

# PBISS Child Protection Policy



**PBISS**  
International School

*Version: 8, Published: 26/01/2025  
To be reviewed: Summer, 2025*

## CHILD PROTECTION COORDINATORS AND OFFICERS (CPOs)

PBISS has appointed key individuals who are responsible for dealing with any Child Protection concerns (record keeping and liaison) and keeping written records:

### **EYFS**

Child protection coordinator- **Amanda Murdoch**

### **Primary**

Child Protection coordinator- **Billy Hodgetts**

Deputy Designated Child Protection Coordinator - **Ben Canton**

Deputy Designated Child Protection Coordinator - **Natalie Hehir**

### **Secondary**

Child Protection Coordinator- **Iain Stevens**

Deputy Designated Child Protection Coordinator- **James Westcott Rudd**

Deputy Designated Child Protection Coordinator - **Caroline Flinders**

### **Whole School**

Child Protection Officer - **Chris Brewer (Headmaster)**

Contact (Thai) **Uchanda Saithong (Thai Director)**

**Kanlayanee Camma (Deputy Thai Director)**

School Counsellor- **Sofia Asengmaba**

Policy Review This policy will be reviewed in full by the Child Protection team on an annual basis.

It is due for review in August, 2025.

\_\_\_\_\_ Headmaster Date

Our school is committed to creating a safe and supportive environment for children. We also recognize that children have the right to live in a healthy environment, without violence and without fear. For that reason, child safety is extremely important at our school. Because of their day to day contact with individual children during the school terms, teachers and other school staff are particularly well placed to observe the outward signs of abuse or changes in behaviour in the children.

## **1. PURPOSE**

**1.1.** An effective whole-school child safety and protection policy is one which provides clear direction to staff and others about prevention of illness, prevention and treatment of sickness, the physical safety of children and also the expected behaviour when dealing with child protection issues. An effective policy also makes explicit the school's commitment to the development of good practice and sound procedures. This ensures that child protection concerns, referrals and monitoring may be handled sensitively, professionally and in ways which support the needs of the child.

## **2. INTRODUCTION**

**2.1.** PBISS takes seriously its responsibility to protect and safeguard the welfare of children and young people in its care. "The welfare of the child is paramount". It is the statutory responsibility of the school management to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.

**2.2.** There are four main elements to our child protection policy:

- a. Alertness, awareness, attention, and early detection of signs of physical and emotional sickness, illness, abuse, discomfort, and antisocial behaviour.
- b. Prevention through the creation of a positive school atmosphere and the teaching, and pastoral support offered to pupils.
- c. Protection by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child safety and protection concerns.
- d. Support to pupils who may have been abused.

This policy applies to all pupils, staff, volunteers and visitors to PBISS.

### **3. SCHOOL POLICY**

**3.1.** We recognise that for our pupils' good health, high self-esteem, confidence, supportive friends, and clear lines of communication with a trusted adult help to lead a healthy and happy life and will help to identify any potential child protection issues. Our school will therefore:

- a. Establish and maintain an environment where pupils feel safe and secure and are encouraged to talk, and are listened to.
- b. Ensure that pupils know that there are adults within the school who they can approach if they are worried or are in difficulty.
- c. Include in the curriculum activities and opportunities for PSHE, which equip pupils with the skills they need to stay safe from illnesses and abuse. Further information can be obtained from the school's PSHE coordinator(s).
- d. Included in the curriculum material which will help pupils develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills. Further information can be obtained from the school's counsellor.
- e. Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from partner agencies.

### **4. FRAMEWORK**

**4.1.** Child safety and protection is the responsibility of all adults and especially those working with children in the school.

### **5. ROLES AND RESPONSIBILITIES**

**5.1.** All adults working with or on behalf of children have a responsibility to protect them. There are, however, key people within schools who have specific responsibilities under child safety and protection procedures. The names of those carrying out these responsibilities for the current year are listed on Page 3 of this document.

**5.2.** It is the role of the Designated Child Protection Coordinator to ensure that all of the child protection procedures are followed within the school and to make timely referrals to the School Head and Phase Heads in accordance with school procedures. If for any reason the Designated Child Protection Coordinator is unavailable, a Deputy Designated Child Protection Coordinator has been identified who will act in his/her absence. Additionally, it is the role of the Designated Child Protection Coordinator to ensure all staff employed, including temporary staff and volunteers within the school, are aware of the school's internal procedures, to advise staff and to offer support to those requiring this. Wherever possible, as part of the schools recruitment and vetting process, Criminal Records and other referrals will be sought on all staff that have substantial and unsupervised access to children. The Designated Child Protection Coordinator will provide an annual report for the Board, detailing any changes to the policy and procedures.

## **6. PROCEDURES**

**6.1.** This policy explicitly aligns with Thai child protection laws and procedures to ensure compliance and effective implementation. All staff must be familiar with local legal obligations and reporting processes specific to Thailand. In cases of suspected abuse or neglect, staff should immediately report to the Designated Child Protection Coordinator, who will liaise with Thai authorities, including the police and the Department of Children and Youth (DCY), as necessary.

**6.2.** The school will follow the procedure provided in this policy. Staff must be kept informed about child protection responsibilities and procedures through induction, briefings and awareness training. There may be other adults in the school who rarely work unsupervised, more usually working alongside members of the school staff. However the School Head will ensure they are aware of the school's policy and the identity of the Designated Child Protection Coordinator.

**6.3.** Any member of staff, volunteer or visitor to the school who receives a disclosure of abuse, an allegation, or suspects that abuse may have occurred must report it immediately to the Designated Child Protection Coordinator, or in their absence the Deputy Designated Child Protection Coordinator. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff. The Designated Child Protection Coordinator, or their Deputy, will immediately refer cases of suspected abuse or allegations to the Headmaster, in their absence to the Director of Schools who will take steps as deemed necessary.

Upon the identification of a potential child protection case the following procedure must be followed:

1. Immediately inform the designated Child Protection Coordinator and provide an initial verbal summary of the concern, ensuring confidentiality.
2. Complete the Child Protection (CP) form which can be found in the templates section of Google drive.
3. The coordinator creates a secure, restricted-access google drive for storing all relevant documentation.
4. Share access to the drive with the relevant personnel only.

**6.4.** Following an initial CP concern a meeting will be called involving the Headmaster, relevant Child Protection Officers and relevant staff. The procedure is as follows:

1. A discussion on the details of the case.
2. An established and private recording process or action dependent on the factors in the case.
3. A clear timeline and expectations for regular case meetings and/or actions.
4. Clear roles and expectations upon each member.
5. Reinforcement of privacy and confidentiality.
6. Each subsequent meeting will return back to step 1.

## **7. PREVENTION AND TREATMENT OF ILLNESS**

- 7.1. Children and staff will be educated about best practices in hygiene and food preparation.
- 7.2. Water at the school will be tested regularly – at least twice a year.
- 7.3. Parents have the responsibility to keep sick children home from school during periods of sickness. Visible and audible symptoms such as extreme lethargy, unusual level of sweating, persistent coughing, high temperature, runny nose are examples of legitimate reasons to send children home
- 7.4. Vaccination requirements of the Ministry of Health will be strictly adhered to.
- 7.5. All sickness, illness or medical conditions shall be treated without delay.

## **8. PREVENTION AND TREATMENT OF SICKNESS**

- 8.1. All injuries will be treated immediately by the school nurse.
- 8.2. The school nurse will decide on whether further treatment is required at a hospital or if a child requires a further check-up from a doctor. Contact names of the local doctor, hospital and ambulance service will be posted at the school.
- 8.3. All accidents shall be recorded on Accident & Injury Sheets – for regular review – with recommendations. The approach involves identifying risks, then taking steps to eliminate or minimise these risks. Safety meetings shall be held with staff every 6 months.
- 8.4. First Aid Kits will be kept at the school and these will be easily accessible.

## **9. PHYSICAL SAFETY OF THE CHILDREN**

- 9.1. No physical violence, (hitting, physical disciplining, smacking, fighting) will be tolerated at the school. This includes physical violence from carers, visitors, staff, parents, or fellow-students. [PBISS Behaviour Policy](#).
- 9.2. Children will be treated respectfully and encouraged to report any violence if this occurs, and provided with protection if this is necessary.
- 9.3. Police will be involved if there is any issue of violence that cannot be immediately resolved or if the violence poses a serious risk to the child's mental, physical or emotional well-being, regardless of the source of the violence.
- 9.4. Emotional safety is also recognized – and this includes situations such as bullying or persistent belittling of individuals by others. Neither of these behaviours will be tolerated.

## **10. ANTI-BULLYING**

- 10.1. We are committed to providing a caring, friendly and safe environment for young people so they can enjoy their involvement with PBISS in a relaxed and secure atmosphere. Bullying of any kind is unacceptable within PBISS. This includes bullying of young people by adults and bullying of young people by other young people. If bullying does occur, all young people should know that incidents will be dealt with promptly and effectively. For greater

details, please refer the [PBISS Anti- Bullying Policy](#).

## **11. MENTAL HEALTH SUPPORT**

**11.1.** PBISS is committed to providing structured mental health support for at-risk children. The school's counselor, Sofia Asengmaba, oversees a tiered support and referral system:

1. Initial Assessment: Teachers or staff identify and report concerns to the counselor.
2. Support Plan: The counselor develops a tailored plan for the student, including individual counseling sessions.
3. Referral Process: If further intervention is required, the counselor liaises with local mental health professionals or social services.

This system ensures timely and appropriate care, fostering emotional well-being.

## **12. ONLINE SAFEGUARDING**

**12.1.** PBISS recognizes the increasing risks children face in online environments, including cyberbullying, inappropriate use of technology, and online grooming. To address these: Staff are responsible for monitoring and guiding appropriate use of school technology. A digital safeguarding curriculum is integrated into the PSHE program to educate students about safe online practices. Communication with parents and guardians will be conducted regularly to build awareness of online risks and prevention strategies. Incidents of online abuse must be reported to the designated child protection coordinator.

## **13. TRAINING AND SUPPORT**

**13.1.** The School Head and all other staff who work with children will undertake appropriate child protection awareness training to equip them to carry out their responsibilities for child protection effectively. The school will ensure that the Designated Child Protection Coordinator also undertakes training to keep knowledge and skills up to date. Temporary staff and volunteers who work with children in the school will be made aware of the school's arrangements for child protection and their responsibilities. Support will be available for staff from the Head Teacher in the first instance, and from members of the school's leadership team where there are concerns about queries about child protection. All staff should have access to advice and guidance on the boundaries of appropriate behaviour and conduct. These matters will form part of staff induction and will be referred to in the staff handbook.

## **14. PROFESSIONAL CONFIDENTIALITY**

**14.1.** Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child. A member of staff must never guarantee confidentiality to a pupil nor should they agree with a pupil to keep a secret, as where there is a child protection concern this must be reported to the Designated Child Protection Coordinator and may require further investigation by appropriate authorities. Staff will be informed of relevant information in respect of individual cases regarding child protection on a "need to know basis" only. Any information shared with a member of staff in this way must be held confidentially to themselves.

## 15. RECORDS AND MONITORING

**15.1.** Well-kept records are essential to good child protection practice. PBISS must be clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be passed over to other agencies. Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event in context, and giving the date, time and location. All records will be dated and signed and will include the action taken. These file notes must be kept in a confidential file. In the same way notes must be kept of any pupil who is being monitored for child protection reasons.

## 16. SUPPORTING PUPILS AT RISK

**16.1.** Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place.

**16.2.** This school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, whilst at school, their behaviour may still be challenging and defiant or they may be withdrawn.

**16.3.** This school will endeavour to support pupils through:

- a. The curriculum encourages self-esteem and self-motivation.
- b. The school ethos which promotes a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued.
- c. The implementation of the school's behaviour management policies.
- d. A consistent approach agreed by all staff which will endeavour to ensure the pupil knows that some behaviour is unacceptable but s/he is valued.
- e. A commitment to develop productive, supportive relationships with parents, whenever it is in the child's best interest to do so.
- f. The development and support of a responsive and knowledgeable staff trained to respond appropriately in child protection situations.
- g. Recognition that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse so staff who work in any capacity with children with profound and multiple disabilities, sensory impairment and / or emotional and behavioural problems will need to be particularly sensitive to signs of abuse.
- h. Recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be vulnerable and in need of support or protection.

**16.4.** This policy should be considered alongside other related policies in school. These are the policy for the teaching of PSHE, the policy for the management of pupils' behaviour (including our policy on physical intervention and our policy on bullying) and our health and safety policy.

**16.5.** PBISS is committed to empowering students by providing them with an accessible

version of the Child Protection Policy. This child-friendly summary will use simple language, visuals, and examples to help students understand their rights and the avenues available to seek help. While this version will not replace the formal policy, it will be distributed during assemblies and PSHE sessions to promote awareness.

 PBISS Child Protection Policy - Child Friendly Version

## **17. SAFE SCHOOL, SAFE STAFF**

**17.1.** It is essential that the high standards of concern and professional responsibility adopted with regard to alleged child abuse by parents are similarly displayed when members of staff are accused of abuse.

**17.2.** Only authorised agencies may investigate child abuse allegations. Whilst it is permissible to ask the child(ren) simple, non-leading questions to ascertain the facts of the allegation, formal interviews and the taking of statements is not.

**17.3.** Where allegations are made against a staff member, this should be immediately referred to the Director of School or the Board who shall take appropriate actions.

**17.4.** If for any reason it is decided that a referral to an external referral is not appropriate, it will be necessary to address matters in accordance with the school's disciplinary procedures.

## **18. USE OF THE SCHOOL PREMISES BY OTHER ORGANISATIONS**

**18.1.** Where services or activities are provided separately by another body, using the school premises, the Headmaster and School Administration will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection.

## **19. WHISTLEBLOWING**

**19.1.** We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

**19.2.** All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary they should speak to the Phase Heads or directly to the Headmaster.

## **20. POLICY REVIEW**

**20.1.** The School Management is responsible for ensuring the annual review of this policy. And for ensuring that the list of key contacts on the cover sheet is kept up to date

## 21. APPENDICES

### I. Definition of terms

What is child abuse?

According to the World Health Organization (Krug EG et al., 2002), child abuse constitutes “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

A person may abuse a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional (e.g. school) or community setting; children may be abused by individuals known to them, or more rarely, by a stranger. Often children may experience multiple forms of abuse simultaneously, further complicating the problem. Most child abuse is inflicted by someone the child knows, respects or trusts.

The World report on violence and health and the 1999 WHO Consultation on Child Abuse Prevention distinguish four types of child maltreatment:

- physical abuse;
- sexual abuse;
- emotional and psychological abuse;
- neglect.

#### **Physical abuse**

Physical abuse of a child is defined as the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating.

Much physical violence against children in the home is inflicted with the objective of punishment.

Signs and symptoms:

- Bruises (particularly indicative of abuse if observed in infants and immobile children)
- Broken or fractured bones, or evidence of old fractures
- Burns or scalds, particularly to the feet or the bottom
- Lacerations to the body or mouth
- Bite marks
- Scarring
- The effects of poisoning (e.g. vomiting, drowsiness, seizures)
- Breathing problems from drowning, suffocation, or poisoning
- Head injuries in babies and toddlers may be signalled by the following symptoms:

swelling, bruising, fractures, being extremely sleepy, breathing problems, vomiting seizures, being irritable or not feeding properly

- Seeming frightened of parents, reluctant to return home after school
- Displays frozen watchfulness
- Constantly asking in words/actions what will happen next
- Shrinks away at the approach of adults

### **Sexual abuse**

Sexual abuse is defined as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.

Signs and symptoms:

- Difficulty walking or sitting
- Pain, itching, bleeding, bruising, or unusual discharge to the genital area or anus
- Urinary infections or sexually transmitted infections
- Persistent sore throats
- Pregnancy
- Refusing to change for PE or participate in physical activities
- Avoids or is afraid of being left alone with people or a specific person
- Exhibits an inappropriate knowledge of sex for their age
- Uses inappropriate sexual language
- Exhibits sexualised behaviour in their play or with other children
- Bed-wetting
- Changes in eating habits or developing eating disorders
- Lack of peer relationships
- Sleep disturbances or nightmares
- Refusing to go to school
- Running away from home
- Alcohol or drug use
- Anxiety
- Self-harm or attempts at suicide

If a child is being sexually abused online, they may exhibit the following behaviour:

- Spending more time than usual online, texting, or gaming
- Seeming distant, upset, or angry after using the internet or texting
- Being secretive about what they are doing online or who they are talking to
- Having lots of new phone numbers, texts, or messages

### **Emotional and psychological abuse**

Emotional and psychological abuse involves both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or its physical, mental, spiritual, moral or social development. Abuse of this type includes: the restriction of

movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment.

Signs and symptoms:

- Lack of confidence and self-esteem
- Difficulties controlling emotions
- Extreme behaviour, like becoming overly demanding, aggressive, having outbursts, or becoming passive
- Difficulties making and maintaining relationships
- Behaviour that is inappropriately infantile or adult-like
- Persistent running away from home or being missing from school
- Anxiety, unhappiness or withdrawal
- Having few or no friends
- Seeming to be isolated from parents/family
- Lack social skills
- Self-harm or attempts at suicide
- Babies or toddlers might not have a close relationship or bond with their parent(s)
- Babies or toddlers might be overly affectionate with strangers

## **Neglect**

Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas:

- health;
- education;
- emotional development;
- nutrition;
- shelter and safe living conditions.

The parents of neglected children are not necessarily poor. They may equally be financially well off.

Signs and symptoms:

- Being frequently absent from school
- Inappropriate clothing (e.g. shoes too small, clothes are ill-fitted or unsuitable for the weather conditions)
- Clothes are consistently dirty or smelly
- Being hungry
- Hands are cold, red and swollen
- Unkempt appearance and poor hygiene; hair quality is poor or is messy, teeth are dirty, skin dirty
- Lacking necessary medical or dental care, including immunisations or glasses
- Missing medical appointments
- Health problems, including anaemia, body issues, poor muscle tone or prominent joints, regular illness or infections, repeated accidental injuries (often caused by lack of supervision), skin issues (e.g. sores, rashes, flea bites, scabies, ringworm), thin or

swollen tummy, weight or growth issues, untreated injuries

- Developmental problems, including poor language or social skills
- Frequent and untreated nappy rash in infants
- Being constantly underweight or considerably losing weight
- The parent or carer has failed to keep the child protected from physical harm or danger
- Begging or stealing things like money or food
- Living in an unsuitable environment (e.g. no heating, messy)
- Being left home alone for long periods of time
- Taking on the role of a carer for other family members
- Changes in behaviour, such as becoming clingy, aggressive, withdrawn, depressed or anxious, displaying obsessive behaviour
- Changes in eating habits
- Using drugs or alcohol
- Self-harm or attempts at suicide