

Child Safeguarding Policy

The International School of Toulouse is committed to safeguarding and promoting the welfare of children. We expect everyone associated with the School to share this commitment. Safeguarding is protecting children from the abuse or neglect that leads to harm. It relates to the actions taken to promote the welfare of children. To effectively fulfil this responsibility all employees within the International School of Toulouse community ensure their approach is child-centred and consider, at all times, what is in the best interests of the child.

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1. Introduction

Definition of safeguarding

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as taking action to enable all children to have the best outcomes by:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

Aim of Policy

Our commitment is to safeguard and promote the welfare, health (including mental health) and safety of our students. As stated in our mission statement:

".....we aim to create a friendly, safe and supportive environment for our students"

This includes:

- proactively teaching students about safeguarding;
- ensuring that systems and procedures are in place to protect students;
- acting in the best interests of the child.

This policy outlines how the International School of Toulouse (IST) will:

- provide parents, staff and students with a developmentally-appropriate common definition of and understanding about child abuse (physical, neglect, sexual and emotional)
[Appendix 1: Definitions of types of abuse](#)
[Appendix 2: Child abuse signs and symptoms](#)
- create an environment where children and young people feel secure, have their viewpoints valued, are encouraged to talk, and are listened to;
- continue to develop awareness in all staff of the need for safeguarding student wellbeing in all aspects of their work and their responsibilities in identifying abuse, with particular care being taken with more vulnerable students e.g. those with disabilities and learning needs;
- ensure that all staff are aware of the referral procedures and child protection officers within the school;
- provide a systematic means of monitoring all students who have been identified as 'having protection needs';
- ensure that outside agencies are involved as appropriate;
- ensure that key concepts of safeguarding are integrated within the curriculum;
- ensure children know that there are adults in the school whom they can approach if they are worried;
- ensure parents/guardians are aware of the procedures laid down in this policy;
- ensure safe recruitment procedures in checking the suitability of all staff who work with children.

Who does this policy apply to

Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

This policy applies to all students in the school. It applies to all teaching, non-teaching, residential, pastoral, support, peripatetic, contract staff and ancillary staff, volunteers and any other adults working at the school. All references in this document to "staff" or "members of staff" should be interpreted as relating to the aforementioned, unless otherwise stated.

This Safeguarding Policy and the Staff Code of Conduct relates to all students and adults in the school, including when students are being educated off site and undertaking an educational visit or on a school trip. It also applies to students who are on an exchange and students who are being hosted by the school.

For a comprehensive understanding of safeguarding children and child protection practice at IST, this policy should be read in conjunction with other school policies.

2. Designated Safeguarding Personnel

The reporting of any safeguarding concern should be done before the end of the school day to the Designated Safeguarding Lead (DSL):

Primary School DSL	Head of Primary
Secondary School DSL	Head of Secondary

In her or his absence, the concern must be reported to the Deputy DSL, Principal or Designated Board Member.

[Appendix 3: Designated Safeguarding Personnel and their role](#)

[Appendix 4: External contacts](#)

3. Procedure

It is a legal obligation for staff, either as individuals or members of the institution, to report incidents of, or concerns about physical or psychological violence, aggression, harassment, and physical or sexual abuse. This falls within the French Code Pénal, Article 434-3.

Reports should be made immediately to the Designated Safeguarding Lead (DSL) and followed up in writing by completing IST Disclosure Form by the end of the school day. In his or her absence, the concern must be reported to the Deputy DSL, Principal or Designated Board Member.

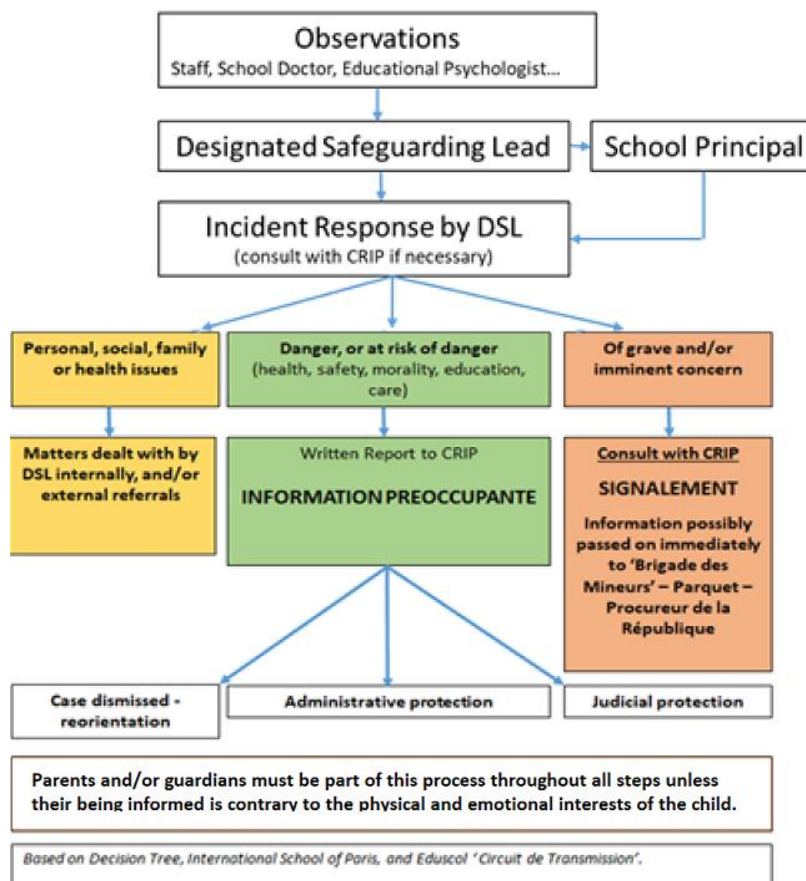
The following procedure will be used by the DSL:

1. Interview staff members as necessary and document information relative to the case. In all cases, interviews will be conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained.
2. Consult with school personnel to review the child's history in the school.
3. Report status of the case to the Principal.
4. Determine the course of follow-up actions.
5. Implementation of the action as described in the Child Protection Decision Tree.

During and after the process described above and outlined in the Decision Tree below, there might be a need for emotional support for staff, students and families involved. This will be organised as appropriate. All documentation of the investigation will be kept confidential and will be stored in a designated lockable space, under the supervision of the DSL.

Child Protection Decision Tree

In the case of any allegations against members of staff see section 10.



[Appendix 5: How to manage a disclosure \(IST advice sheet\)](#)

[Appendix 6: Disclosure Form](#)

4. Recruitment, Training, Admissions, Awareness and Prevention

Staff Recruitment

The safe recruitment of all staff at IST is the first step to safeguarding and promoting the welfare of our students. The school is committed to maintaining procedures to ensure the safe recruitment and selection of all teaching and non-teaching staff. On all recruitment communication (school website, job adverts, information documents sent out to individual applicants), there will be a clearly stated commitment to child safeguarding. All staff whose potential employment or volunteer service involves direct and unaccompanied contact with children are given thorough reference and criminal background checks.

The School Leadership Group will be responsible for initiating and evaluating the applicants for positions. In addition to screening and background checks, all newly appointed staff are asked to agree to adhere to and sign the Staff Code of Conduct.

See the IST Recruitment Policy for further details.

Staff Training

Every year, all staff should be made aware of how to access the school's most recent version of the Child Safeguarding Policy and procedures regarding child protection. All staff should have regular safeguarding training.

Student Admissions

When a place at the International School of Toulouse has been confirmed, a request will be made to the student's current school to communicate any safeguarding records or concerns to the relevant DSL.

Student Awareness

Students' own awareness of issues affecting their personal safety (including abuse) and strategies for dealing with difficult situations is important. Age-appropriate material is provided as part of the curriculum.

Facilities and Security

The Principal, supported by the Facilities Manager, is responsible for ensuring that all facilities are secure and appropriate to respect the safety and wellbeing of students in accordance with French law.

The Règlement Intérieur du site Eurocampus defines the rules of discipline, safety and management of the Eurocampus facilities and applies to anyone present on the site.

5. Visitors

All visitors must check in at Reception and sign the register on their arrival and departure.

Visitors will be issued with an identity badge on a lanyard which must be worn and visible at all times during their visit. The receptionist will invite the visitor to read the back of the badge which contains important child protection information. The visitor will be accompanied by a member of School staff throughout their time on site.

[See Appendix 7: Visitor badges](#)

6. Trips

When IST enters into a contractual relationship with an external organisation where that external organisation will be bringing minor children onto its property (such as off-site activity providers, residential trips, field trip venues, study centres, or sports facilities), these organisations will be required to provide evidence beforehand that the adults accompanying the minors have undergone the appropriate background and criminal record checks where possible. Child Safeguarding policies should be requested from any external organisation that is used. Students should have an IST member of staff with them at all times during off-site activities.

See the Off-Site Activities Policies and the '10 Step Guide To Organising Your School Trip' for further details.

7. Intimate care and toileting

There are occasions in school when children may require an adult's assistance with personal hygiene matters (e.g. removing wet/soiled clothing).

These guidelines are for any IST staff member who finds themselves in an intimate care situation with a student (e.g. kindergarten and sports staff, adults accompanying residential field trips).

Intimate care can be defined as any care that involves washing, touching or carrying out an agreed procedure to intimate personal areas in order to care for another person. All intimate care is provided in a manner which maintains the child's dignity and confidence. The child is cared for in a way that avoids distress, embarrassment or pain.

Staff follow these guidelines:

- When a child needs help toileting or has had an accident, alert another staff member that you are with a child.
- Consider the area where you go to assist the child with care, ensuring that the needs of the child for privacy and dignity are kept in mind.
- Encourage the child to be independent and to do as much as they can by themselves e.g. 'Can you take toilet paper and wipe your bottom'.
- If possible use gloves and an apron when trying to clean the child. Ask for additional support (i.e cleaners and/or other members of staff) if need be.
- Send the soiled clothes home in a plastic bag. Spare clothes can be found in kindergarten storage.
- In the case where a child/children are in a cubicle or bathroom with a closed or locked door,

knock to inform the child that you are there. Ask the child to dress themselves and to open the door. In the case that the child refuses, ask them to explain why. If the child is not speaking, explain that you will have to call someone to open the door to check on their well-being.

To note:

- Cameras and recording devices must never be taken into bathroom areas.
- Wherever possible, staff should care for a child of the same gender.

First aid trained staff

Many members of staff, the school receptionists and all security staff have first aid training and support with minor first aid and illness. There is a sick room next to each reception desk and in the gym where they receive students, staff and parents. For confidentiality reasons they may close the door.

Staff may administer first-aid treatment or, in case of an emergency, any treatment as directed over the phone by the emergency services. This may necessitate touching body parts of students (such as administering creams, ice packs) or asking students to undress to show injured or affected body parts. In this case the adult always asks the students' permission and explains what they will do.

Parents are informed about what treatment has been given.

8. Online Safety

Internet safety is the responsibility of staff, students and parents.

Staff should endeavour to educate students by teaching appropriate behaviour and critical thinking skills which enable both safe and legal use of the internet and related technologies.

See the ICT Acceptable Use Policies for further details.

9. Allegations against students

Peer on Peer Abuse

For these purposes, peer on peer abuse is any form of abuse perpetrated by a child towards another child. All staff should be alert to the risk of peer on peer abuse and understand their role in preventing, identifying and responding to it. Staff should know that children are capable of abusing their peers. Peer on peer abuse is most likely to include, but may not be limited to, bullying (including cyberbullying), gender based violence/ sexual assaults and sexting. Honour based violence encompasses acts or crimes which are committed to protect or defend the honour of the family. Staff should never dismiss abusive behaviour as a normal part of growing up, 'banter' or 'just having a laugh', and should not develop high thresholds before taking action. Abuse is abuse and peer on peer abuse should be taken as seriously as abuse by adults.

If a member of staff suspects that a child may be at risk of abuse from another child or young person, or that a child may be abusing others, the member of staff should report their concern to the DSL without delay in accordance with this policy.

The DSL will discuss the behaviour with the member of staff and will, where necessary, take any immediate steps to ensure the safety of the victim(s) or any other child.

A student against whom an allegation of abuse has been made may be suspended from the School during the investigation.

If an allegation is received regarding abuse by one or more student against another student where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, our child protection procedures will be followed. Whether perpetrator or victim, all parties will be treated as being “at risk”.

10. Allegations against staff

This policy applies to all adults in the school if it is alleged that they have:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

An allegation may be triggered by one specific incident or by a pattern of behaviour by the adult, or low-level concerns which when considered collectively amount to an allegation. In the event that allegations of abuse are made against a member of staff, IST will conduct a full confidential investigation as per French regulations.

Any member of staff who receives an allegation made against another member of staff must report this directly to the Principal. The Designated Board Member will take his/her place in case of absence; any allegation against the Principal must be made to the Designated Board Member for Safeguarding without informing the Principal.

In the event of an allegation the Principal may contact the Child Protection Services in France without investigating. Discussions are recorded in writing and any form of communication with students and parents is agreed.

In cases of serious harm, the police may be contacted by the Principal.

The School will make every effort to maintain confidentiality and guard against any unwanted publicity in any cases of allegations against staff until and unless the person is charged with an offence.

A school employee who is the subject of an allegation of abuse may be asked to take leave of absence or may be suspended without prejudice pending the outcome of the investigation. This is decided by the Principal in consultation with the French child protection services. If the allegation involves the Principal then the Chairman of the Board and the Designated Board Member for Safeguarding make this decision.

Should the School no longer require the services of a member of staff because they are considered unsuitable to work with children then this will be reported to the French child protection services and to other authorities and organisations as appropriate.

11. Record keeping

Storage and Retention of Child Protection Records

Any member of staff who has concerns about a child or young person's risk of abuse must record all relevant details. These concerns must be reported to the DSL. The staff member will be asked to complete and sign the safeguarding disclosure form by the end of the school day.

This is a paper document. No electronic documents will be kept.

The disclosure form will be locked in a secure place.

Further access to the disclosure files is on a 'need to know' basis and a request to consult them must be made to the DSL or the Principal.

Parents and guardians do not automatically have access to the confidential files.

Destruction of child protection records

When the retention period has finished, confidential records should be shredded in the presence of the DSL or Principal.

Records of allegations made against Staff

Details of an allegation will be recorded on the employee's file and retained in accordance with GDPR regulations.

Allegations proven to be false, unsubstantiated or malicious, will not be referred to in any employer reference.

Allegations found to be malicious will be removed from personnel records.

Responsibility: Safeguarding Task Force

Audience: Public

Issue date: July 2019

Appendices

Appendix 1: Definitions of types of abuse

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

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 buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Emotional abuse is the persistent emotional ill-treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Child Sexual Exploitation (CSE): This involves exploitative situations, contexts and relationships where children receive something (gifts or even simply affection) as a result of engaging in sexual activities. These relationships are marked by an imbalance of power, with the perpetrator always holding some kind of power over the victim which increases as the exploitative relationship develops. As well as the exploitation some adults may make of young people, examples of CSE in schools include:

- Unwanted pressure from peers to have sex
- Sexual bullying including cyberbullying and grooming

It is important to note that some children who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): It is important to be aware of the issues and the possible signs surrounding a girl being at risk of FGM or already having suffered FGM. There is a range of potential indicators (see Child Abuse Signs and Symptoms below) that a child may be at risk of FGM. Each on their own may mean nothing, but the presence of two or more may indicate risk.

Preventing Radicalisation: Extremist ideology can run counter to some of the basic values which make our communities successful such as respect and tolerance for others, the rights of all to live free from persecution of any kind, freedom of speech, democracy, the rule of law and equality of opportunity and treatment. Extremism promotes fear and division and actively seeks to cause destructive relationships between different communities.

Those promoting into an extremist ideology can have a strong fear or mistrust of others who they feel are 'different' from them which in extreme circumstances can lead to hatred of the other.

This poses a risk to the stability of our communities, particularly where that hatred may lead to individuals promoting or supporting violence or terrorism. The Prevent agenda aims to challenge extremist ideology where it exists primarily through education, dialogue, debate, mentoring and by supporting critical thinking.

Becoming involved in active extremism can put a vulnerable person at risk of being drawn into criminal activity and has the potential to cause significant harm. It is the Safeguarding duty of a range of public agencies to protect young people and vulnerable adults from harm, abuse or exploitation and hence this work will increasingly become a part of the mainstream Safeguarding agenda. Prevent work is in the 'non-criminal' area and is primarily about supporting individuals.

The emphasis should be on supporting vulnerable people, rather than informing on or "spotting" those who have become 'radicalised'.

Radicalisation, in this context, is defined as the process by which people come to support terrorism and violent extremism and, in very rare cases, to then participate in terrorist related activity. There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and usually takes place over an extended period. Vulnerable people can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet, for example, using websites, on-line forums etc.

If anyone has concerns about a child's well-being in any of the respects described above, it is their duty to report this to the DSL.

Bullying: We recognise bullying behaviour as all forms of physical and psychological abuse directed at victims who find this hurtful. This can include but is not limited to bullying which is racial, religious, cultural, sexual or sexist (including gender reassignment, pregnancy and maternity) homophobic, bullying of those with special educational needs and disability or because a child is adopted or is a carer. It may occur directly or through cyber-technology (social websites, mobile 'phones, text messages, photographs and email). It is usually repeated over time.

Peer on Peer abuse & Honour Based Violence: All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse and or honour based violence (see Anti-Bullying Policy for policy and procedures with regard to both). Peer on peer abuse is most likely to include, but may not be limited to, bullying (including cyberbullying), gender based violence/ sexual assaults and sexting. Honour based violence encompasses acts or crimes which are committed to protect or defend the honour of the family.

Source: British School of Paris Safeguarding Children & Child Protection Policy September 2017

Appendix 2: Child abuse signs and symptoms

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or childminder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched

- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

Genital Mutilation

What to look out for before FGM happens:

A girl at immediate risk may not know what is going to happen, but she might talk about:

- Being taken 'home' to visit family
- A special occasion to 'become a women'
- An older female relative visiting

Signs of FGM:

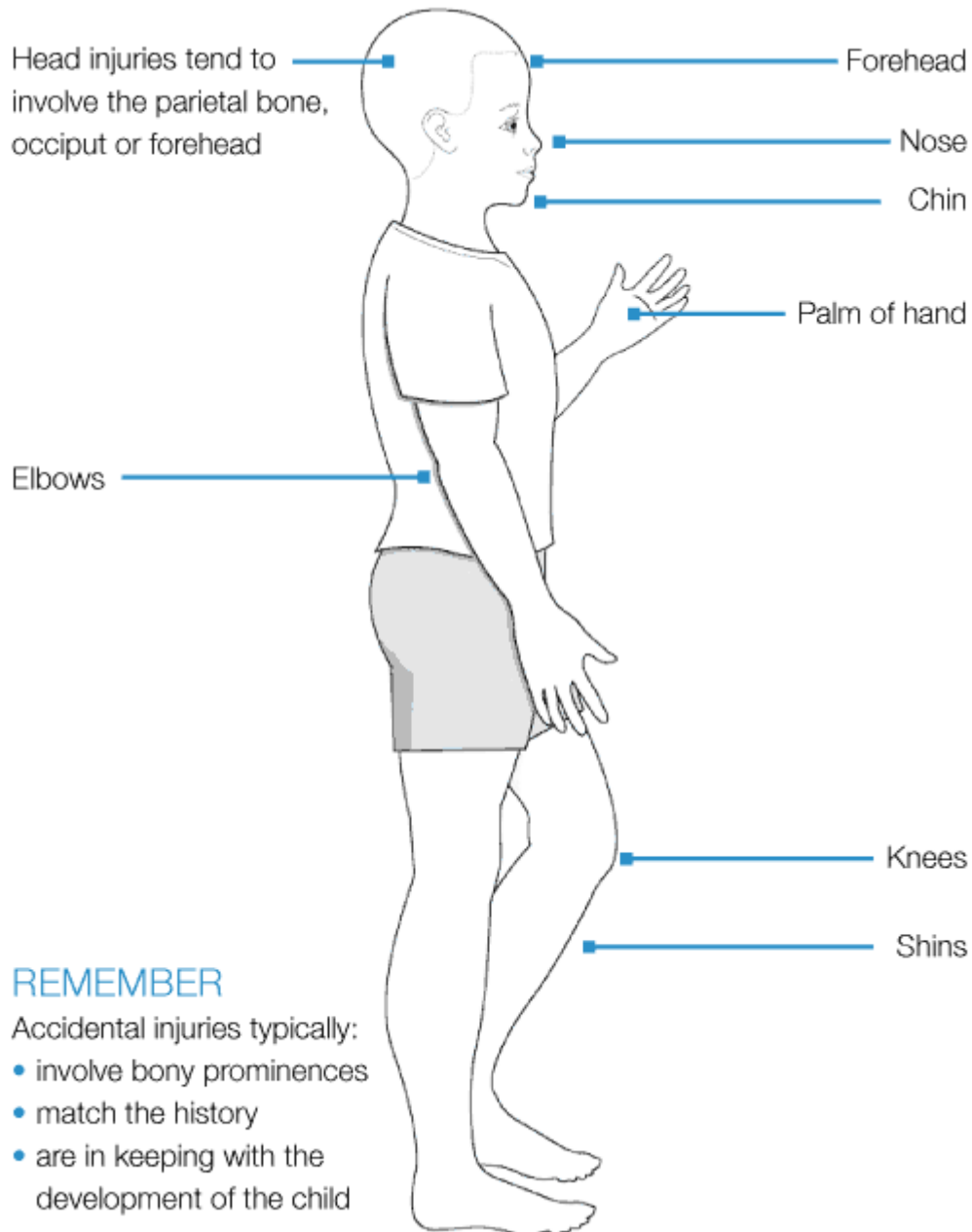
A girl may:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school
- Be particularly reluctant to undergo normal medical examination
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

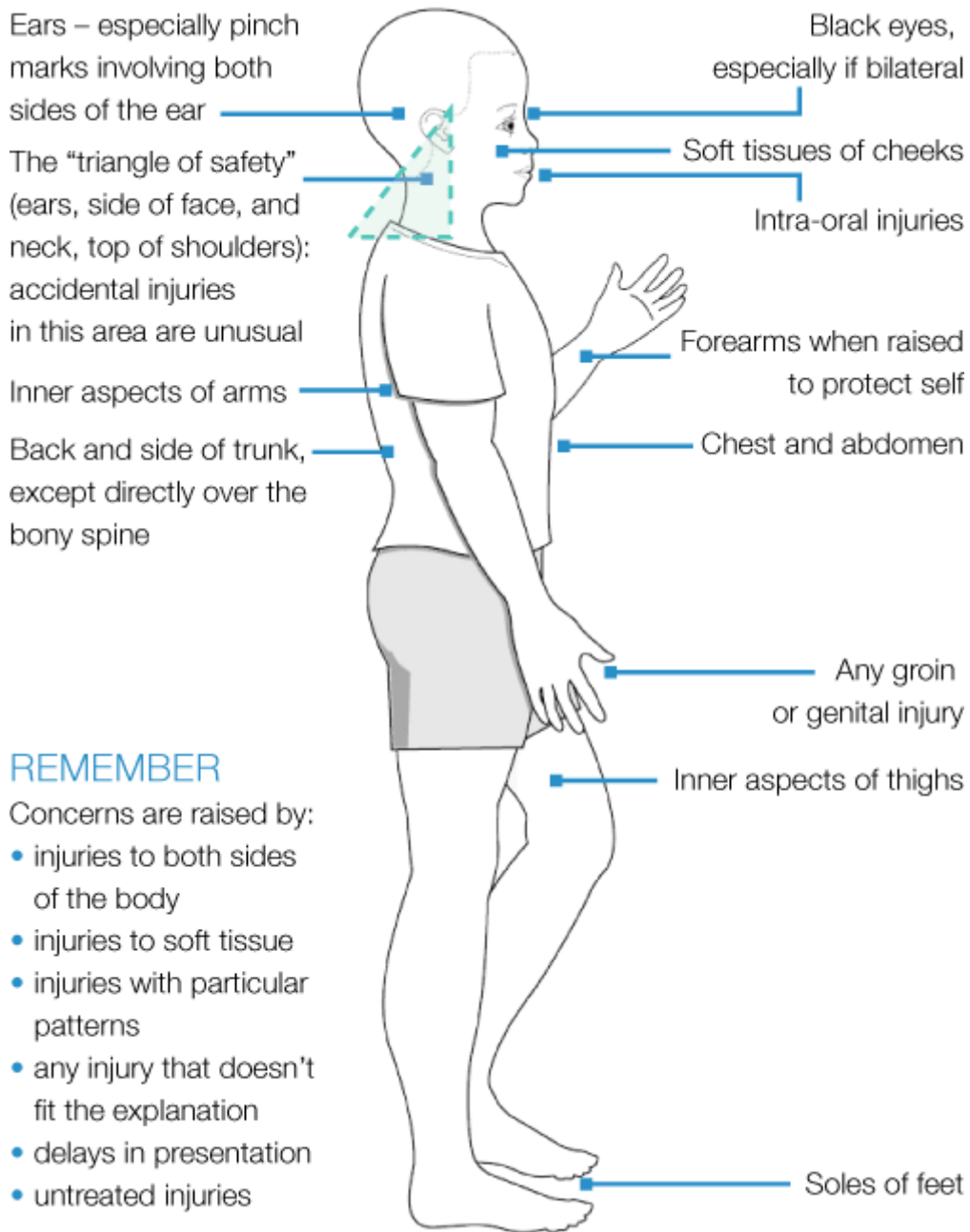
Source: © Kidscape 2004

Accidental and Non-Accidental Injuries

Accidental Injuries



Non-Accidental Injuries



Source: © Child Protection and the Dental Team, 2009

Appendix 3: Designated safeguarding personnel and their role

Primary Designated Safeguarding Lead

Gunilla Bengtsson (Head of Primary)

bengtsson_g@intst.net

Deputy (in case of absence):

Claire Muir (Primary Student Support Coordinator)

muir_c@intst.net

Secondary Designated Safeguarding Lead

Nick Fretwell (Head of Secondary)

fretwell_n@intst.net

Deputy (in case of absence): Appropriate Grade Coordinator

Emmanuel Renou (Grade 6-8 Coordinator)

renou_e@intst.net

Richard Wade (Grade 9-10 Coordinator)

wade_r@intst.net

Gareth Hunt (Grade 11-12 Coordinator)

hunt_g@intst.net

Alternative to any of the above

Carolyn Steinson (Principal)

steinson_c@intst.net

+33 (0) 6 82 90 40 82

(contact may be made at any time and is not restricted to working hours)

Designated Governor:

Maria Luisa Lucas Ugena

maria-luisa.lucas-ugena@airbus.com

Role of the Designated Safeguarding Lead

- To ensure that the school's Safeguarding Policy is known, understood and used appropriately by all members of the community.
- To take lead responsibility in receiving and dealing with all issues relating to the safeguarding of the students at school, as outlined in this document.
- Following receipt of information regarding an alleged or suspected case of child abuse, if the best course of action is not immediately clear, to discuss the situation in confidence with the DSL from the other section of school, the Deputy DSL and/or the Principal.
- To act as a source of support, advice and expertise when dealing with child safeguarding issues.
- To ensure cooperation exists between the two School DSLs through regular meetings.
- To liaise with external experts in the field of the safeguarding of children.
- To refer families to external experts, where appropriate.
- To ask parents to give their permission in writing, if parents would like the school and external experts to liaise.
- To refer cases of suspected abuse to the relevant child protection contacts, where necessary.
- To keep detailed, accurate, secure records of concerns and referrals in line with IST's Data Protection Policy.
- To ensure that there is always cover for the role of DSL by the deputy DSL if the DSL is out of school
- To liaise with the Principal if an allegation is made against a member of staff.
- To liaise with the Chairman of the Board of Governors if an allegation is made against the Principal.

- To liaise with the Principal in respect of police investigations or investigations which involve the School.
- To inform the Principal of all issues relating to the safeguarding of students in the school and to report immediately any allegation against staff which comes to their attention.
- To keep the Designated Board Member informed of safeguarding matters, where appropriate.
- To inform external agencies as appropriate.

Regarding Training:

- To undertake and maintain an appropriate level of Child Safeguarding training.
- To share knowledge and information about the safeguarding of children with other members of staff.
- To suggest relevant training opportunities for other members of staff and volunteers every two years.
- To run or organise in-house training for other members of staff.
- To maintain Child Safeguarding reference/training material on Moodle.
- To be aware of the records of staff Child Safeguarding training and to ensure that staff training is regularly refreshed by:
 - suggesting relevant external training opportunities
 - running in-house training
 - inviting external experts to deliver training at IST
- To run or organise Child Safeguarding induction for new/temporary staff
- To ensure all staff read and understand this policy before coming into contact with children in the educational setting.

Regarding Raising Awareness:

- To liaise with parents on issues relating to the safeguarding of children.
- To ensure that the topic of safeguarding and child protection is covered with children in an age appropriate way in assemblies, in tutor groups and through the curriculum, and that the children are aware of different mechanisms of support available to them in school.

Regarding Eradicating Deficiencies:

- To ensure that any deficiencies or weaknesses in the IST child protection arrangements are remedied without delay.

Roles of the Deputy DSL

- To support the DSL in carrying out their safeguarding role.
- To take on the activities of the DSL in their absence.

Role of the Designated Board Member

- To oversee matters relating to safeguarding and child protection.
- To ensure that the School's procedures are consistent with this policy.
- In conjunction with the Chair of the Board, the Designated Board Member will liaise with the French Child Protection Services in cases of allegations against the Principal or a member of the Board.

Appendix 4: External contacts

External contacts

Commissariat de Colomiers

+33 (0) 5 34 36 12 66

CRIP: Aide Sociale à l'Enfance (ASE)

+33 (0) 8 00 31 08 08

La cellule départementale de recueil des informations préoccupantes (CRIP) is managed by the Conseil Général (CG), it oversees child protection in France.

The child protection department of social services is called l'Aide Sociale à l'Enfance (ASE).

Allô Enfance en Danger

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(Service National d'Accueil Téléphonique de l'Enfance en Danger)

Enfant Bleu

enfantbleutoulouse@wanadoo.fr

+33 (0) 5 61 53 21 10

Association l'Enfant Bleu Enfance Maltraitée Toulouse

18 av. des Mazades

31200 Toulouse

<https://enfantbleu.org/>

School Doctor: Dr Faure

scm.fr@orange.fr

monique.faure0188@orange.fr

+33 (0) 5 61 85 41 46

+33 (0) 6 85 13 53 37

Educational Psychologist: Dr Stacey Callahan

callahan.stacey@gmail.com

Hôpitaux de Toulouse, service pédiatrique

+33(0) 5 61 77 22 33

SAMU (Service d'aide médicale urgente)

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Appendix 5: How to manage a disclosure (IST advice sheet)

Child Safeguarding Advice Sheet

This advice sheet is brief guidance for safeguarding procedures at the International School of Toulouse. All IST staff have a responsibility to create and maintain a safe learning environment for all students. We have a responsibility to identify where there are student welfare concerns and take action to address them in partnership with other organisations and in accordance with French law: *loi du 5 mars 2007 réformant la protection de l'enfance*.

- As a member of staff you have a legal responsibility to report any concerns you have regarding safeguarding or any disclosures made by a student or young person to the Designated Safeguarding Lead. You should not discuss these with anyone else.
- Recording of all concerns/incidents must be followed up in writing using the IST Disclosure Form.

IST Designated Safeguarding Staff

Designated Safeguarding Lead (DSL Primary) Gunilla Bengtsson (Head of Primary)
Deputy (in case of absence): Claire Muir (Primary Student Support Coordinator)

Designated Safeguarding Lead (DSL Secondary): Nick Fretwell (Head of Secondary)
Deputy (in case of absence): Appropriate Grade Coordinator
Emmanuel Renou (Grade 6-8 Coordinator)
Richard Wade (Grade 9-10 Coordinator)
Gareth Hunt (Grade 11-12 Coordinator)

Alternative to any of the above: Carolyn Steinson (Principal)
Designated Board Member Robert McCartney (Chairman of the Board)

Protocol for Reporting Disclosures or Safeguarding Concerns

- Report any concerns to the Designated Safeguarding Lead (DSL) immediately and then follow this up in writing by the end of the school day.
- Complete the Disclosure Form and hand over to the DSL – do not leave the form lying around as it is confidential and do not keep an electronic record. Records should be accurate and descriptive, clear and concise. Do NOT make any assumptions.
- The Principal and DSL will then decide on a course of action and file the Disclosure Form.
- If concerns grow, then it is your responsibility to reiterate your concerns.

Record Keeping

- All incidents should be recorded in writing and dated and signed (see Safeguarding Disclosure Form)
- All confidential files are held in a secure place in the Principal's office.
- Staff may have access to the confidential files upon request to the Principal.
- Parents and carers do not automatically have access to the confidential files.

Categories of Abuse

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

Emotional abuse is the persistent emotional ill-treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

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 buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

(taken from BSP Safeguarding Policy Appendix 3)

This is a list of possible signs of abuse and neglect which would arouse concern. Children may exhibit one or more of these signs. Whilst we must not ignore these potential signs of abuse, we also need to be mindful of the fact that many of them are exhibited in many other contexts. As educators we have to be **vigilant about gradual or sudden changes in the behaviour of the children in our care.**

- Changes in moods
- Severe or frequent anxiety
- Unexplained fears
- Attention-seeking behaviours
- Sudden under-achievement or lack of concentration
- Extremes of passivity or aggression
- Withdrawal from physical or emotional contact (towards strangers as well as non-strangers)
- Mutism
- Changes in sleeping patterns
- Unexplained physical injuries (e.g. bruises, broken bones, burns, wounds, bites, scratches), which may have not received medical attention
- Improbable excuses or vagueness given by parents/guardians/students, or refusal to discuss injuries
- Patterns in absence from school
- Arms and legs kept covered in hot weather
- Refusal to go to the swimming pool
- Physical, mental and emotional development is delayed
- Inappropriate emotional responses to painful situations
- Persistent tiredness
- Physical ailments - such as pain or irritation to the genital area - that can't be explained medically
- Sexually transmitted infections
- Regressive behaviours, bed wetting
- Enuresis and encopresis

- Age-inappropriate sexualized behaviours or language
- Drawings with developmentally-inappropriate sexual content
- Stomach pains or discomfort walking or sitting
- Mentioning receiving special attention from an adult or a new “secret” friendship with an adult or young person
- Medical needs unattended
- Lack of supervision
- Consistent hunger
- Inappropriate dress
- Poor hygiene
- Inadequate nutrition
- Self-harm behaviours, and suicidal ideations and/or attempts
- Extreme need for affection
- Frequent lateness or non-attendance at school
- Poor social relationships
- Conduct disorder behaviours - vandalism, stealing, aggressiveness towards others
- Compulsive lying

(taken from ISP Safeguarding policy appendix 2)

Dealing with disclosures

- Listen
- Believe
- Support
- Report

What to do:

- Do stay calm and reassure the student that they have done the right thing
- Do allow the pace of the conversation to be dictated by the student
- Do ask neutral questions which encourage the student to talk such as “can you tell me what happened?”
- Do accept what the student says and do not ask for further detail
- Do acknowledge how hard it was for them to tell you what happened
- Do explain what you have to do next and to whom you have to talk to
- Do be honest, do not make promises you cannot keep – YOU HAVE A DUTY TO REFER

What not to do:

- Do not burden the student with guilt by asking questions such as “why didn’t you tell me before?”
- Do not interrogate or pressure the student to provide information
- Do not ask leading questions
- Do not attempt to interview the student
- Do not put words into the student’s mouth or assume how the student feels
- Do not undress the student or examine clothed parts of the student’s body
- Do not criticise the perpetrator
- Do not promise confidentiality or make promises that you cannot keep such as “it will be alright now”

REMEMBER:

ALL STAFF MEMBERS HAVE A DUTY TO REFER AND SAFEGUARD THE STUDENTS IN OUR CARE

Appendix 6: Disclosure Form

Disclosure Form

This form should be used when an IST student discloses to any member of staff that they or another student is suffering or is at risk of abuse.

**Report any concerns to the Designated Safeguarding Lead (DSL) immediately.
Complete this form and pass to the Designated Safeguarding Lead by the end of the school day.**

What you should and should not do
<p>Do:</p> <ul style="list-style-type: none"> • Do stay calm and reassure the student that they have done the right thing • Do allow the pace of the conversation to be dictated by the student • Do ask neutral questions which encourage the student to talk such as "can you tell me what happened?" • Do accept what the student says and do not ask for further detail • Do acknowledge how hard it was for them to tell you what happened • Do explain what you have to do next and to whom you have to talk to • Do be honest, do not make promises you cannot keep – YOU HAVE A DUTY TO REFER
<p>Don't:</p> <ul style="list-style-type: none"> • Do not burden the student with guilt by asking questions such as "why didn't you tell me before?" • Do not interrogate or pressure the student to provide information • Do not ask leading questions • Do not attempt to interview the student • Do not put words into the student's mouth or assume how the student feels • Do not undress the student or examine clothed parts of the student's body • Do not criticise the perpetrator • Do not promise confidentiality or make promises that you cannot keep such as "it will be alright now"

1. Person completing this form:

First name	Surname	Date of disclosure	Time of disclosure

2. Student:

First name	Surname	Grade/Class

3. Alleged perpetrator:

First name	Surname

If the student has described the alleged perpetrator but cannot name him/her, note the details here:

.....
.....

4. The disclosure

Record of conversation (use continuation sheet if necessary):

- Record what was said by the student and by you
- Use the exact words and phrases used by the student
 - Clearly distinguish between fact, observation, allegation and opinion
 - Note the non-verbal behaviour and the key words in the language used by the student

.....
.....
.....
.....

Did the student name witnesses? If so, note them here:

.....

Was anyone else present during the disclosure? If so, note them here:

.....

Any other comments:

.....
.....
.....
.....

Signed: Date

Please print Name: Time

**Please note that you should not keep any of this information electronically.
Files will be kept in a secure place in the Principal's Office**

Appendix 7: Visitor Badges

Visitors badges are available in 3 languages: English, French, German
The following text is written on the back of the badge (translated as applicable):

English version

To ensure that we maintain the highest standards regarding our students' well-being, we request that all visitors:

1. Do not take photographs or videos of any child.
2. Are never alone with any students.
3. Do not take any contact details from a student.
4. Avoid making physical contact with any student or entering their personal space.
5. Only use designated adult-only toilets and under no circumstances enter the children's toilets or changing room areas.

If you have any concerns or questions please contact:

Gunilla Bengtsson	Head of Primary School
Nick Fretwell	Head of Secondary School:
Carolyn Steinson	Principal

French version

Pour nous assurer de maintenir les normes les plus élevées concernant le bien-être de nos élèves, nous demandons à tous les visiteurs:

1. Ne prenez pas de photos ou de vidéos des élèves.
2. Ne restez jamais seuls avec les élèves.
3. Ne prenez pas les coordonnées d'un élève.
4. Évitez tout contact physique avec les élèves et évitez tout autre rapprochement.
5. Utilisez uniquement les toilettes réservées aux adultes et n'entrez en aucun cas dans les toilettes ou les vestiaires des enfants.

Si vous avez des préoccupations ou des questions, veuillez contacter:

Gunilla Bengtsson	Responsable de l'école primaire
Nick Fretwell	Responsable de l'école secondaire
Carolyn Steinson	Proviseur

German version

Um sicherzustellen, dass wir die höchsten Standards und das Wohlergehen unserer Schüler aufrechterhalten, bitten wir alle Besucher darum:

1. Keine Fotografien oder Videos der Kinder zu machen.
2. Nie mit den Schülern alleine zu bleiben.
3. Keine Kontakt-Details von einem Schüler zu erfragen.
4. Darauf zu achten körperlichen Kontakt zu vermeiden oder in die Privatsphäre der Schüler einzudringen.
5. Nur bezeichnete Erwachsenen-Toiletten zu benutzen und keinesfalls die Toiletten oder Umkleieräume von Schülern zu betreten.

Wenn Sie irgendwelche Angelegenheiten oder Fragen haben, setzen Sie sich bitte in Verbindung mit:

Gunilla Bengtsson Grundschulleiterin

Nick Fretwell Hochschulleiter

Carolyn Steinson Direktorin der Schule

Appendix 8: Sleep Procedure

Prior to the start date for individual children, the homeroom teacher finds out about the child's sleeping needs. They share the school's sleep procedure with the family.

Procedure for all children who sleep at school:

Children are invited to use the toilet before sleeping.

They remove outdoor layers and shoes.

Staff help them regulate so they are not too warm or too cold.

Children are encouraged to sleep on their backs.

They are invited to take their comforter.

The baby monitor is set up.

A member of staff supports the children getting off to sleep with the door closed and the lights dimmed. The blinds on the windows are closed.

The routine with soft music and a story is respected.

Once the children are sleeping the adult leaves the room. They take the baby monitor into their teaching space.

When a child awakes this is picked up on the monitor and a member of staff goes to support the child with fully waking up and putting their shoes on, going to the toilet etc.

If a child needs waking up (end of the day/parents have requested a shorter sleep) this is done gently. First opening the door to the room and then if the child does not stir the blinds will be raised to let in a little natural light. Children are allowed to wake up gently and gradually.

Any soiled linen is put in the laundry and washed the same day. Other linen is washed on a monthly basis.

The sleep room is kept clean, calm, quiet and comfortable so that children can relax, rest and sleep.

Appendix 9: Safe Touch

Aims/Introduction

The term physical contact is used to describe the use of touch for many purposes to ensure that all staff carry out safe, confident and dignified practice when using touch appropriately. It is recognised here that this will mainly concern working with younger children in the Primary section of IST. In IST Secondary touch should be limited to instances where it is absolutely necessary.

Physical contact is always about meeting the needs of the child. We have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

At IST we recognise the importance of knowing and understanding a child, their needs and preferences: this helps us to know how to apply safe touch with each student as an individual. New student files/information, well being meetings and home visits help to provide relevant information for new students.

This appendix helps to protect students and staff by providing clarity around the use of safe touch.

Definition:

Safe touch is when physical contact is made which involves a touch that is intended to support or help the child. Safe touch should never be of a sexual nature, aggressive or intended to be humiliating or flirtatious. Safe touches may include hugging, pats on the back and an arm around the shoulder (age appropriate). Safe touches may also include touches that may hurt such as removing splinters.

There are four different types of touch that may be used:

Casual/informed/incidental touch

Staff use touch with students as part of a normal relationship. for example, a younger child may need comforting or reassurance; a student may need help using equipment appropriately in specialist subject areas such as Music, PE, Science and Drama; or a student who is hurt may require first aid or medical treatment. This also includes younger students' personal care needs being met: staff may assist students to take part in self-care activities and help them to develop their independence (for example when feeding, washing, dressing, using the bathroom or transitioning from parents at drop off or collection times).

In the case of personal care routines, ideally students are familiar with the staff members delivering the personal care.

Staff should use their professional judgement when holding hands with students. Younger students may need support with walking and balance or may need support for safety and to avoid running off. Staff need to be aware of the developmental age of the students they are supporting and be clear the physical contact used is appropriate for the individual student. Developmental levels can often be more relevant to our students than their chronological age.

General reparative touch

This is used by staff working with children who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad child. Touch used to regulate a child's emotions triggers the release of the calming chemical oxytocin in the body. Reparative touch may include stroking a back or an arm, rocking gently, cuddling, tickling or sitting on an adult's lap to fulfil a student's emotional needs.

Contact/interactive play

Contact play is used by staff adopting a role similar to a parent in a healthy child-parent relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel completely comfortable and at ease with this type of contact. Contact play may include an adult chasing and catching the child, an adult and child playing a game of building towers with their hands, supporting a child during forest school or in the playground.

Positive interaction

There are occasions when staff are needed to protect a student from danger, prevent them from injury or harm and may need to restrain them.

A child who is in a state of dysregulation (i.e. has no mechanism for self-calming or regulating an extreme emotional reaction) may be physically contained or restrained by staff. We recommend that staff employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and bring them down from an uncontrollable state of hyperarousal. In these situations, maintaining boundaries as far as possible whilst taking appropriate and swift action to calm the situation should be the aim. During any incident of restraint, staff must seek as far as possible to:

- Lower the child's level of anxiety during the restraint by continually offering verbal reassurance and avoiding generating fear of injury in the child;
- Cause minimum level of restriction of movement of limbs consistent with the danger of injury (so, for example, will not restrict the movement of the child's legs when they are on the ground unless in an enclosed space where flailing legs are likely to be injured);
- Ensure at least one other member of staff is present wherever possible.

Steps to Take Before Positive Handling

Prevention strategies and calming measures will be employed and the following actions should be taken before restraint is used.

- Applying the school's behaviour policy
- Conversation, distraction, coaxing skills, gentle persuasion or redirection to other activities (e.g. touching the child's arm and leading him / her away from danger, gently stroking the child's shoulder);
- Put distance between the child and others - move others to a safer place;
- Calmly remove anything that could be used as a weapon, including hot drinks, objects, furniture;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe the child;

- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;

Although these techniques to calm a dysregulated child are seen as best practice, individual children may require personalised techniques to calm down. Staff should refer to a Student Profile or PAI (stored at either Primary or Secondary reception) may be required for more information.

Unwanted/ unsafe touch

Our policy rests on the belief that each staff member appreciates and understands the difference between appropriate/safe and inappropriate/unsafe touch.

- An unwanted touch is a touch a child does not want: it may be safe.
- An unsafe touch is a touch that hurts a child's body or feelings, or causes them to feel uncomfortable or scared.

At no point and under no circumstances should staff members use touch to satisfy their own need for physical contact or reassurance.

References / sources

British School of Paris, Safeguarding and Child Protection Policy

International School of Paris Child Protection Policy and Procedures

© Kidscape <https://www.kidscape.org.uk/>

© Child Protection and the Dental Team <https://bda.org/childprotection>

Eduscol <http://eduscol.education.fr/>