MERITTON
BRITISH INTERNATIONAL SCHOOL

1.8 Meritton Child Protection and Safeguarding Policy

SUCCESS IN STUDY. VALUES FOR LIFE.

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1. AIMS

1.1 The School aims to ensure that:

● Appropriate action is taken in a timely manner to safeguard and promote children's welfare.

● All staff are aware of their statutory responsibilities with respect to safeguarding.

● Staff are properly trained in recognising and reporting safeguarding issues.

1.2 MBIS staff will be made aware that it is everyone's responsibility to ensure the safety and wellbeing of the students. Everyone who has contact with children has a part to play in safeguarding children. The approach we take must be child-centred and ensure that we take into account the child's best interests. To do this we must support children, provide prevention and protection to ensure we have safe children and safe staff in school.

1.3 Merriton British International School (MBIS) is a community and all those directly connected (staff, volunteers, directors, contractors, parents, families and pupils) have an essential role to play in making it safe and secure.

MBIS recognises the importance of providing an ethos and environment within school that will help children to be safe and feel safe. In our school, children are respected and encouraged to talk openly. The school is supportive of Article 3.1 of the Convention of the Rights of the Child (1989) which states that, 'in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.'

Our core safeguarding principles are:

- The school is an important part of the wider safeguarding system for children.
- All staff and adults in school share the responsibility for safeguarding and promoting the welfare of children.
- All children (defined as those up to the age of 18), regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- All of our staff understand safe professional practice and adhere to our safeguarding policies.
- We are guided by the principle of do no harm, ensuring that all actions taken by staff prioritise the safety, dignity, and wellbeing of every child, and never place them at additional risk.

Our goal is to build and maintain an environment that protects children through both proactive and reactive measures; either preventing child abuse before it occurs or by ensuring its earliest possible detection, intervention and reporting.

Our strategy is to ensure that all MBIS school personnel, from professional faculty and staff, employees and contractual personnel, to student teachers, interns, volunteers, classroom assistants, students and parents, understand the issues of child abuse and neglect; know how to recognise its signs and symptoms; are familiar with reporting procedures; and know the responsibilities of mandated reporters, including how, when, and to whom to make a report.

Ultimately, MBIS will strive to have policies, procedures, and training in place so that if child abuse is suspected, observed, or disclosed to any member of the MBIS community, that person will have the knowledge, information, and resources necessary to ensure that the child is safe, that the situation is communicated promptly and effectively, and that the suspicion or incident is reported to the appropriate authorities.

2. Roles and Responsibilities

2.1 The safeguarding committee

The safeguarding committee oversees the school's safeguarding practices, supports the DSL in maintaining a safe environment, monitors policy implementation, and promotes a whole-school culture of safeguarding. The responsibilities identified below represent the key areas of responsibility for each member; however, they are not exhaustive. A full outline of each individual's safeguarding duties can be found in their respective job descriptions.

Name	Role	Email	Responsibilities
Mr Brendan McGuinness	Designated Safeguarding Lead (DSL)	brendan@merittonbritish.com	Coordinating and assisting the safeguarding committee. Assisting with safer recruitment.

			Maintaining and updating the School's Child Protection and Safeguarding Policy. Providing safeguarding induction training. Lead contact for all safeguarding concerns in the School.
Ms Maia Mounsher 	Deputy Designated Safeguarding Lead (DDSL)	maia@merittonbritish.com	Supports the DSL in delivering training, responding to concerns, and increasing awareness of safeguarding within the school community. Leads on embedding a proactive safeguarding approach within the curriculum. Supports the DSL in the delivery of safeguarding training.
Ms Pakanatt Thadruk 	Thai Director and Thai Designated Safeguarding Lead (TDSL)	pakanatt@merittonbritish.com	Supporting Thai staff and volunteers in understanding their roles and responsibilities in relation to safeguarding. Leads on discussions with Department Children and Youth. Ensures compliance with

			Thai legislation and accreditation organisations.
Ms Pitchapim Supateerachot	Designated Safeguarding Governor (DSG)	teerana@merritonbritish.com	Ensure measures are in place to support the work of the DSL and DDSL. Ensure there are effective systems in place to keep vulnerable children safe Report the effectiveness of MBIS's safeguarding arrangements during board meetings

2.1.2 During term time, the DSLs will be available during school hours for staff to discuss any safeguarding concerns.

2.1.3 When the DSL is absent, the DDSL will act as cover. If both the DSL and DDSLs are unavailable, the Head of School, Mr Peter McMurray, will assume responsibility. He can be contacted directly at petermcmurray@merittonbritish.com.

2.1.4 The full responsibilities of the DSL and deputies are set out in their job description and outlined in Appendix 1.

2.1.5 Please note – in subsequent sections, you should take any references to the DSL to mean "the DSL, deputy DSL or Thai DSL".

2.1.6 The Safeguarding Committee will meet termly to monitor compliance and strengthen best practice. Minutes will be shared by DSG and reviewed by the school board to support accountability and ongoing improvement.

2.1.7 A Safeguarding Pastoral Welfare Committee (SPWC) will be established to support the ongoing development of safeguarding and student welfare at MBIS. The purpose of the SPWC is to strengthen best practice across the school by providing a collaborative forum for reviewing safeguarding procedures, discussing emerging concerns, and promoting a proactive, whole-school approach to wellbeing.The SPWC meets monthly and provides the opportunity to share good practice and strengthen the whole-school approach to

safeguarding. It is attended, as required, by all those responsible for the oversight and management of safeguarding, including – the DSL/DDSL, Thai Director and DSL, School Counsellor, School Nurse, Deputy Head of Primary, Deputy Head of Secondary, a member of the EAL team, and a member of the P.E. team. A representative from the Student Council will also be invited to contribute, ensuring the student voice is heard in matters relating to wellbeing and safety.

2.2 Key Responsibilities

2.2.1 Designated Safeguard Lead (DSL)

The school has appointed one DSL, one Deputy DSL and one Thai DSL. The DSL has overall responsibility for the day-to-day oversight of safeguarding and child protection systems at MBIS, supported by the DDSL and the Thai DSL. The DSLs can be contacted at safeguarding@merittonbritish.com.

Contacting the safeguarding team by email is appropriate for seeking advice or support. However, if you have a concern about a child, you must follow the reporting procedures outlined in **section 4**. If you are unsure how to proceed with a concern, you may email the safeguarding team for guidance.

The DSL will undergo appropriate and specific training to ensure they have the knowledge and skills required to carry out their role effectively. This training will be updated at regular intervals. The full job description for the DSL is provided in appendix 1.

It is the role of the DSL to:

- Act as the central contact point for all staff to discuss any safeguarding concerns.
- Maintain a confidential recording system for safeguarding and child protection concerns through the school management system, Engage.
- Coordinate safeguarding action for individual children.
- Liaise with other agencies and professionals.
- Ensure that locally established referral procedures are followed as necessary.
- Be available during term time (during school hours) for staff in the school to discuss any safeguarding concerns.
- Ensure all staff access appropriate safeguarding training and relevant updates.

2.2.2 Members of Staff

All members of staff have a responsibility to:

- Provide a safe environment in which children can learn.

- Be proactive in identifying children who may benefit from early help.

- Take appropriate action in line with the early help process and understand your role within it.

- Follow and apply your school's safeguarding policies and systems consistently.

- Undertake regular and appropriate training, ensuring that knowledge and practice remain up to date.
- Respond appropriately if a child discloses abuse or neglect.

- Maintain an appropriate level of confidentiality, sharing information only when it is in the best interests of the child.

- Recognise the signs of abuse and neglect and act on them to ensure children receive the help or protection they need (see Section 6).

- Commit to reporting all safeguarding concerns at the earliest possible opportunity.

2.2.3 Parents and Carers

Parents/carers have a responsibility to:

- Understand and adhere to the relevant school policies and procedures.
- Talk to their children about safeguarding issues and support the school in their safeguarding approaches.
- Identify behaviours which could indicate that their child is at risk of harm including online and seek help and support from the school, or other agencies.
- Educate themselves on issues of child safety and wellbeing.

Parents can obtain a copy of the school Safeguarding and Child Protection Policy and other related policies on request and can view them via the school website www.merittonbritish.ac.th

3. International School Context

3.1 International school communities are vulnerable to abuse because the nature of abuse requires secrecy, insularity, isolation and limited access to support resources, which are some characteristics of the international community. All staff are expected to be aware of

the specific safeguarding challenges that may arise in international school communities and to remain vigilant in recognising and responding to these risks.

3.1.1 Characteristics/attributes of International School Children

- Transience and mobility impacts development of identity and relationships (especially for support in times of need);
- Early maturity/sophistication vs. naiveté and immaturity in other areas;
- Separation from extended families; working and travelling parents, and separation from long term friendships/relationships results in attachment issues and thus support during times of crisis or need may be minimal or non-existent;
- Lost between multiple and sometimes conflicting cultures and value systems resulting in confusion of behavioural expectations;
- High expectations placed on students to achieve academically;
- Access to maids and other daily helpers (drivers); and
- Access to expensive international schools because companies pay tuition while they (and their peers) in their home-of-record, previously attended public school

3.1.2 Characteristics of international school families

- Isolation from extended family, previous community for support;
- Power differential in marriage (who has the work permit) creates vulnerability;
- Impact of absentee parents;
- “Love – hate” relationship with host country for expatriates;
- Lack of control over critical life decisions: company decides where, when, and how the family moves. Lack of stability; and
- Superficial/tourist relationship with the host country.

3.1.3 Characteristics of international school communities

- School takes on sole role as centre of family life - “goldfish bowl” - and often provides superficial relationships that cannot meet mental health needs;
- Power influence: family's “position” in community can be an inhibitor for school to act
- Sense of being “lost” in diversity of community – can cause further isolation.

3.1.4 Cultural dynamics of international school communities

• Multiple norms rooted in different cultural traditions can cause confusion: religious values, values of parenting, discipline, care-giving, sexuality, gender roles and responsibilities;
• Impact of rapidly changing “pop culture” from developed nations;
• Varying degrees of openness rooted in cultural traditions; and
• Varying cultural attitudes toward gender issues and child development – different concepts of developmental needs through childhood.

3.2 International school communities can be vulnerable to abuse because the nature of abuse requires secrecy, insularity, isolation and limited access to support resources, which are some characteristics of the international community. International schools such as MBIS must respond to the reality that characteristics can be exploited by perpetrators and facilitators of abuse who will use any weaknesses to their advantage in abusing, neglecting, or otherwise harming children

3.3 The characteristics of abusers

While most abusers are known to the child there are predators who will stop at nothing to access their victims. They will seek weak jurisdictions where children are less protected. They will move from country to country to avoid detection. Those who harm children often do not fit harmful stereotypes; they may appear friendly, trustworthy, and even well-liked by students. They frequently build trust by presenting themselves as caring and supportive. These individuals are often highly manipulative and may deliberately deceive colleagues to conceal their behaviour.

3.4 The Prevent Duty

The Prevent Duty provides a duty to schools such as MBIS to identify children who are at risk of radicalisation and terrorism. The Prevent Duty therefore comprises a part of the MBIS Child Protection efforts. Prevent training is a part of MBIS safeguarding training and will be updated regularly. Concerns regarding radicalisation and terrorism issues should be reported using the safeguarding processes outlined in this policy.

4. Reporting and Responding to Concerns

4.1 A Duty of Care

All adults, including all staff, interns, volunteers, contractors, board members, guests and consultants, must report any concerns immediately, maintaining confidentiality and reporting directly to the DSL. Concerns should be reported through Engage for those who have access. For those without access to Engage, the Safeguarding Incident Report Form as shown in appendix 2, should be completed and addressed to the safeguarding team at safeguarding@merittonbritish.com marked; **CONFIDENTIAL – Safeguarding Incident**. If the concern relates to a member of the safeguarding team, the completed form should be sent directly to the DSG at teerana@merittonbritish.com or the head of school at petermcmurray@merittonbritish.com. All emails should be clearly marked **CONFIDENTIAL – Safeguarding Incident.** Hard copies of the Safeguarding Incident Report Form are available from the front desk and the DSL's office.

The DSL will record and manage any such concerns in a serious manner, and it is their responsibility to take the next steps, using the appropriate policy documents (e.g. anti-bullying, whole school positive behaviour, safeguarding and child protection policy). The Head of School and DSG will be kept informed by the DSL of any significant issue that presents a serious risk of harm to a child or adult at MBIS.

Reports made by staff are expected to be child-centred, evidence-based and have the best interests of the children in mind.

4.2 Storage of Data

It is important that all stakeholders feel that their reports are taken seriously and stored securely in order to protect confidentiality. Those who report any safeguarding concerns must abide by lines of communication detailed in this document in order to ensure such confidentiality.

Any member of staff with access to confidential data regarding a child or their family must undergo all reasonable measures in order to ensure confidentiality is upheld. They also have a duty to immediately report any reason to believe that a child may be at immediate or significant risk of harm, without delay, to the DSL.

A single central record will be maintained by the DSL, which will contain details of all children and staff. Staff records will contain copies of key documents (CV, passport, background check, qualifications and references). The file will be secured and only accessible to DSL's, with emergency access available to the Head of School provided in a sealed envelope. This would only be used in the absence of the DSL's, during an emergency.

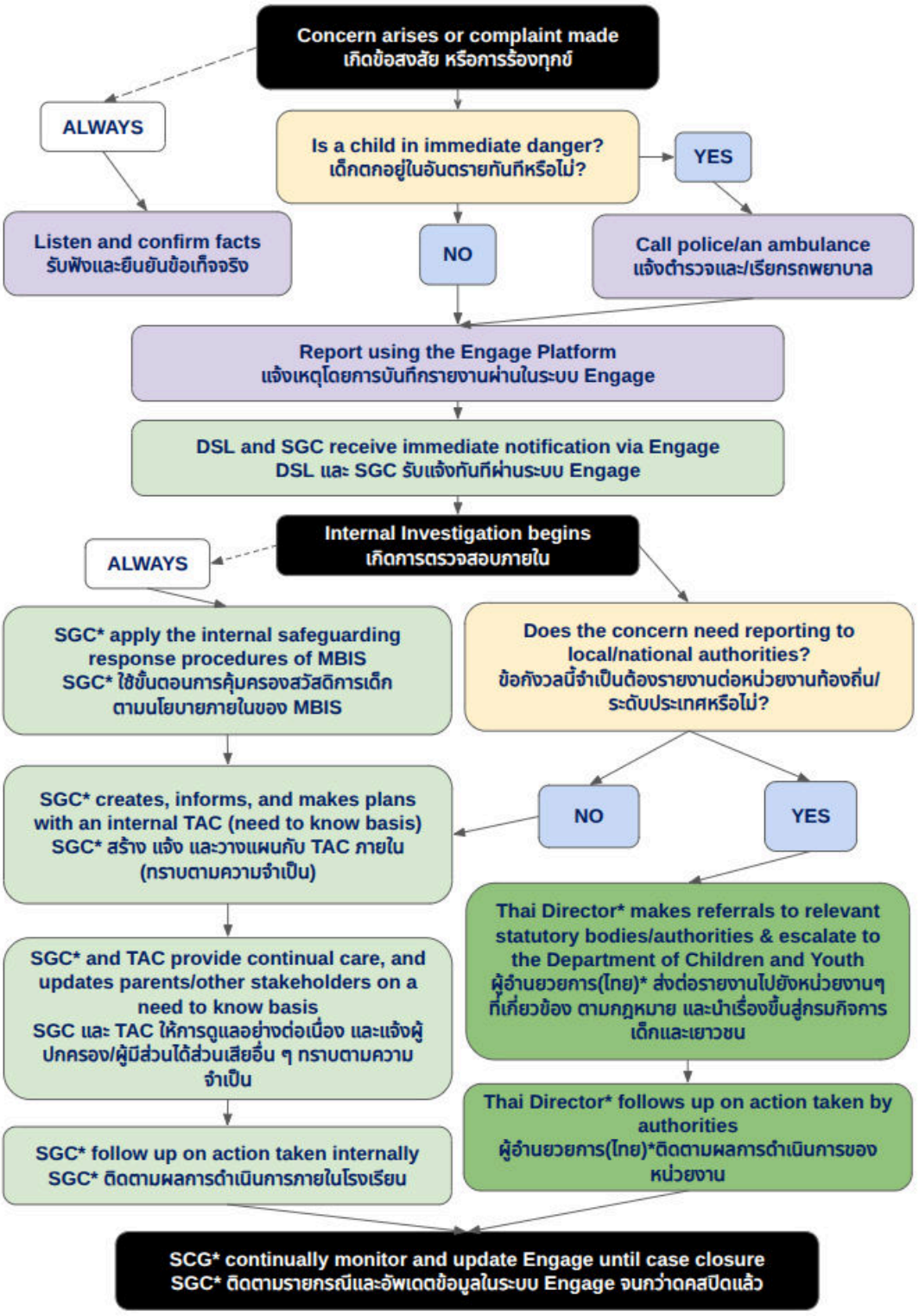
International Schools generally sustain a higher level of student and staff turnover than local settings. It is therefore essential that when a child or member of staff with an active safeguarding file moves to another school, there is a clear moral duty to share that information, or attempt to inform that school of any issue about which they should be aware. This should be done securely, and directly by phone if necessary.

If there are any child protection issues, the Thai Registrar must make the call and record the fact that the call was made in the student file, the date and time of the call, who the call was made to, their position in the school and the nature of the communication. Reports should be made to the appropriate member of staff, such as the DSL, or in their absence, the head.

4.3 Reporting Procedures

The flowchart on the next page explains what to do if you have a safeguarding concern at MBIS and summarises the key steps taken to manage concerns once they are reported. It provides a clear overview of our procedures, from initial action to case closure, ensuring that all concerns are handled promptly and in line with MBIS policy and statutory requirements. The bilingual format supports understanding across our school community.

Reporting Safeguarding Concerns - Flowchart - BILINGUAL



DSL = Designated Safeguarding Lead / นำโดย DSL
SCG = Safeguarding Committee (Always led by DSL) / คณะกรรมการด้านการคุ้มครองสวัสดิภาพเด็ก
TAC = Team Around Child (Comprised of MBIS staff - on a need to know basis) / ทีมรอบของเด็ก ประกอบด้วยบุคลากรของ MBIS - ตามความจำเป็น)

The guidance below sets out how MBIS staff should respond if a child or young person makes a safeguarding disclosure. It outlines the key actions to take, and what to avoid, to ensure the child feels safe, listened to, and supported, while following school policy and safeguarding best practice.

You SHOULD:

- Stay calm and be quiet
- Find a quiet place where your conversation will not be interrupted. Keep in mind the school's guidelines about being alone with a child or young person.
- Be welcoming, even if the time isn't convenient for you. It may have taken a great deal of courage for them to approach you and they may not do so again.
- Listen carefully and take it seriously.
- Try to make the child or young person feel safe and secure. Reassure them that they have done nothing wrong in telling you.
- Ask questions for clarification only.
- Explain what you will do with the information and what will happen next.
- Write down what you have been told as soon as possible. It should be dated, timed and signed. It should then be given to the designated safeguarding lead immediately.

You SHOULD NOT:

- Promise confidentiality
- Ask leading questions
- Look panicked, shocked or angry
- Make the child or young person repeat their story
- Interrupt
- Give an opinion
- Inform parents until you have had a discussion with a safeguarding lead.
- View any images
- Suggest that the child may be to blame.

The role of the school in situations where there are child protection concerns is NOT to investigate but to recognise and refer.

Safeguarding alerts and disclosures should be submitted through Engage, which is the preferred method for making a referral. Where access to Engage is not possible, a safeguarding incident form—available in both English and Thai—can be used. These forms are available at the school front desks and in the DSL's office.

Staff should record any welfare concern that they have about a child on the school's safeguarding incident/concern form (with a body map if injuries have been observed) and pass them without delay to the DSL. Records will be completed as soon as possible after the incident/ event, using the child's words and will be signed and dated by the member of staff. If there is an immediate concern, then the member of staff should consult with a DSL as this needs to take priority.

Safeguarding records are maintained separately from all other records relating to the child in the school. They are retained centrally and secured by the DSL's. Records are shared with staff on a 'need to know' basis only.

In all but the most exceptional circumstances, parents/carers will be made aware of the concerns for their child at the earliest stage possible.

Any staff member who submits a safeguarding referral through Engage will receive a notification confirming that the DSL has received the report and is actively addressing the matter. If a staff member continues to have concerns, they should feel comfortable discussing the case directly with the DSL. It is important to understand that, due to confidentiality, the DSL may not be able to share full details of the actions taken. However, the DSL will inform the reporting staff member whether the concern has been resolved or if further action is being taken. If concerns remain following this discussion, the staff member should follow MBIS's senior staff member complaint protocol.

4.4 Determining Levels of Support and Intervention

Safeguarding cases at MBIS are assessed using the UK's Continuum of Need framework, a widely used approach for determining the level of support or intervention a child may require. The version provided by Cumbria County Council (Continuum of Need) has been a useful reference in shaping our approach. We have adapted the framework to ensure it is appropriate for MBIS, and the adapted version can be found in Appendix 3.

4.5 External Support

4.5.1 Embassy Contacts for Chiang Mai and Thailand

- British Consulate Chiang Mai - 198 Bamrungrat Road, Mueang District, Chiang Mai 50000, +66 (0) 2 305 8333.

- U.S. Consulate Chiang Mai - 387 Wichayanon Rd, Tambon Chang Moi, Mueang Chiang Mai District, Chiang Mai 50300, Phone number - 053 107 700.
- Australian Embassy - 181 Witthayu Rd, Lumphini, Pathum Wan, Bangkok 10330, 02 344 6300
- Chinese Consulate Chiang Mai – 111 Chang Lor Rd, Haiya Sub-district, Mueang Chiang Mai District, Chiang Mai 50100, Phone number - 053 280 380
- Korean Consulate Chiang Mai - Tambon Chang Phueak, Mueang Chiang Mai District, Chiang Mai 50300

4.5.2 Counsellors and Medical Services

MBIS does not recommend any particular external counselling or medical service but the following have been found helpful by some parents:

International Support

- Chiang Mai Counselling- info@chiangmaicounseling.com
- Holistic Counselling Service- Chiang Mai Holistic Counselling
- Samaritans Thailand - https://www.samaritansthai.com/
    - English Line : Tel. 02-113-6789 Press 2 (New) / 02-713-6791
- Bangkok Hospital Chiang Mai Mental Health Clinic - BH Mental Health Clinic
    - Tel: +66 (0)52 089 865

5. Recruitment and Training

5.1 Safer Recruitment

MBIS realises that a key component to the prevention of safeguarding cases is through safe recruitment of staff.

Before appointment all staff must provide a criminal background check from their home country, their current place of residence and, where possible, all places they have lived since age 18.

If the check shows any of the following issues it would automatically invalidate any offer of employment, as would failing to agree to the check. Other offences might also lead to offers being withdrawn. Thorough reference checks will also be undertaken in order to further minimise risk.

5.2 Automatic Disqualification

- Past history of sexual victimisation of children (regardless of whether the individual completed therapy)
- Conviction for any crime in which children were involved (regardless of successful completion of probation or incarceration)
- History of violence or any sexually exploitative behaviour, including acts against adults
- Automatic disqualification also results if we discover termination from a paid or volunteer position for misconduct with a child, deceit about criminal history or deceit about qualifications.

All staff must provide updated Royal Thai Police checks every three years.

5.3 Training

All staff members (including temporary staff) will receive training to ensure that they are aware of the school's internal safeguarding processes and a range of safeguarding issues.

All staff members (including temporary staff) will receive regular safeguarding and child protection updates, at least annually.

Staff should be particularly aware of the professional risks associated with the use of social media and electronic communication (email, mobile phones, texting, social networking sites, etc.). Guidance on appropriate use of digital communication will be included as part of the staff onboarding process.

As part of the induction process, all new staff must complete Level 1 Child Safeguarding training **before** coming on site to work at MBIS. Within their first three days, staff will also receive internal MBIS safeguarding induction, which includes training on how to record and report concerns, as well as a review of key safeguarding policies and procedures. This induction will be delivered by a member of the safeguarding team. No staff member will be permitted to work directly with children until this process has been fully completed.

All members of staff are made aware of the school's Whistleblowing procedure and that it is a disciplinary offence not to report concerns about the conduct of a colleague that could place a child at risk.

5.4 Curriculum

MBIS recognises the vital role that schools play in helping children to understand and identify the parameters of what is appropriate child and adult behaviour, what is 'safe'; to recognise when they and others close to them are not safe, and how to seek advice and support when they are concerned.

Our curriculum, particularly through Life Skills and homeroom periods, provides opportunities for increasing self-awareness, self-esteem, social and emotional understanding, assertiveness and decision making so that students have a range of contacts and strategies to ensure their own protection and that of others. E-safety is integrated into the ICT curriculum. The curriculum will also be regularly reviewed to ensure that these inclusions take place.

Our school systems support children of all ages to talk with a range of staff. Children will be listened to and heard and their concerns will be taken seriously and acted upon as appropriate.

6. Recognition of Types of Abuse, Neglect and Exploitation

6.1 Child abuse is the maltreatment of a child by another person – by adults or children. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional, educational or community setting by those known to them or, more rarely, by others unknown to them e.g. via the internet. It is broadly accepted that there are four main types of abuse: physical, sexual, emotional and neglect. Bullying is often considered a fifth category, and bullying procedures, outlined in the Anti-Bullying policy, also constitute an important part of the safeguarding process.

Child abuse and neglectful behaviour can and does happen to children from any background, culture, class, ethnicity or faith and can be physical, sexual or emotional. It is important that everyone involved in recognising the signs of child abuse understand the physical symptoms and behavioural indicators?

6.2 Signs of Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history. Most

accidental bruises are seen over bony parts of the body e.g. elbows, knees, shins and are often on the front of the body.

Some children, however, will have bruising that is more likely to be inflicted rather than accidental. Indicators of physical abuse could include bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible or the 'soft' parts of the body where accidental injuries are unlikely, this could be on their cheeks, abdomen, back and buttocks.

Physical abuse may involve hitting, shaking, throwing, drowning, burning or scalding, poisoning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

6.3 Signs of Sexual abuse

Sexual abuse involves someone forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. In fact, the majority of children who are sexually abused by a carer will have no visible signs at all, due to the attacker not wanting to leave evidence, amongst many other reasons in the grooming process.

Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse, as can other children. The activities may involve physical contact including both penetrative and non-penetrative acts such as masturbation, kissing, rubbing and touching the outside of clothing.

They may also include non-contact activities, such as watching sexual activities, encouraging children to behave in sexually inappropriate ways, involving children in looking at, or in the production of, sexual images and grooming a child in preparation for abuse (including via the internet).

Sexual abuse is never the child's fault. Responsibility always lies with the perpetrator, regardless of the circumstances or the child's understanding of the situation. It is important that children are listened to, believed, and supported. For more detailed information and guidance on recognising and responding to sexual abuse, visit the NSPCC website: www.nspcc.org.uk.

6.4 Signs of Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe adverse effects on the child's health and emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. Indicators of emotional abuse may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from interacting socially with other children or adults. It could involve rejecting or ignoring a child completely, using degrading language or behaviour towards them, threatening or bullying them and encouraging them to develop behaviours that are self-destructive.

Emotional abuse also includes radicalising a child or young person who may be subsequently drawn into terrorist-related activity. People, who work in specified occupations, including health and education, must report it if they suspect someone is being drawn into terrorism (known as the Prevent duty).

6.5 Signs of Neglect

Neglect can be a difficult form of abuse to recognise, yet it can have some of the most lasting and damaging effects on children. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. The physical signs of neglect may include constant hunger, sometimes stealing food from other children constantly dirty or 'smelly', loss of weight, or being constantly underweight and inappropriate clothing for the conditions.

The following changes in behaviour in a child or young person may indicate neglect and these include complaining of being tired all the time, not requesting medical assistance and/or failing to attend appointments, having few friends and mentioning being left alone or unsupervised.

6.6 Signs a Child Is Being Bullied

Look for changes in the child. However, be aware that not all children who are bullied exhibit warning signs.

Some signs that may point to a bullying problem are:
Unexplainable injuries

Lost or destroyed clothing, books, electronics, or jewellery
Frequent headaches or stomach aches, feeling sick or faking illness
Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
Difficulty sleeping or frequent nightmares
Declining grades, loss of interest in schoolwork, or not wanting to go to school
Sudden loss of friends or avoidance of social situations
Feelings of helplessness or decreased self esteem
Self-destructive behaviours such as running away from home, harming themselves, or talking about suicide

6.7 Signs a Child is Bullying Others

Kids may be bullying others if they:
Get into physical or verbal fights
Have friends who bully others
Are increasingly aggressive
Have unexplained extra money or new belongings
Blame others for their problems
Don't accept responsibility for their actions
Are competitive and worry about their reputation or popularity

These definitions and indicators are not meant to be definitive, but to be viewed as guidance. It is important to remember that many children may exhibit some of these indicators at some time and that the presence of one or more should not be taken solely as proof that abuse is occurring. There are many kinds of support available to children and young people who have experienced abuse once it has been disclosed or identified.

6.8 Other safeguarding issues can include:

· Forced marriage/honour based violence/ female genital mutilation (FGM)
· Gangs and youth violence
· Gender based violence/violence against women and girls (VAWG)
· Mental ill-health
· Private fostering
· Radicalisation/extremism

7. Use of Reasonable Force

7.1. Use of Reasonable Force

On a rare occasion, a staff member may have to make a physical intervention to a child that is not expected. Members of staff should only do this:

·where action is necessary in self-defence or because there is an imminent risk of injury

·where there is a developing risk of injury, or significant damage to property

Examples of such situations are:

·A child attacks a member of staff, or another child

·Children are fighting

·A child is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials, substances or objects

·A child is or appears to be under the influence of alcohol or illegal substances

·A child runs away from school (this will only apply if a child would be at serious risk if not kept in school)

Physical intervention can take a number of forms. It might involve staff:

·Physically interposing between children

·Blocking a child's path

·Leading a child by the arm

·Shepherding a child away by placing a hand in the centre of the back or (in extreme circumstances) using more restrictive holds, including holding, pushing and pulling

Specific adults will be trained to restrain any child who may require physical intervention as part of an individual care plan.

Due regard should be given to the MBIS Intimate Care policy. This policy also addresses safe touch in areas such as PE, music, dance, drama, outdoor education, etc. where adults may need to touch children as a normal part of their duties to help with posture or positioning. In such cases, specific briefings should be given by the appropriate head of section and a record kept of this. Wherever possible, children should be notified that touch is going to happen.

7.2 Recording of incidents where reasonable force has been used

Immediately following any such incident, the member of staff concerned should inform the Safeguarding Team and the head of their section by creating a Safeguarding Alert on Engage. A short written factual report should then be provided as soon as possible afterwards, including the following information:

- the name(s) of the pupil(s) involved, when and where the incident took place
- the names of any other staff or pupils who witnessed the incident
- the reason that force was necessary (e.g. to prevent injury to the pupil, another pupil or a member of staff)
- briefly, how the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long
- the pupil's response, and the outcome of the incident
- details of any obvious or apparent injury suffered by the pupil, or any other person, and of any damage to property

When reasonable force has been used on a pupil, parents will be made aware by the relevant head of section (Deputy Head of Primary or Deputy Head of Secondary in the case of MBIS).

Appendix 1 - Copy of DSL Role Description

At Meritton British International School (MBIS), the Designated Safeguarding Lead (DSL) plays a central role in ensuring the safety and wellbeing of all students.. As chair of the school safeguarding team, the DSL holds lead responsibility for all matters relating to child protection, including managing referrals, supporting staff, and cultivating a culture of safeguarding throughout the school community. This is a key leadership position that requires a proactive, empathetic and approachable individual who is committed to upholding the highest standards of care, in line with both Thai regulations, accreditation standards and working in line with international safeguarding expectations. The DSL must actively promote the school's values, ensuring that safeguarding practice reflects the ethos and principles of the values-based education programme at Meritton.

Managing referrals

- The DSL will take lead responsibility for safeguarding and child protection across the school community as chair of the school safeguarding team. Some safeguarding tasks may be delegated to the Deputy DSL, but the DSL will retain ultimate lead responsibility for safeguarding and child protection.

- Be the central point for collecting information on concerns raised about students, and liaise with relevant staff such as the school nurse, counsellor, SENCO, and teaching teams to coordinate and deliver high-quality support to students.

- Manage cases of suspected abuse or safeguarding concerns, liaising with local authorities as required, and ensuring all records and actions are documented through the school management system, Engage, in an appropriate and timely manner.

- Seek appropriate advice and escalate concerns to the School Principal, Governor for Safeguarding, and/or the Thai Registrar, where required.

- Report any cases where a person is dismissed or leaves due to a risk of harm to a child to the appropriate barring bodies, working through the HR team.

- Ensure sensitive data is only accessed by those who need to see it, and that where a file or its contents are shared, this is done in accordance with the principles of data protection and information sharing set out under Thailand's Personal Data Protection Act (PDPA).

- Ensure that lessons learned from case management are considered and shared to improve safeguarding.

Training and Enablement

- The DSL should undergo training to provide them with the knowledge and skills required to carry out the role. This training (Designated Safeguarding Lead - Level 3) should be refreshed at least every two years and is in addition to completion of the basic level 1 and level 2 safeguarding training.

- This training should be supplemented by more specialist training in specific areas e.g. online safety, overnight stays and other areas of child wellbeing as deemed appropriate.

- Act as a source of support, advice, and expertise for all staff, and take the lead in identifying training needs and delivering safeguarding training across the school to ensure all staff are equipped to fulfil their safeguarding responsibilities.

- Plan, deliver, and evaluate regular whole-school safeguarding training, including as part of staff induction processes and professional development (PD) days.

- Support and advise staff to help them feel confident on safeguarding, wellbeing and child protection matters,

- Ensure each member of staff has access to, and understands, MBIS child safeguarding policies and procedures.

Cultivating a Culture of Safeguarding

- Ensure that all staff, students, and the wider school community at MBIS are aware of the importance of child safeguarding and understand their role in maintaining a safe and supportive environment.

- Promote a culture in which the views, wishes, and feelings of children are valued and taken into account by all staff, and ensure they are considered when implementing any measures to protect them.

- Work closely with teaching staff, particularly the ICT, Science, and Life Skills teachers, to ensure that safeguarding-related topics such as digital wellbeing, puberty, and

bullying are proactively and effectively addressed through the curriculum, empowering students with the knowledge and skills to keep themselves safe.

- Work with the Admissions and Operations teams to ensure that parents and other stakeholders are informed about MBIS' child safeguarding policies and procedures, and understand their role in supporting a safe school environment.

Appendix 2 - Copy of Safeguarding Incident Form

Safeguarding incident form.

This form is designed to report any safeguarding incidents or concerns. It should be completed by the worker who has been disclosed to, who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted as per the organisation's reporting protocols.	Ref:

Name, role and contact details of person completing this form:	Date:

Details of child at risk of harm:

Name:	**Date of Birth:**
Class:	Any additional relevant information:

Parents/Carers details:

Name:	**Relationship to the child:**
Address:	**Phone number:**

Have the parents been notified of the incident?	If yes, please provide details:

Incident Details:

Date/ Time:	**Class (if applicable):**
Location of incident:	
Description of the incident or concern: *(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)*	

Details of any previous concerns or incidents:

Details of any potential witnesses:

Name:	Address:
Tel No:	Email:

Immediate actions taken:

Please provide any actions taken immediately following the incident: (*was first aid required, was the homeroom teacher notified, was the child removed from classes for the day? Please include any relevant information here*)	Who were the actions completed by?

Signed:	Print Name:	Date:

Reporting to the Designated Safeguarding Lead (DSL) : *(to be completed by DSL)*

Date & time DSL notified of incident/concern:
Date & time this form passed on to DSL (if different from above):
DSL comments: *(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required):*

Signed By DSL:	Name:	Date:

Appendix 3 - Level of Need Assessment

This table tells you what action to take once you have identified the level of need using the Level of Need document on the next page		
Level of need identified	**Wellbeing assessment required?**	**Action / support**
Level 1: Noted concern	No assessment required	Child, young person or family accessed relevant universal services for advice/support such as Doctor, school, dentist.
Level 2: Additional support	If a clear issue or area of need identified – wellbeing assessment may not be necessary. If a number of issues or needs at Level 2 are identified, a Wellbeing Assessment should be undertaken.	Offer support yourself, work with a professional partner or direct to relevant universal service for additional support. Based on results of Wellbeing Assessment – access appropriate early help services and set up a Wellbeing Meeting to develop a Wellbeing Plan.
Level 3: Wellbeing Assessment	If a Wellbeing Assessment has already been done, new information should be sent to the services already involved, to update the Wellbeing Plan. If not already done, Wellbeing Assessment should be undertaken and recommendations made for services required to meet assessed levels of need should start to form a Wellbeing Plan at a Wellbeing Meeting.	Appropriate support can be accessed by the Key Lead Professional involved with the Wellbeing Plan and Wellbeing Meeting.
Level 4: Child Protection	Likely that a Wellbeing Assessment has been done. At this stage refer the case to the Department for Children and Youth &/or the police. During the investigation a Wellbeing Assessment and Plan may be of benefit.	Immediate referral to Department of Children and Youth and/or the police.

Appendix 3 - Level of Need Assessment

Features	Level 1: Noted concern	Assessment process
Children with no additional needs and children who may from time to time require additional support that can be met within universal services	**Development Needs** All children whose needs can be met by universal services will occasionally experience difficulties in their lives which may be attributable to situational factors such as loss and separation, a change in their family's circumstances, illness or other short term detrimental factors such as bullying or being the victim of violence in the community.	Children should access universal services in a normal way. **Key agencies that are involved at this level:** Schools including SEND support Early years childcare settings Doctors Midwifery Dentist Opticians EAL School nursing School counselling service Police Voluntary & community sector Online counselling services
	Learning/education: • General development is age appropriate; achieving education key stages • Good attendance at School; no barriers to learning	
	Health: • Good physical health with age appropriate development, including speech and language	
	Social, emotional, behaviour, identity: • Good mental health and psychological Wellbeing • Good quality early attachments, confident in social situations • Knowledgeable about sex and relationships and consistent use of contraception if sexually active	
	Family and social relationships: • Stable families where parents are able to meet the child's needs	
	Self-care and independence: • Age appropriate independent	
	Family and environmental factors	
	Family History and Wellbeing: • Supportive family relationships	
	Housing, employment and finance: • Child fully supported financially • Good quality stable housing/amenities	
	Social and community resources: • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities	
	Parents and carers	
	Basic care, safety and protection: • Parents able to provide care for child's needs	
	Emotional warmth and stability: • Parents provide secure and caring parenting – praise and encouragement	
	Guidance boundaries and stimulation: • Parents provide appropriate guidance and boundaries to help child develop appropriate values	

Appendix 3 - Level of Need Assessment

Features	Level 2: Additional Support	Assessment process
Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation. May require multi-agency intervention. Key lead professional and Wellbeing Meeting and Plan. Children with additional needs are best supported by those that already work with them such as schools organising additional support with local partners as needed.	**Development needs:** **Learning/education:** • Limited access to books, toys or educational materials • Poor stimulation • Identified language and communication difficulties; SEN support at school level • Occasional truanting or non-attendance and poor punctuality • Some fixed term exclusions • Few or no qualifications **Health:** • Slow in reaching development milestones • Overdue immunisations or checks • Minor health problems • Inadequate diet e.g no breakfast, being under/overweight • Dental problems and untreated decay – poor dental hygiene • Bed wetting or soiling • Experiment with tobacco, e cigarettes, alcohol and illegal drugs **Social, emotional, behaviour, identity:** • Difficulty making and sustaining relationships with peers and family • Social isolation; lack of positive role models; exhibits antisocial/antiauthoritarian behaviour • Low level mental or emotional issues requiring intervention • Children involved in bullying or low level cyber bullying • Lack of empathy • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self esteem which affects behaviour and development • Child subject to persistent discrimination • Emerging concerns in relation to attachment • Low level concern about child being radiclaised or exposed to extremism • Resistance to boundaries and adult guidance; exhibits aggressive challenging behaviour	Two or more services work together to meet child and family needs, coordinated by a service that knows the child/family best. A wellbeing assessment could be completed to gain a full understanding of the family's needs, a Wellbeing Meeting convened and a Wellbeing Plan agreed with the family, agreeing clear outcomes to be achieved and progress regularly reviewed. **Key agencies that may provide support at this level:** Targeted drug and alcohol information, advice and education Schools including SEND support Early years childcare settings Doctors Midwifery Dentist Opticians EAL School nursing School counselling service Police

Appendix 3 - Level of Need Assessment

The purpose of this intervention is to address these needs and prevent them escalating to a level that requires targeted services.	**Self-care and independence:** • Lack of age appropriate self-care & independent living skills that increase vulnerability and social exclusion.	Voluntary & community sector Online counselling services
	Family and environmental factors	
	Family and social relationships and family Wellbeing: • Parents/carers have relationship difficulties which affect the child • Child has some young carer responsibilities • Family is socially isolated • Low level inter-sibling violence and aggression • Unresolved issues arising from parents separation and family reconstitution or bereavement	
	Housing, employment and finance: • Overcrowding in poor housing conditions • Housing arrangements are temporary or unsecure • Unsecure or unknown immigration status • Families financial resources impact on child's basic physical needs being met • Serious debt or rent arrears	
	Social and community resources: • Families are victim of hate crime • Poor access to leisure and recreational amenities and activities • Associating with anti-social or criminally active peers • Risk of gang involvement or vulnerability to gang activity/exploitation	
	Parents and carers	
	Basic care, safety and protection: • Some exposure to dangerous situations in the home or community • Low level concerns about parental alcohol or substance use • Parental lack of insight into effects of child's exposure to parental conflict	
	Emotional warmth and stability: • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person	
	Guidance boundaries and stimulation: • Lack of routine and inconsistent boundaries • Poor supervision within the home • Low level physical chastisement that does not cause physical injury • Inappropriate parental chastisement e.g. puts child in stress positions • Threatening and menacing behaviour towards the child	

Appendix 3 - Level of Need Assessment

Features	Level 3: Wellbeing Assessment	Assessment process
Children and families with complex needs requiring integrated targeted support. Because of the complexity of needs, especially around behaviour and parenting, a multidisciplinary/agency coordinated plan developed with the family is needed, coordinated by a Key Lead Professional. Vulnerable children and their families with multiple needs or whose needs are more complex, such as families who: have a disability resulting in complex needs, exhibit antisocial or challenging behaviour, suffer neglect or poor family relationships, have poor engagement with key services such as schools and health, are not in	**Development needs:** **Learning/education:** • Short term exclusions or at risk of permanent exclusion, persistent truanting • Parent does not engage with social and actively resists support • SEN school support • No access to books, toys or educational materials • Inadequate stimulation leading to developmental concerns **Health:** • Child has some chronic/recurring health problems or a disability; badly managed • Developmental milestones not being met due to parental care • Regular substance misuse • Lack of food • Unsafe sexual activity • Self-harming behaviours • Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, eating disorder, self harming • Failure to engage in antenatal services • History of FGM in the family • Growing professional concern about fabricated and induced illness but there is no current evidence of significant harm **Social, emotional, behaviour, identity:** • Child under 18 is pregnant where there are significant social family concerns • Low or medium indicators of Child Sexual Exploitation • Starting to commit offences and reoffend • Prosecution of offences resulting in court orders and/or fines • Child is engaging in cyber activity that potentially places others or themselves at risk of harm • Evidence of regular/frequent drug use which may be combined with other risk factors • Evidence of ang affiliation and gang related activities • Concern about child being radicalised or exposed to extremism • Child or young person engaging in risk taking behaviours • Mental health/physical needs impact adversely on the care of the child • Significant low self esteem • Clear concerns about parent and child attachment	Where practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide, they should discuss this with the family and complete a Wellbeing Assessment. The Wellbeing Assessment needs to identify the child's and family's needs and develop a SMART action plan to address these. A Wellbeing Meeting is to be convened and Key Lead Professional to be identified. There is an expectation that those who attend the Wellbeing Meeting have worked intensively together to meet the additional needs of the child and the family. These indicators are meant as a guide but clearly rely on professional analysis and interpretation. If you are in doubt about whether the child's circumstances are at Level 3 or 4 you can discuss this with the Department for Children and Youth.

Appendix 3 - Level of Need Assessment

education or work long term.	**Self-care and independence:** • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety	**Key agencies that may provide support at this level:** Targeted drug and alcohol information, advice and education Schools including SEND support Early years childcare settings Doctors Midwifery Dentist Opticians Mental health services Specialist health or disability services EAL School nursing School counselling service Police Voluntary & community sector Online counselling services
	Family and environmental factors	
	Family and social relationships and family Wellbeing: • History of ongoing domestic violence • Risk of relationship breakdown leading to child possibly becoming looked after by someone other than parents • Child is a young carer and this is adversely impacting on their development and welfare • Parental illness or disability leading to inability to provide basic care • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Destructive or unhelpful involvement from extended family	
	Housing, employment and finance: • Severe overcrowding, temporary accommodation, homeless, unemployment	
	Social and community resources: • Family require support services as a result of social exclusion • Parents are socially excluded, no access to local facilities • Families financial resources seriously compromise child's basic physical needs being met/their general wellbeing	
	Parents and carers	
	Basic care, safety and protection: • Child is left at home alone but this does not seriously place them at significant risk • Inappropriate child care arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Escalating concerns that parental alcohol or substance use is adversely impacting on the child • Parent fails to prevent child's exposure to potentially unsafe activity through cyber activity	
	Emotional warmth and stability: • Inconsistent parenting impacting emotional or behavioural development • Parent is unresponsive or fails to recognize child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child	
	Guidance boundaries and stimulation: • Parent provides inconsistent boundaries or responses	

Appendix 3 - Level of Need Assessment

Features	Level 4: Child Protection	Assessment process
Children with complex additional unmet needs that require the intervention of the Department for Children and Youth and/or the police. Children who are at risk of significant harm which require a child protection response or legal intervention. Children who need to be accommodated by the Thai Government or by way of a court order.	**Development needs:** **Learning/education:** • Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to cooperate with services at the early help level to address this • There are significant concerns that the child's educational needs are not being met • Inadequate stimulation leading to significant delay **Health:** • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions • Concern about serious unexplained injury • Persistent presentation to professional with injuries: raising concerns about safety / parental behaviour • Child is at serious risk of FGM and/or there is evidence of FGM **Social, emotional, behaviour, identity:** • Serious persistent offending behaviour attributable to neglectful absent parenting • Allegations of child on child sexual harmful behaviour • Serious concerns that a child is being sexually exploited • Child under 15 (legal age of consent in Thailand) is pregnant where there are significant social family concerns • Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks • Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent • Frequently goes missing from home for long periods which seriously compromises the child's safety and wellbeing • Child emotional and physical safety is compromised by exposure to radicalization and extremist ideology • Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent • Child goes missing and child's age/level of vulnerability means that welfare and safety is seriously compromised	**Immediate safeguarding concerns / child protection** If a child is at risk of physical, emotional, sexual abuse, or neglect refer to Department for Children and Youth and/or the police. After any immediate protective action has been taken you need to speak in person to those who have taken the protection action. When referring a child and or family to the Department for Children and Youth and/or the police you should share a copy of the Wellbeing Assessment and Plan so they have all relevant background information. **Key agencies that may provide support at this level:** Department for Children and Youth Police Targeted drug and alcohol information, advice and education Schools including SEND support Early years childcare settings Doctors

Appendix 3 - Level of Need Assessment

	Self-care and independence: • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm	Midwifery Dentist Opticians Mental health services Specialist health or disability services EAL School nursing School counselling service Police Voluntary & community sector Online counselling services
	Family and environmental factors	
	Housing, employment and finance: • Clear evidence that a family is destitute	
	Social and community resources: • High levels of domestic violence that put the child at serious risk • Imminent risk of parental/carer and child relationship breakdown leading to child needing to be looked after by others • Child is a young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse • Child is looked after by a guardian (similar to private fostering in the UK) • There is nobody with parental responsibility to ensure the child's Wellbeing and stability of care • Unaccompanied minors • Trafficked children	
	Parents and carers	
	Basic care, safety and protection: • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child • Parent has history of being unable to care for previous children • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network	
	Emotional warmth and stability: • Inconsistent parenting significantly impacting on emotional or behavioural development	
	Guidance boundaries and stimulation: • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child	