame and that it was right to tell.
- **Listen** carefully to the child, showing that you are taking them seriously.
- **Allow** the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- **Keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- **The safety of the child is paramount. If the child needs urgent medical attention, call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue. If the child is in immediate danger, the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary.**
- **Record** all information. Make an accurate record of the information you have been given, taking care to record the timing, setting and people present, the child's presentation as well as what was said. Use the child's own words where possible. Do not throw this record away as it may later be needed as evidence.
- **Report** the incident to the MLC Safeguarding Team, which is the CEIMC Clinical Director, Dr. Fiona Desira (Consulted to MLC as Safeguarding Lead), Principal Director, Mr. Jason Garner and Ms. Nicola Parker, Center Manager.

**5.13.2 IF YOU ARE NOT SURE WHAT TO DO IN ANY SITUATION, YOU MAY SEEK HELP FROM THE DUBAI COMMUNITY DEVELOPMENT AUTHORITY (CDA) CHILD PROTECTION CENTER (SUNDAY – THURSDAY 7:30 AM – 2:30 PM) BY CONTACTING +971 4 392 8249 OR BY CONTACTING THE 24 HOUR HELPLINE AT 800-988.**

## 5.14 Recording Information

5.14.1 To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording information, you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions. All concerns should be recorded on the Safeguarding Concern Report Form (HSE015 – provided as Attachment B), which is then discussed

with the MLC Safeguarding Lead, and stored in a secure manner under the responsibility of the Safeguarding Lead.

#### 5.14.2 Information should include the following:

- The child's name, date of birth and enrollment number (ENR)
- Whether or not the person making the report is expressing their concerns or representing someone else's concerns
- The nature of the allegation, including dates, times and any other relevant information
- A description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioral changes
- Details of witnesses to the incidents
- The child's account, if it can be given, of what has happened and how any bruising/injuries occurred
- Have the parents been contacted? If so what has been said?
- Has anyone else been consulted? If so record details.
- Has anyone been alleged to be the abuser? Record detail.

### 5.15 Reporting the Concern

5.15.1 All suspicions and allegations **MUST** be reported appropriately. It is recognized that strong emotions can be involved, particularly in cases where sexual abuse is suspected or where there is misplaced loyalty in a colleague. It is important to understand these feelings but not allow them to interfere with your judgment about any action to take.

5.15.2 The Company expects its staff to discuss any concerns they may have about the welfare of a child immediately with the MLC Safeguarding Team and subsequently to check that appropriate action has been taken. If the members of the Safeguarding Team are not available, you should take responsibility and seek advice from the CDA Child Protection Center's helpline or from the Dubai Police.

5.15.3 Employees are advised **NOT** to discuss the concerns directly with the parents/caregivers in the following circumstances:

- Where sexual abuse is suspected.
- Where organized or multiple abuse is suspected.
- Where Fabricated or Induced Illness (Munchausen Syndrome by proxy) is suspected.
- Where contacting parents/caregivers would place a child, the employee, or others at immediate risk.

5.15.4 Where there is a complaint against an MLC employee, there may be three types of investigation:

- **Criminal** in which case the police are immediately involved.
- **Child Protection** in which case the CDA Child Protection Team (and possibly) the police will be involved.
- **Disciplinary or misconduct** in which case MLC will be involved.

5.15.5 As mentioned previously in this policy, staff are not child protection experts and it is not the staff's responsibility to determine whether or not abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection.

5.15.6 CDA's Child Protection Center has a legal responsibility to investigate all child protection referrals by talking to the child and family (where appropriate), gathering information from other people who know the child and making inquiries jointly with the police. **If there is any doubt, you must report the incident. It may be just one of a series of other incidences which together cause concern.**

5.15.7 Any suspicion that a child is involved in a safeguarding issue that involved an MLC employee should be reported to the MLC Safeguarding Team immediately, who shall take appropriate steps to ensure the safety of the child in question and any other child who may be at risk. This will include the following:

- The Safeguarding Team will review the information reported and conduct an initial investigation, including interviews and review of security camera footage (as appropriate).
- A detailed chronology will be made including all steps of the investigation.
- The Safeguarding Team may choose to consult with the CDA's Child Protection Center for advice and guidance if unsure whether safeguarding concerns exist. Consultation is not the same as making a referral, but should enable a decision to be made as to whether a referral to Child Protection Center or the Police is warranted.
- The parent/caregiver of the child will be contacted as soon as possible following the initial investigation and/or upon advice from the Child Protection Center.
- The Safeguarding Team shall notify the MLC Managing Director in order to outline planned steps/action plan and to determine who shall handle any media inquiries and implement any immediate disciplinary proceedings.

5.15.8 Allegations of safeguarding concerns are sometimes made sometime after the event occurred. Where such allegation is made, you should follow the same procedures and have the matter reported to the Child Protection Center. This is because other children may be at risk from the alleged abuser.

## 5.16 Making a Referral

5.16.1 A referral involves giving CDA's Child Protection Center or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action. Only the MLC Safeguarding Team, or their nominated representatives make referrals to the CDA.

5.16.2 In certain cases, the level of concern will lead straight to a referral without consultation being necessary. Parents/caregivers should be informed if a



referral is being made, except in the circumstances highlighted in Section 4.3. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with the Child Protection Center about how and when the parents should be approached and by whom.

## 5.17 Information Required for Referral

5.17.1 The referral should provide as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not prevent the referral from being made.

- Your name, telephone number, position, and request the same of the person to whom you are speaking.
- Full name and address, telephone number of the family, date of birth of the child and siblings (if known).
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members, and any significant others.
- The names of professionals' known to be involved with the child/family (e.g. GP, School, etc.)
- The nature of the concern and foundation for the concerns.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

## 5.18 Action to be taken following the Referral

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to the Child Protection Center following the referral (within 48 hours).
- Accurately record the action agreed or indicate that no further action is to be taken and the reasons for this decision.

## 5.19 Concerns Unrelated to MLC Employees

5.19.1 If there are concerns of child abuse occurring by a parent, caregiver, teacher, or other adult not employed by MLC, the following steps should be followed:

- Report concerns to the MLC Safeguarding Team.
- If the Safeguarding Team is not available, the person being told or discovering the possible safeguarding issue should contact the CDA's Child Protection Center or the Police immediately
- The Safeguarding Team may choose to consult with the CDA's Child Protection Center for advice and guidance if unsure whether child

protection concerns exist. Consultation is not the same as making a referral, but should enable a decision to be made as to whether a referral to CDA Child Protection Center or the Police is warranted.

- The CDA Child Protection Center and the Safeguarding Team will decide how to contact and inform the parents/caregivers.
- The Safeguarding Team will seek the advice of the CDA Child Protection Center and/or Police on who should approach the alleged abuser.
- The Safeguarding Team must also report the incident to the Managing Director. The Managing Director should ascertain whether or not the person/s involved in the incident play a role in the Center and act accordingly.
- All parties must maintain confidentiality on a need to know basis.

5.19.2 If the concern is about abuse or risk of abuse from someone not known to the child or child's family, a referral should be made directly to the CDA Child Protection Center and consult with parents.

## 5.20 Confidentiality

5.20.1 Every effort should be made to ensure that confidentiality is maintained for all parties concerned. Information should be handled and disseminated on a need to know basis only and should only include the following people at most if/when required:

- CEIMC Clinical Director
- MLC Principal Director
- MLC Center Manager
- MLC Chief Executive Office / Managing Director
- The parents of the child
- The person making the allegation
- CDA's Child Protection Center / Police
- The alleged abuser (and parents if the alleged abuser is a child)
- Human Resources Manager
- Head of Department in which the employee involved reports

5.20.2 All information should be stored in a secure place with limited access to designated people, in line with data protection laws.

## 5.21 Internal Inquiries and Suspension

5.21.1 In cases involving an employee of MLC, the Safeguarding Team shall make an immediate decision about whether any employee accused of the safeguarding issue should be temporarily suspended pending further internal investigation and/or CDA/Police inquiries.

5.21.2 Irrespective of the findings of the Child Protection Center or police inquiries, the Company's Disciplinary Committee, which includes the Managing Director, the Principal Director, the Human Resources Manager, and Head of the Department in which the employee reports (as applicable), will assess the

individual case to decide whether the employee can be reinstated to work and how the issue may be handled sensitively. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases the Disciplinary Committee must reach a decision based upon the available information which errs on the side of caution and on the likelihood and probability of the accuracy of the allegation. The welfare of the child should remain of paramount importance throughout.

## 5.22 Recruiting and Selecting Personnel

5.22.1 It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part time. Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children. To ensure unsuitable people are prevented from working with children, the following steps should be taken when recruiting.

## 5.23 Guidelines for Controlling Access to Children

- All candidates for employment with MLC should complete an application form. The application form will elicit information about the applicants past and a self-disclosure about any criminal record.
- Consent should be obtained from the applicant to seek information on the criminal records of the applicant.
- Two confidential references, including at least one regarding previous work with children if available, should be obtained. These references should be taken up and confirmed through telephone contact.
- Evidence of identity (passport or driving license with photo)

## 5.24 Interview and Induction

5.24.1 All candidates for employment will be required to undertake an interview carried out in accordance with acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction during which:

- A check should be made that the application form has been completed in full, including sections on criminal records and self-disclosures.
- Qualifications should be substantiated.
- The job requirements and responsibilities should be clarified.
- Employees must sign written acknowledgement of MLC's Code of Ethics and Conduct
- A copy of this Safeguarding Children Policy must be provided to the Employee and child protection guidelines and procedures must explained
- All employees are required to obtain a police clearance from Dubai Police by completing the Criminal Record Verification "Certificate of Good Conduct Application" online and obtain a "Certificate of Good Conduct" by Dubai Police.

## 5.25 Employee Training

5.25.1 In addition to pre-selection checks, the safeguarding process includes training after recruitment to help newly employed staff to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice is likely to protect them from false allegations.
- Recognize their responsibilities and report any concerns about suspected poor practice and/or abuse.
- Respond to concerns expressed by a child.
- Work safely and effectively with children.

5.25.2 MLC shall also require the following:

- All employees who have access to children to undergo a criminal background check and maintain a "Certificate of Good Conduct" from Dubai Police.
- All employees to undertake relevant child protection training to ensure their practice is exemplary and to facilitate the development of positive culture towards good practice and child protection.
- All employees to receive advisory information outlining good/bad practice and informing them what to do if they have concerns about the behavior of an adult towards a young person.
- All employees who work directly with children should have an up to date first aid qualification.

## 6. Related Documents / References

|        |   |
|--------|---|
| HSE015 | Safeguarding Concerns Report Form                   |
| HSE023 | Code of Conduct for Safety & Protection of Students |

## 7. Amendments

7.1 This policy will be reviewed every two years at a minimum, or as required.

## 8. Attachments

- 8.1 Attachment A: Code of Conduct for Safety & Protection of Students
- 8.2 Attachment B: Safeguarding Concern Report Form
- 8.3 Attachment C: Policy Authorization Form

|  |               |
|--|---------------|
| Name: Safeguarding Children Policy   |               |
| Creation Date: January 2017  | Doc.#: QM005  |
| Revision Date: March 2019  | Version#: V.5 |
| Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Page 21 of 26 |

## Attachment A – Code of Conduct for Safety & Protection of Students

|  |               |
|--|---------------|
| Name: Code of Conduct – Safety & Protection of Students                          |               |
| Creation Date: March 2019  | Doc.#: HSE023 |
| Revision Date: N/A   | Version#: V.1 |
| Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Page 21 of 26 |

### Code of Conduct for Safety and Protection of all Students of Maharat Learning Center (MLC)

MLC is committed to the safety and protection of children and young people. This Code of Conduct applies to all staff, volunteers, interns and contractors who represent the Center and who interact with children or young people in both a direct and/or unsupervised capacity.

The public and private conduct of staff, volunteers, interns, consultants and contractors acting on behalf of MLC can inspire and motivate those with whom they interact, or can cause great harm if inappropriate. We must, at all times, be aware of the responsibilities that accompany our work.

We must intervene when there is evidence of, or there is reasonable cause to suspect, that children or young people are being abused in any way. Suspected abuse or neglect must be reported to the appropriate center and civil authorities as described in the Safeguarding Children Policy of the Center.

Physical contact with children or young people can be misconstrued both by the recipient and by those who observe it, and should occur only when completely nonsexual and otherwise appropriate, and never in private. One-on-one meetings with a child or young person are best held in a public area; in a room where the interaction can be (or is being) observed; or in a room with the door left open, and MLC staff member is notified about the meeting.

We should be aware of our own and other persons' vulnerability, especially when working alone with children and young people, and be particularly aware that we are responsible for maintaining physical, emotional, and sexual boundaries in such interactions. We must avoid any covert or overt sexual behaviors with those for whom we have responsibility. This includes seductive speech or gestures as well as physical contact that exploits, abuses, or harasses. We are to provide safe environments for children and young people on and off our premises.

We must show prudent discretion before touching another person, especially children and young people, and be aware of how physical touch can be perceived or received, and whether it would be an appropriate expression of greeting, care, concern, or celebration. All MLC personnel and volunteers are prohibited at all times from physically disciplining a child or young person.

Staff, interns, volunteers, consultants and contractors must refrain from the illegal possession and/or illegal use of drugs and/or alcohol at all times, and from the use of tobacco products, alcohol and/or drugs when working with children. Adults should never buy alcohol, drugs or cigarettes and give them to children or young people.

Staff, contractors and volunteers should not accept gifts from, or give gifts to children or young people without the knowledge of their parents or guardians. This includes any videos or reading material which could be deemed as inappropriate.

Communication with children and young people is governed by the key safety concept of transparency. The following steps will reduce the risk of private or otherwise inappropriate communication between MLC parents, administration personnel, teachers, behavioral intervention and learning support personnel, volunteers, consultants, contractors and minors:

1. Communication between MLC (including volunteers) and minors that is outside the role of the professional or volunteer relationship (teacher, coach, host, etc.) is prohibited.
2. Where applicable, email exchanges between a child or young person, and a person acting on behalf of the Center are to be made only through the Center.
3. Electronic communication that takes place over Center network or platform is subject to periodic monitoring.

### **Statement of Acknowledgement of Code of Conduct**

I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my providing services to the children and young people participating in MLC programs.

#### **I will:**

1. Treat everyone with respect, patience, integrity, courtesy, dignity, and consideration.
2. Never be alone with children and/or young people during Center activities without another adult being notified.
3. Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or young people.
4. Maintain appropriate physical boundaries at all times and when only necessary, touch children and young people only in ways that are appropriate, public, and non-sexual.
5. Comply with the mandatory reporting regulations of MLC and with the Safeguarding Children Policy to report suspected child abuse.
6. Cooperate fully in any investigation of abuse of children and/or young people.

#### **I will not:**

1. Touch or speak to a child or young person in a sexual or other inappropriate manner.

2. Take photographs or video footage of a child or young person without written consent from parents/caregivers.
3. Take photographs or video footage of a child or young person on my personal mobile phone or other personal recording device(s).
4. Inflict any physical or emotional abuse such as striking, spanking, shaking, slapping, humiliating, ridiculing, threatening, or degrading children and/or young people.
5. Smoke or use tobacco products, or possess, or be under the influence of alcohol or illegal drugs at any time while working with children and/or young people.
6. Give a child or young person who is not my own a ride in my car.
7. Accept gifts from or give gifts to children or young people without the knowledge of their parents or guardians and the Center.
8. Give children or young people any form of food that has not been provided by the parents during therapy sessions or in an individual capacity.
9. Engage in private communications with children and young people via text messaging, email, Facebook, Twitter or similar forms of electronic or social media.
10. Engage in private communications with parents of MLC students via text messaging, email, Facebook, Twitter or similar forms of electronic or social media.
11. Use profanity in the presence of children and young people at any time.

My signature confirms that I have read this Code of Conduct and that as a person working with children and young people, I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action up to and including removal from MLC or termination of contract.

Print Name: \_\_\_\_\_

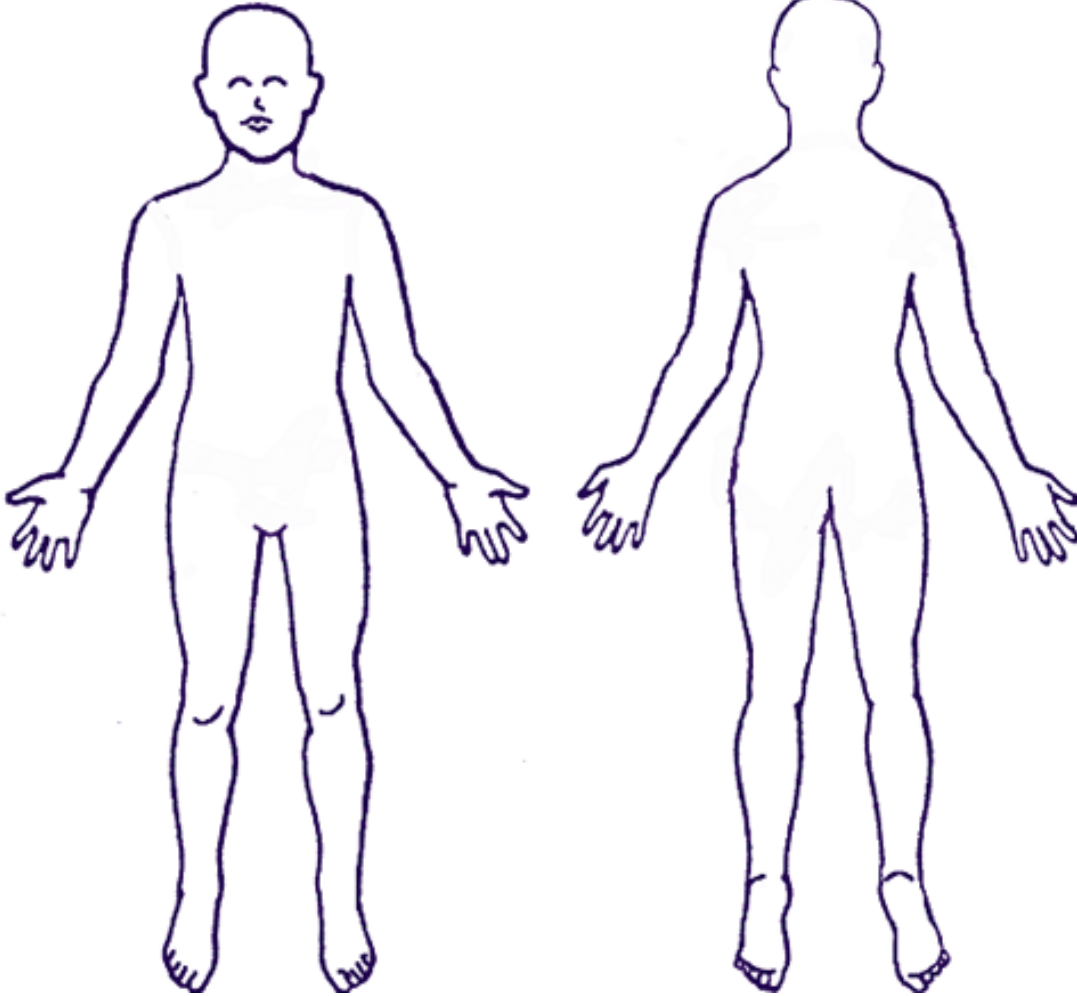
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment B – Safeguarding Concern Report Form

### SAFEGUARDING CONCERN REPORT

NAME: \_\_\_\_\_ ENR: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
 Name of Person Making Report: \_\_\_\_\_  
 Designation: \_\_\_\_\_



NOTES:



|  |               |
|--|---------------|
| Name: Safeguarding Children Policy   |               |
| Creation Date: January 2017  | Doc.#: QM005  |
| Revision Date: March 2019  | Version#: V.5 |
| Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Page 25 of 26 |

|  |               |
|--|---------------|
| Name: Safeguarding Concern Report Form   |               |
| Creation Date: January 2017  | Doc.#: HSE015 |
| Revision Date: November 2018   | Version#: V.2 |
| Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Page 25 of 26 |

**TO BE COMPLETED BY MLC SAFEGUARDING TEAM ONLY**

ACTIONS / OUTCOMES:

## Attachment C - Policy Authorization Page

| Creation Date: January 2017 |                                 | Created By: Dr. Hibah Shata, MD |                  |
|-----------------------------|---------------------------------|---------------------------------|------------------|
| Revision Date               | Edited By                       | Version Number                  | Next Review Date |
| January 2017                | Dr. Fiona Desira / Jason Garner | V.1                             | January 2019     |
| March 2018                  | Dr. Fiona Desira / Jason Garner | V.2                             | March 2020       |
| November 2018               | Dr. Fiona Desira                | V.3                             | November 2020    |
| February 2019               | Dr. Fiona Desira                | V.4                             | February 2021    |
| March 2019                  | Dr. Fiona Desira                | V.5                             | March 2021       |

### Approval Signatory:

Name: Dr. Hibah Shata

Designation/Title: Chief Executive Officer / Managing Director

Date: 24 March 2019

Signature: \_\_\_\_\_

### Company Stamp:

### Approval Signatory:

Name: Jason Garner

Designation/Title: Principal Director

Date: 24 March 2019

Signature: \_\_\_\_\_

### Company Stamp:

### Approval Signatory:

Name: Dr. Fiona Desira

Designation/Title: CEIMC Clinical Director, Dr. Fiona Desira (Consulted to MLC as Safeguarding Lead)

Date: 24 March 2019

Signature: \_\_\_\_\_

### Company Stamp: