



Child Safeguarding Policy

Purpose

The purpose of a child safeguarding policy in an international school in Thailand is to ensure that all students, including the most vulnerable, are safe from harm while in the school's care. The policy outlines the school's commitment to creating a safe and secure environment for children and sets out guidelines and procedures for preventing, identifying, and responding to child abuse and neglect.

Specifically, the child safeguarding policy aims to:

Prevent harm: The policy aims to prevent any form of harm to children in the school's care by establishing clear guidelines and procedures for staff and students.

1. **Identify potential harm:** The policy establishes mechanisms for identifying potential risks or cases of harm to children, including reporting procedures for staff and students to report any concerns they may have.
2. **Respond to harm:** The policy sets out clear procedures for responding to cases of harm, including reporting, investigating, and responding to concerns appropriately.
3. **Promote awareness:** The policy aims to raise awareness among staff, students, and parents about child safeguarding issues, including the signs of abuse or neglect, how to report concerns, and the school's commitment to safeguarding children.

Overall, a child safeguarding policy is essential for ensuring the safety and well-being of children in an international school in Thailand, and it underscores the school's commitment to protecting its students from harm.

Scope

The scope of a safeguarding policy is to protect children and vulnerable adults from all forms of harm and abuse, including physical, sexual, emotional, and psychological abuse, neglect, and exploitation.

This safeguarding policy includes:

1. Recruitment and selection procedures: The policy may outline procedures for ensuring that all staff, volunteers, and contractors who work with children or vulnerable adults undergo appropriate background checks and receive training on safeguarding issues.
2. Code of conduct: The policy may set out expectations for staff and volunteers regarding their behavior and interactions with children and vulnerable adults, including guidelines for appropriate physical contact and communication.
3. Reporting procedures: The policy should provide clear guidance on how to report concerns of abuse or neglect, including who to contact and what information should be included in a report.
4. Responding to concerns: The policy should outline the steps that will be taken to investigate and respond to concerns of abuse or neglect, including providing support to those who have been affected.
5. Awareness and training: The policy should ensure that all staff, volunteers, and contractors receive appropriate training and awareness-raising on safeguarding issues and their responsibilities in this area.
6. Monitoring and review: The policy should include mechanisms for monitoring and reviewing its effectiveness and ensuring that it is regularly updated to reflect changes in legislation, policy, or best practice.

Overall, the scope of a safeguarding policy in Thailand will be designed to ensure that all individuals who come into contact with children and vulnerable adults in the course of their work or activities are aware of their responsibilities to safeguard them and are equipped with the knowledge and tools to do so effectively.

Policy Statement

Ramkhamhaeng Advent International School is committed to providing a safe and secure environment for all children, young people, and vulnerable adults who participate in our programs, activities, and services. We believe that every child and vulnerable adult has the right to be protected from harm and abuse, and we recognize our responsibility to promote their welfare and protect them from all forms of harm.

Our safeguarding policy aims to provide clear guidance and procedures for preventing, identifying, and responding to concerns of abuse or neglect. We are committed to ensuring that all individuals who come into contact with children and vulnerable adults in the course of their work or activities are aware of their responsibilities to safeguard them and are equipped with the knowledge and tools to do so effectively.

Our safeguarding policy includes the following key elements:

- Clear guidelines and procedures for preventing, identifying, and responding to concerns of abuse or neglect.
- Recruitment and selection procedures that ensure all staff, volunteers, and contractors who work with children or vulnerable adults undergo appropriate background checks and receive training on safeguarding issues.
- A code of conduct that sets out expectations for staff and volunteers regarding their behavior and interactions with children and vulnerable adults, including guidelines for appropriate physical contact and communication.
- Reporting procedures that provide clear guidance on how to report concerns of abuse or neglect, including who to contact and what information should be included in a report.
- Procedures for investigating and responding to concerns of abuse or neglect, including providing support to those who have been affected.
- Awareness-raising and training programs that ensure all staff, volunteers, and contractors receive appropriate training and awareness-raising on safeguarding issues and their responsibilities in this area.
- Mechanisms for monitoring and reviewing the effectiveness of the policy and ensuring that it is regularly updated to reflect changes in legislation, policy, or best practice.

We are committed to working in partnership with parents, carers, and other agencies to promote the welfare and protection of children and vulnerable adults.

We will take appropriate action to address any concerns of abuse or neglect and will work to ensure that those affected receive the support they need.

This policy statement applies to all staff, volunteers, and contractors who work with children or vulnerable adults in the course of their work or activities for Ramkhamhaeng Advent International School.

I. INTRODUCTION

Ramkhamhaeng Advent International School is committed to giving each student a quality, well-rounded Christian Education, emphasizing academic excellence and character development. For this reason, the implementation of a current child safeguarding policy is vital.

This policy has been set up in accordance with:

- **The United Nations Declaration of Human Rights for Children**
- **The Child Protection Act, B.E. 2546 (2003)**

We understand that protecting and safeguarding all children while they are on the school grounds or on a field trip is the responsibility of every person (member of staff) that works either temporarily or full time in the school.

This will be accomplished by:

- **Following rigorous recruitment policies.**
- **Adopting procedures and practices for all staff in a code of conduct to be signed by all staff.**
- **Training all staff in the policies and procedures that affect them.**
- **Effective management of staff and support throughout the year.**
- **Ongoing training in basic child safety and protection.**
- **Sharing information and concerns with students and parents.**

The RAIS Safeguarding Coordinator is Ms. Rhea Mae Recheta

The Designated Safeguarding Lead is:

Ms. Jo Anne Villanueva

The Child Protection Officers (CPOs) are:

- Elementary School CPOs: Mr. Sherwin Paculanang and Ms. Jessa Mamulang
- Middle School CPO: Ms. Diana Castillo and Mr. Kierwin Paulo
- High School CPO: Mr. Kevin John and Mrs. Norina Joy Balaba

Child Protection Officers Roles and Responsibilities

Child Protection Responsibilities

- Create a safe and inclusive learning environment.
- Be vigilant for signs of abuse or neglect among students.
- Protect/reduce risks for students from unacceptable practice or behavior.
- Report any suspicions or evidence of child abuse to the appropriate authorities.
- Educate students about personal safety and how to seek help if needed.

Child Protection Response Team:

CPO Coordinator

CPO Lead

CPOs from each department

Student Council Officers

Head of Supervisors

- Represents students and staff from operational duties (students should not participate in managing allegations, but they can be involved in training).
- Meets regularly
- Has deeper training
- Involved from prevention to recovery
 - Mitigation and Prevention
 - Preparation
 - Response/Intervention
 - Recovery

Responsibilities

- Reviews concerns and Allegations
- Conducts inquiry
- Carries out safety planning and oversight

- Makes recommendations to final decision-makers

Crisis Team:

School Administrators
School Counselors
CPO Coordinator
CPO Lead

- Meets as needed
- Informed of all concerns and inquiries

Responsibilities:

- Makes final decisions regarding how to respond to concerns and reports
- Reports to outside agencies and law enforcement when necessary
- Manage communication about cases within the school and with the greater community
- manages central record of reports and concerns

Child Safeguarding Coordinator:

Roles and Responsibilities:

- Develop and implement comprehensive child safeguarding policies and procedures in compliance with relevant laws and regulations.
- Provide training and awareness programs to staff, volunteers, and stakeholders on child safeguarding principles and best practices.
- Act as the primary point of contact for any concerns or reports related to child safeguarding, ensuring a prompt and appropriate response.
- Conduct regular risk assessments and reviews of child safeguarding practices, making recommendations for improvements when necessary.
- Maintain accurate records of all child safeguarding incidents, investigations, and actions taken, ensuring confidentiality and compliance with data protection laws.
- Serve as a resource person for staff and volunteers, offering guidance and support in matters related to child safeguarding.
- Foster a culture of awareness and accountability regarding child safeguarding throughout the organization.

Safeguarding Lead:

Roles and Responsibilities:

- Oversee the implementation of the organization's safeguarding policies and procedures, ensuring they align with legal and ethical standards.
- Provide leadership in creating a safe and inclusive environment for children, promoting a culture of vigilance and accountability among staff and stakeholders.
- Collaborate with the Child Safeguarding Coordinator to conduct training sessions, workshops, and awareness programs on safeguarding best practices.
- Establish and maintain communication channels to facilitate reporting of safeguarding concerns, ensuring a swift and appropriate response.
- Support the Child Safeguarding Coordinator in investigating and managing reported incidents, taking corrective actions as needed.
- Represent the organization in safeguarding-related forums, conferences, and partnerships to stay informed about current trends and best practices in child protection.

II. TYPES OF ABUSE

Adapted from The Child Safeguarding Standards

www.keepingchildrensafe.org.uk

It is difficult to define “harm” to children because children can be abused in so many ways depending on the context and culture. They may be abused in a family, an institution, community, or faith setting, or via social media/internet. They may be harmed by an adult or adults or another child or children. There are also practices such as female genital mutilation (FGM), forced or early marriage that cause significant harm to children. It is important to note that each and every case of abuse will be dealt with as an individual case. The majority of cases, and the main aim of this document, are in-school cases, but where home abuse begins to interfere in school, some action would need to be taken, and that would then be discussed.

The following definitions can be used as a guide:

Physical abuse: actual or potential physical harm perpetrated by another person, adult, or child. It may involve hitting, pinching, pulling ears, taping students’ mouths shut, shaking, poisoning, drowning, and burning. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Sexual abuse: forcing or enticing a child to take part in sexual activities that he or she does not fully understand and has little choice in consenting to. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts such as masturbation, kissing, rubbing, and touching. It may also include involving children in looking at, or producing sexual images, watching sexual activities, and encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation: a form of sexual abuse that involves children being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs. It usually involves a child being manipulated or coerced, which may involve befriending children, gaining their trust, and subjecting them to drugs and alcohol. The abusive

relationship between victim and perpetrator involves an imbalance of power where the victim's options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual. Child sexual exploitation manifests in different ways. It can involve an older perpetrator exercising financial, emotional, or physical control over a young person. It can involve peers manipulating or forcing victims into sexual activity, sometimes within gangs and in gang-affected neighborhoods. It may also involve opportunistic or organized networks of perpetrators who profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men.

Neglect and negligent treatment: allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in serious impairment of a child's healthy physical, spiritual, moral, and mental development. It includes the failure to properly supervise and protect children from harm and provide nutrition, shelter, and safe living/working conditions. It may also involve maternal neglect during pregnancy as a result of drug or alcohol misuse and the neglect and ill treatment of a disabled child.

Emotional abuse: persistent emotional maltreatment that impacts on a child's emotional development. Emotionally abusive acts include restriction of movement, degrading, humiliating, bullying (including cyber bullying), and threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.

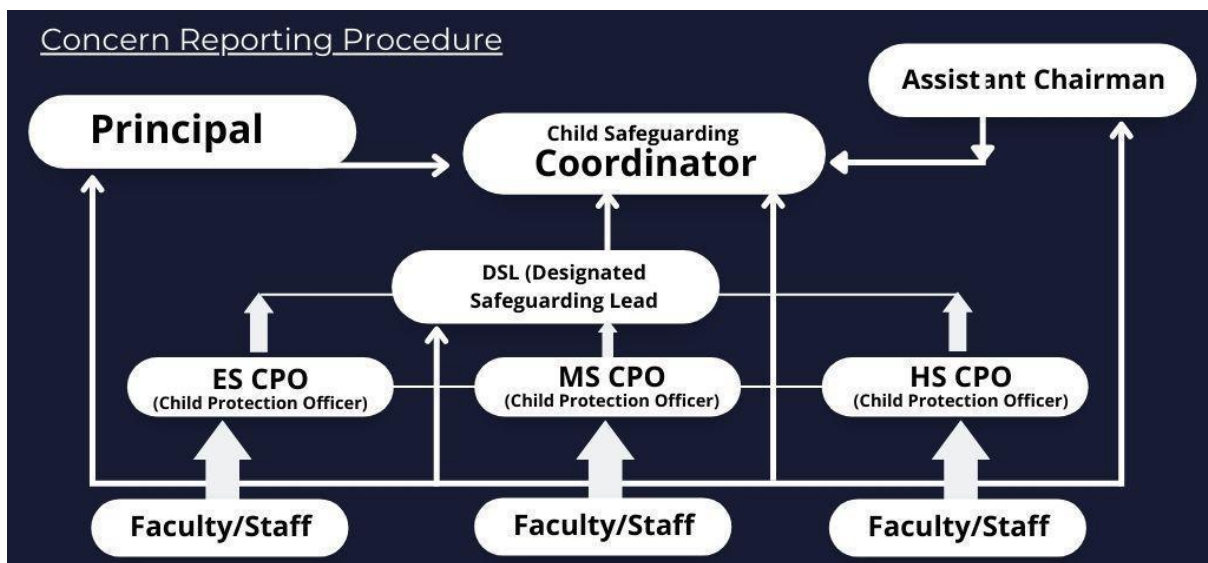
Commercial exploitation: exploiting a child in work or other activities for the benefit of others and to the detriment of the child's physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labor.

III. REPORTING PROCEDURE

It is extremely important that all members of staff are vigilant and aware that it is their responsibility to work together to safeguard all the children in the school from harm. The idea that 'It Could Happen Here' should be a reminder to every stakeholder. Therefore, it is every member of staffs' responsibility to follow the procedures below if they are witness to any of the types of abuse mentioned on page three or if they come to hear of possible abuse.

Upon finding out about a possible case of abuse, the main goal of the staff member is not to investigate it any further but to share this with the appropriate people to find help for the child involved. The concern form (internal form for members of staff and external for parents or the public) must be completed then given to a safeguarding officer, relative section head, or directly to the principal.

Below is the reporting procedure. It's important to note that the common practice should be followed as a rule. There must be a valid reason to not follow the common practice of reporting.



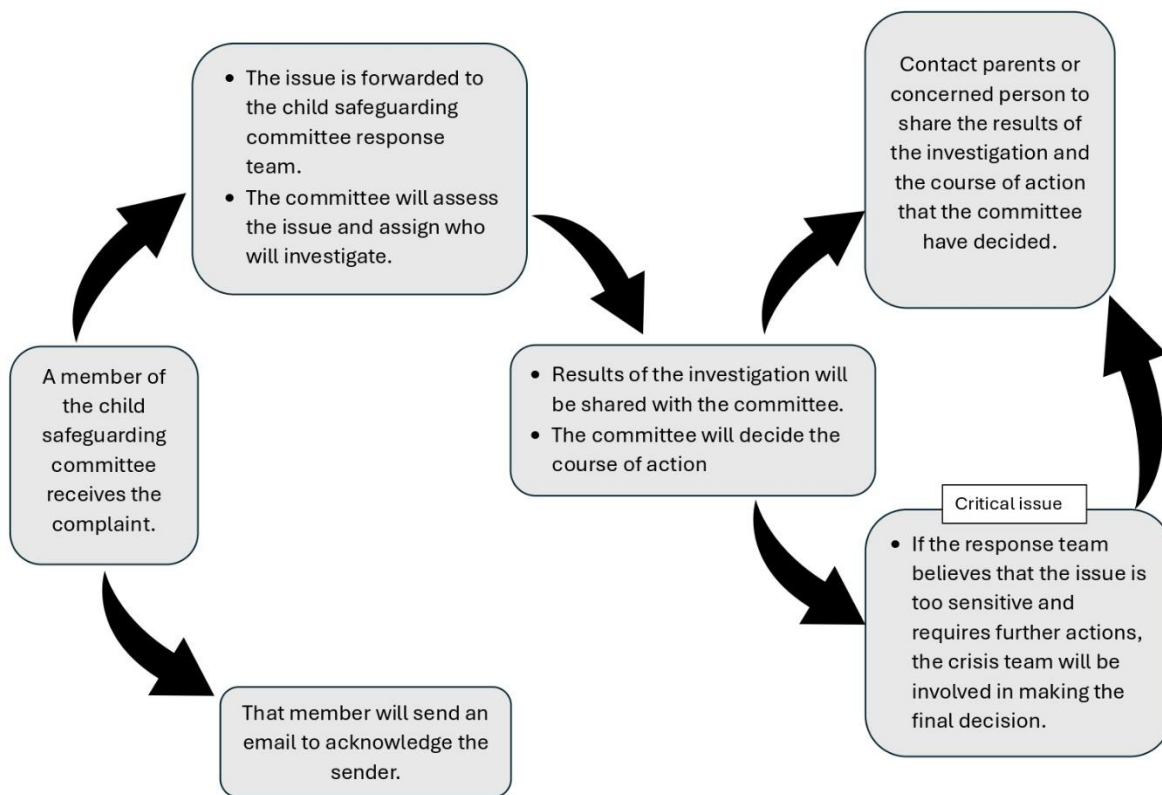
A. Common Practice

Faculty & Staff pass completed concern forms to their assigned CPO. The CPO forwards the concern to the DSL. Once the issue has been resolved, all related documents are filed with the Child Safeguarding Coordinator.

B. Special Circumstances

If the situation demands special/confidential/sensitive care, the faculty/staff can approach either the CPO, DSL, Coordinator, or Principal. For the same reason, the CPOs may need to pass on the information directly to the Coordinator, principal, or assistant chairman. *Please note that the chain of information must only be broken when absolutely necessary. If ulterior motives are found to play a part in the break from common practice, the leadership will be informed an action will be taken.





Child Safeguarding Response Procedure

IV. CONCERN FORM

(All forms attached have been adapted from UK government forms.)

Concern forms will be placed in each of the head’s offices, the front office, the photocopy rooms, the library, and from any of the supervisors.

A concern form must be filled out and given to the section head or the principal if any of the following occur:

1. You have personally seen an act of abuse.

2. You have heard of a possible act of abuse.
3. You have concerns about a student's well-being, health, or appearance.

It is the duty of the member of staff to complete a concern form but not to investigate or get involved in any way beyond that. The instructions for filling out the form must be followed to the letter. The concern form must then be given to your section head or directly to the principal.

V. CONFIDENTIALITY

Confidentiality, where possible, must always be practiced and sharing information must be on a 'need to know' basis. Members of staff must never guarantee confidentiality to a student, and never agree with a student to keep a secret.

VI. ALLEGATIONS

Allegations can be made by any child or member of staff in the school. Members of staff here include everyone from security guard up to the chairman. All allegations will follow the same procedure and will be dealt with in a fair, objective way.

Please take note of the types of allegations when dealing with the problems.

1. **Substantiated:** there is sufficient evidence to prove the allegation
2. **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
3. **False:** there is sufficient evidence to disprove the allegation.
4. **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

Keeping Children Safe in Education (2014)

These will be indicated on the concern form by the officer that receives the form.

VII. IMMUNITY

When a concern is brought up, the identity of the party that voices the concern will be completely confidential for obvious reasons. The main aim of this policy is to protect children from harm, and it is also to protect staff from false allegations. Therefore, passing on a concern will, and must, always be received in good faith and taken very seriously. The school will not hold a person responsible for a concern that is later found to be false, unless it is proved that the person intentionally falsified the report. On the occasion the concern is completely denied, an investigation may need to be carried out, and the identity of the individual concerned may need to be shared on a need-to-know basis.

VIII. ENVIRONMENT

In order to foster a safe environment, the following procedures must be adopted school-wide and then reviewed for consistency throughout the year.

- Doors, windows, and any room where students may be in, must be transparent.

IX. TRAINING

All members of staff will undergo yearly training to introduce new members of staff to the policy and to reinforce the policy. If a new member of staff joins the school, they will be put through training. All members of staff should go through the training, including temporary staff that enter the school. This will include any person working in any capacity for any amount of time in the school.

A record of all the teachers and their training will be kept in the HR office.

X. RISK ASSESSMENTS

Risk assessments of the school buildings, classrooms, buses, and out-of-school locations should be done yearly and prior to trips outside the school. This will be done by the staff involved and then handed to the officers for each respective section.

XI. CODE OF CONDUCT

All members of staff must:

- Read the entire child safeguarding policy and stay up to date with any changes.
- Follow all the recommendations detailed in the policy.
- Keep a professional distance from all the students and understand that any relationship with a student that goes beyond this may be regarded as unprofessional, and in some cases, illegal.
- Report immediately to a child protection officer, section head, or the principal any behavior that is directly or potentially putting a child at risk of any type of harm.
- Stay up to date with digital trends and how to stay safe online and share, where possible and appropriate, with students.
- Be objective in dealing with all students. Each student is unique, so adjustments must be made to give each student equal care.
- Never use power, influence, or policies to benefit themselves or co-workers.
- Inspire confidence, security, and faith in all students and co-workers.

- Stay up to date with current laws and policies regarding child safeguarding in Thailand and the school.
- Never take part in any actions that will cause harm to the reputation on the school.
- Value yourself and those around you and seek support and give support when needed.

XII. RECOGNISING ABUSE

To know if there may be abuse going on, it is very important to be able to recognize when it may be hidden.

In the next pages, details are given to help in the identification of abuse.

The information given has been obtained from The Greater Manchester Safeguarding Partnership, United Kingdom in accordance with the Children act 1989 – 2002. <http://greatermanchesterscb.proceduresonline.com>

Indicators of Abuse

The following guidance is intended to help all professionals who encounter children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made.

The following factors should be considered when assessing risks to a child. This is not an exhaustive list:

- An unexplained delay in seeking treatment that is obviously needed.
- An unawareness or denial of any injury, pain, or loss of function.

- Incompatible explanations offered or several different explanations given for a child's illness or injury.
- A child reacts in a way that is inappropriate to his/her age or development.
- Reluctance to give information or failure to mention previously known injuries.
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments.
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury).
- Unrealistic expectations/constant complaints about the child.
- Alcohol misuse or other substance misuse.
- A parent's request to remove a child from home or indication of difficulties in coping with the child.
- Domestic violence and abuse.
- Parental mental ill health.
- The age of the child and the pressures of caring for several children in one household.

Recognizing Physical Abuse

This section provides a guide to professionals of some common injuries found in child abuse. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse.

It can sometimes be difficult to recognize whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental and seek appropriate

expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

Situations of particular concern

Situations that should cause particular concern for professionals include:

- Delayed presentation / reporting of an injury.
- Admission of physical punishment from parents / carers, as no punishment is acceptable at this age.
- Inconsistent or absent explanation from parents / carers.
- Associated family factors such as substance misuse, mental health problems, and domestic violence and abuse.
- Other associated features of concern e.g., signs of neglect such as poor clothing, hygiene and / or nutrition.
- Observation of rough handling.
- Difficulty in feeding / excessive crying.
- Significant behavior change.
- Child displaying wariness or watchfulness.
- Recurrent injuries.
- Multiple injuries at one time.

Recognizing Emotional Abuse

Emotional abuse may be difficult to recognize, as the signs are usually behavioral rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay.
- Abnormal attachment between a child and parent/carer e.g., anxiety, indiscriminate or no attachment.
- Indiscriminate attachment or failure to attach.
- Aggressive behavior towards others.
- A child scapegoated within the family.
- Frozen watchfulness, particularly in pre-school children.
- Low self-esteem and lack of confidence.
- Withdrawn or seen as a 'loner' difficulty relating to others.

Professionals should be aware of potentially harmful interactions of a parent / carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development. Therefore, professionals should have cause for concern if they feel parents / carers:

- Are negative or hostile towards the child.
- Reject them or use them as a scapegoat.
- Have inappropriate interactions with them, including threats or attempts to discipline them.
- Use them to fulfill their own needs (for example, in marital disputes).
- Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children / adults as applicable.

- Are emotionally unavailable to the child, by being withdrawn or unresponsive, for example (emotional neglect).

Recognizing Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioral.

Some behavioral indicators associated with this form of abuse are:

- Inappropriate sexualized conduct.
- Sexual knowledge inappropriate for the child's age.
- Sexually explicit behavior, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorder), self-mutilation and suicide attempts.
- Running away from home.
- Poor concentration and learning problems.
- Loss of self-esteem.
- Involvement in prostitution or indiscriminate choice of sexual partners.
- An anxious unwillingness to remove clothes for - e.g., sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area.
- Recurrent pain in passing urine or feces.
- Blood on underclothes.
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father.
- Physical symptoms such as discharge, bleeding, or other injuries to the genital or anal area, bruising/bite marks on buttocks, abdomen and/or inner thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia, or clothing.

Recognizing Neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement, and stimulation.

Professionals need to be aware of the possibility of parents / carers neglecting to adequately care for their children. Factors of neglect may include:

- Parents / carers not giving their child prescribed treatment for a medical condition that has been diagnosed.
- Repeated failure by parents / carers to take their child to essential follow-up medical appointments.
- Persistent failure by parents / carers to engage with relevant child health promotion programs such as immunization, health and development reviews, and screening.
- Not seeking medical advice, when necessary, jeopardizes their health and wellbeing, particularly if they are in pain.

- Dental neglect – rotten or grossly discolored teeth with noticeable odor; child unable to eat normally; covers mouth with hand; child in chronic pain.
- Being cared for by a person who is not providing adequate care, including hygiene, either through inability or negligence.
- Not feeding properly or being fed an inadequate or inappropriate diet.
- Suffering severe and / or persistent infestations such as scabies or head lice.
- Being consistently dressed in inappropriate clothing, for example, for the weather or their size.
- Red/mottled skin, particularly on the hands and feet, seen in the winter due to cold.
- Swollen limbs with sores that are slow to heal, usually associated with cold injury.
- Recurrent diarrhea.
- Abnormal voracious appetite at school or nursery.
- Being persistently smelly and / or dirty.
- Being listless, apathetic, and unresponsive with no apparent medical cause.
- Being excessively clingy, fearful, withdrawn or unusually quiet for his or her age.
- Being inadequately supervised.
- An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance(s) near-drowning, a road traffic accident or being bitten by an animal.
- Being indiscriminate in relationships with adults.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is

the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

Related Policies and Documents

- *student handbook*
- *teachers' handbook*

Communication

- *teacher orientation*
- *parent orientation*
- *student orientation*

Policy Review Cycle

- This policy will be reviewed once every three years.
- This policy was last reviewed by the RDOC in October 2023.