

Details

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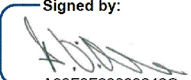
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- Artificial Intelligence in Education Policy
- Security Standard Operating Practice (SOP)

3. Legislation And Guidance

- 3.1.** Legislation around child protection in the UAE is underpinned by the United Nations Convention on the Rights of the Child (UNCRC).
- 3.2.** For the purpose of this Policy, reference has been made to:
- a) National Child Protection Policy in Educational Institutions in United Arab Emirates (2022).
 - b) UAE Federal Law No. (3) of 2016 regarding the Child Rights Law (Wadeema) and its amendments.
 - c) UAE Cabinet Resolution No. (52) of 2018 concerning the executive regulation of the Wadeema's Law.
 - d) Keeping Children Safe in Education (2026).
 - e) Working Together to Safeguard Children (2026).
 - f) Federal Decree-Law No. 26/2025 on Child Digital Safety
 - g) UAE Child Custody Law 2026
 - h) Federal Decree-Law No. 25 of 2025 on Civil Law

4. Definitions

- 4.1 Designated Safeguarding Lead** – For the purposes of this policy, the term *Designated Safeguarding Lead (DSL)* is used for consistency. Within individual schools or Emirates, this role may also be referred to as the *Child Protection Coordinator (CPC)* or *Child Protection Officer (CPO)*. All references to DSL in this policy should therefore be understood to encompass CPCs and CPOs, with the same responsibilities, authority, and accountability for safeguarding and child protection.
- 4.2 Child** – Any person born alive, who has not yet reached 18 years of age.
- 4.3 Adolescent** – Any person who has reached 10 years and has not yet reached 20 years of age.
- 4.4 Child at Risk of Abuse and Neglect** – includes, but is not limited to poverty, addiction or mental illness in the child's family, high-conflict parental divorce or imprisonment of a parent.
- 4.5 Vulnerable Adult** – An individual who, due to age, disability, or other circumstances, is at risk of abuse or neglect.
- 4.6 Abuse** – Includes physical, emotional, sexual, and neglect-based harm.
- 4.7 Safeguarding**
- 4.7.1.** The term safeguarding does not have a direct translation in several languages, including Arabic. For this policy, safeguarding is defined as:
- a) taking timely preventive measures in all situations where a child's physical, psychological, moral, or mental wellbeing is threatened or at risk.
 - b) protecting all aspects of the child's life that contribute to a healthy and sound development, including their physical, psychological, moral, mental wellbeing and social safety both within and outside the school, including online.
 - c) listening to and representing the voice of the child, including where the child communicates through observation, behaviour, alternative communication systems, visual supports, trusted adults or other communication methods.

- d) ensuring a coordinated approach by collaborating with relevant government entities to safeguard the wellbeing of any child facing abuse or neglect.
- e) taking action to enable all children to have the best outcomes.

4.7.2. Safeguarding is wide in scope and takes into consideration keeping children safe in a range of activities.

4.8 Child Protection

4.8.1 Child protection is a crucial aspect of safeguarding and ensuring the wellbeing of children. It involves taking action to protect specific children who are at risk of or experiencing abuse and/or neglect.

4.8.2 Child protection extends to harm which may occur in various environments, including, but not limited to educational institutes, homes, communities, and online.

4.8.3 Effective safeguarding requires practitioners to consider economic, social, and cultural factors affecting children and families. Ensuring protection relies on coordinated efforts among government entities, the private sector, non-profits, and active community participation.

4.8.4 Whilst there are no absolute criteria on which to rely when judging what constitutes significant harm, the following factors should support professional judgement and consultation with relevant authorities where required:

- a) The degree and extent of physical harm
- b) The duration and frequency of abuse and neglect
- c) The extent of premeditation
- d) The presence and degree of threat, coercion, sadism

4.8.5 Sometimes, a single traumatic event may constitute significant harm (e.g., a violent assault, suffocation or poisoning), but more often, it is the consequence of a compilation of significant events (both acute and long-standing) which interrupt, change or damage the child's physical and psychological development.

4.8.6. Staff must not carry out investigations, unless specifically asked to do so (by DSLs) or make judgements. The information in these procedures must be read in the context of the specific advice offered herein, in terms of how to act in cases where safeguarding and/or child protection issues are suspected.

4.8.7. A **low-level concern** is any behaviour by an adult working in or on behalf of the school that is inconsistent with the Staff Code of Conduct, even if it does not meet the threshold for harm. Such concerns may indicate that professional boundaries have not been maintained and should be reported, recorded, and reviewed to promote a safe and transparent safeguarding culture.

4.8.8. An **allegation against a member of staff** is where a person is reported to have behaved in a way that has harmed, or may have harmed, a child; possibly committed a criminal offence against or related to a child; or behaved towards a child in a way that indicates they may pose a risk of harm to children.

5. Prevention

5.1 Prevention at Taaleem ensures all reasonable measures are taken to minimise the risk of harm to children's welfare, by:

5.1.1 Appointing DSL(s) and DDSL(s).

or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a child needs to be held to prevent violence or injury. The use of physical intervention is proportionate to the risk in the immediate circumstances considering the age, understanding, and competence of the individual student. Refer to the Positive Handling policy for further details. Any use of physical intervention must be recorded and reviewed in accordance with the Positive Handling Policy.

6.1.6 In nursery settings, staff must recognise that babies and young children may be unable to verbally communicate concerns. Safeguarding assessments must therefore consider non-verbal communication, attachment behaviours, developmental changes, play themes, and changes in eating, sleeping, or toileting routines.

6.1.7 Nursery settings must ensure that all intimate care procedures, including nappy changing, toileting, and supporting children with dressing, are carried out in a way that preserves children's dignity, privacy, emotional wellbeing, and safety, in accordance with the Intimate Care Policy.

7. Signs and Symptoms of Abuse and Neglect

The following categories form the overarching criteria for registering a safeguarding concern, whether through the school's safeguarding portal or by completing a Safeguarding Concern Form:

1. Neglect
2. Physical abuse
3. Sexual abuse including harassment and exploitation
4. Emotional abuse (which includes verbal abuse e.g. criticism, name calling and belittling)
5. Domestic abuse (including intimate relationship/teenage relationship abuse)
6. Criminal exploitation
7. Child missing from education for a prolonged period of time
8. Self-harm or abuse
9. Suicidal ideation
10. Eating disorders

Babies and young children may also display safeguarding concerns through:

1. Developmental regression
2. Excessive clinginess or unusual withdrawal
3. Changes in appetite or sleeping patterns
4. Fear or distress around particular adults
5. Delayed development without an identified cause
6. Repeated unexplained injuries
7. Unusual or concerning play behaviours

Mental Health

Staff should be aware that mental health concerns do not automatically constitute a safeguarding concern; however, they may become a safeguarding concern where there is risk of significant harm to the student or others. If a child is struggling with their mental health, there are likely to be potential warning signs which could include:

- significant changes in behaviour
- ongoing difficulty sleeping
- withdrawing from social situations
- not wanting to do things they usually like, and
- physical signs of self-harm or neglecting themselves

	• Child exploitation – criminal or sexual; • Domestic violence; • Eating disorders; • Factitious disorder imposed by another (FDIA); • Female Genital Mutilation; • Grooming of a child or child sexual exploitation; • Human trafficking; • Physical harm or life-threatening actions toward a child (e.g., poisoning, burning, violent shaking, or other acts causing serious injury); • Possessing, producing, or sharing sexual images of children (or any sexual images involving children); • Possession, use, or distribution of illegal substances (including drugs, alcohol or solvents); • Referral to an external agency (e.g., ADEK, Police, CDA, FCA, or a mental health service); • Sexual assault or rape; • Suicidal ideation (thoughts or intent); • Unexplained injuries, frequent injuries, or injuries with concerning explanations; • Unsafe confinement (e.g., leaving a child unattended or confining them in a vehicle or other restricted space).
Medium	• Absent from education – persistent; • Anxiety-related behaviours observed in students; • Bullying, cyberbullying, and online threats/misuse; • Child labour; • Child on child abuse; • Cursing at a child; • Domestic abuse; • Extremism; • Failure to collect a child on multiple occasions; • Harassment or discrimination related to faith, ethnicity, or cultural practices; • High conflict divorce; • Inappropriate use of AI; • Juvenile delinquency; • Lack of parental engagement (signs of affluent neglect); • Minor injuries requiring monitoring; • Misogynistic behaviour; • Neglect (e.g., road safety, personal hygiene, essential care); • Repeated low-level concerns—three instances; • Parental mental health concerns; • Parent separation or divorce causing instability in caregiving; • Sexual abuse (non-contact); • Sexual harassment; • Racial harassment; • Social exclusion; • Students riding electric bikes/e-scooters to school; • Student in substitute care (i.e. not in the care of either legal parent); • Young carer.

24. Implementation Timeline

This policy shall be implemented within thirty (30) days from the Effective Date indicated on the cover page, allowing adequate time for communication, training, and adoption across all relevant Taaleem entities. Where any requirement in this policy is dependent on a system functionality, configuration, or tool that is not yet implemented, such requirement shall take effect only once the relevant functionality is operational. Until such time, existing processes shall continue to apply.

25. Non-Compliance

Deliberate and / or repeated non-compliance with this policy may be addressed in accordance with applicable company procedures.

Version Control

Version No.	Date	Details of Changes
1	August 2025	New policy
2	August 2026	Updated to strengthen safeguarding governance and operational controls through the introduction of enhanced admissions safeguarding checks, expanded safeguarding categories and reporting thresholds, strengthened site security and visitor management requirements, improved oversight and monitoring responsibilities, and alignment with the latest UAE Legislation and Child Protection Guidance. Additional provisions have also been included for digital safety, mental health, nursery safeguarding practices, aquatics safety, and enhanced CPOMS case management and reporting processes.
3		
4		

Appendix 1: Safeguarding Team – Key Personnel

School Details	
School Name	School to insert
Principal Name	School to insert

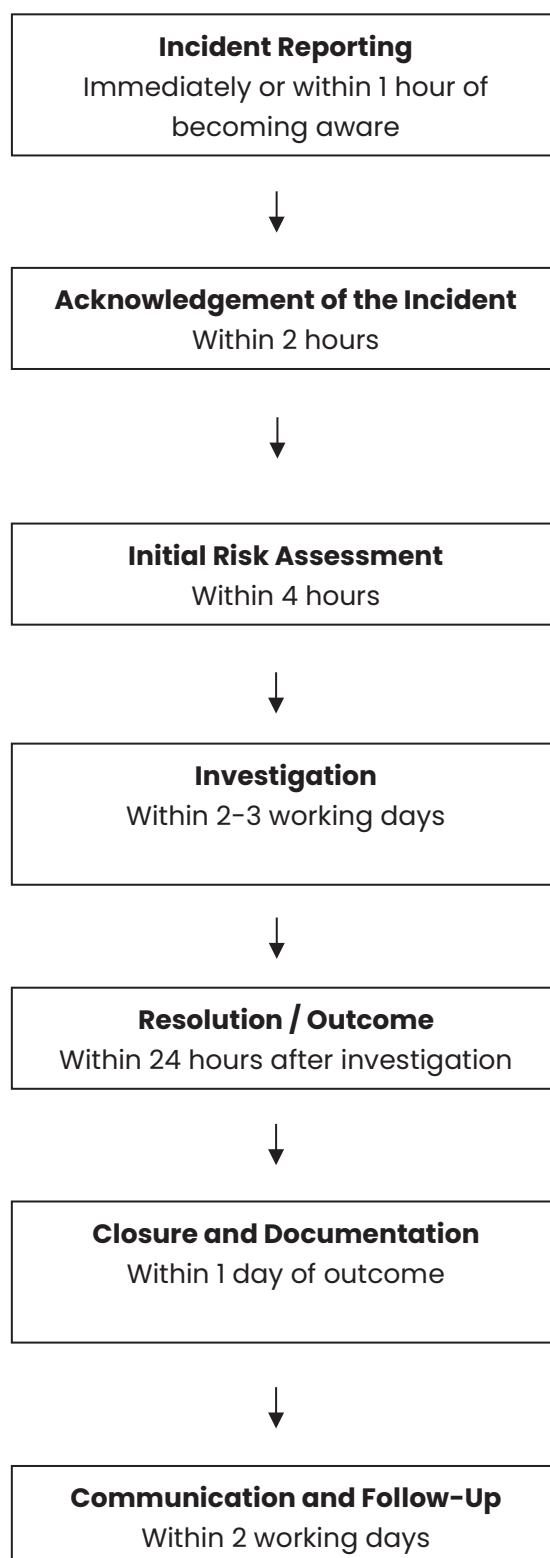
The following named persons hold relevant responsibility for the Child Protection and Safeguarding of all students at (School to insert)	
Child Protection Coordinator/s	School to insert
Deputy Child Protection Coordinator/s	School to insert
Nominated Person from Taaleem Central Office	Priya Mitchell
School Principal	School to insert

Appendix 3: Questions Which Might Establish a Cause for Concern

Think of a of a child you have concerns about. Can you answer the following questions?

- a) Is the child average weight/height?
- b) Is the child clean and well kempt?
- c) Does the child glow with health – do you know of any health problems?
- d) Is attendance regular, are absences straightforward?
- e) Does the child concentrate well?
- f) Is the child achieving satisfactorily?
- g) Is the child withdrawn, aggressive and moody?
- h) Does the child understand 'taking turns'?
- i) Can the child use individual experiences for creative work?
- j) How does the child respond to adults?
- k) Who are the child's friends?
- l) Are those relationships equal?
- m) Does the child have irritating habits?
- n) What do you know about the child's homelife?
- o) What is your most worrying concern?
- p) How many questions can you answer for a student in your care?

Appendix 6: Safeguarding Incident Management Process



Note: In cases where a **high-risk safeguarding concern** is identified, the standard step-by-step process may be bypassed in the interests of the child's immediate safety. Such cases must be reported **directly and without delay** to the **Designated Safeguarding Lead (DSL)**, followed immediately by escalation to the **Central Office Safeguarding Lead** and/or **Cluster Director** or the **Director of Education**. This ensures that urgent matters receive immediate senior oversight and that appropriate protective actions are taken without delay.

Appendix 9: Safeguarding Concern Record Form

Child's Name: _____

Date of Birth: _____

Year Group/Grade: _____

Please pass to the Designated Safeguarding Lead.

ANY CONCERNS REGARDING A STUDENT MUST BE RECORDED AND PASSED ON

Staff should not make any undertakings to absolute confidentiality

Staff should not investigate a situation

Details of Concern (Provide as much as detail as possible):

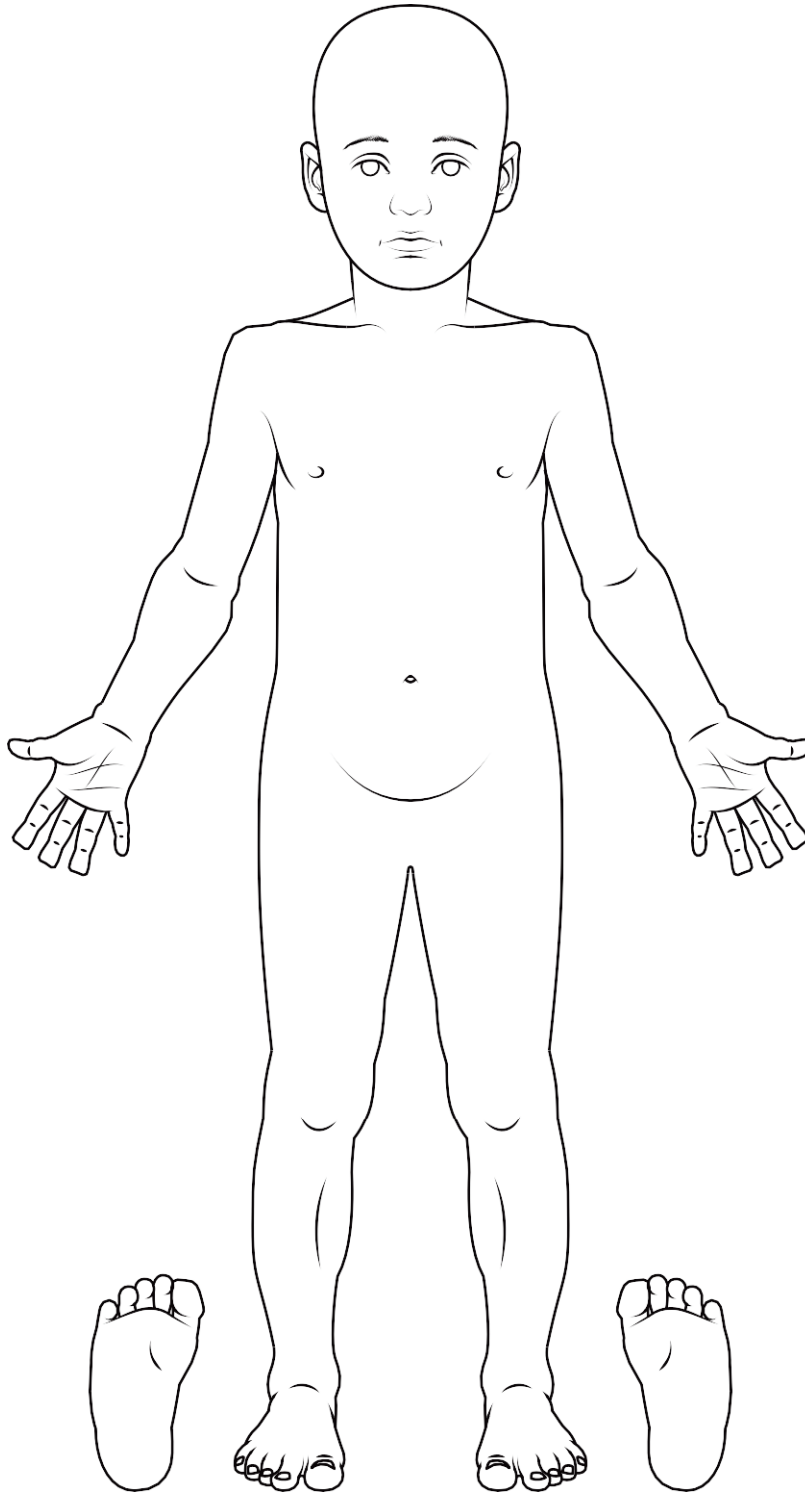
Body map attached: Yes/No

Date/Time of Observations/disclosure:

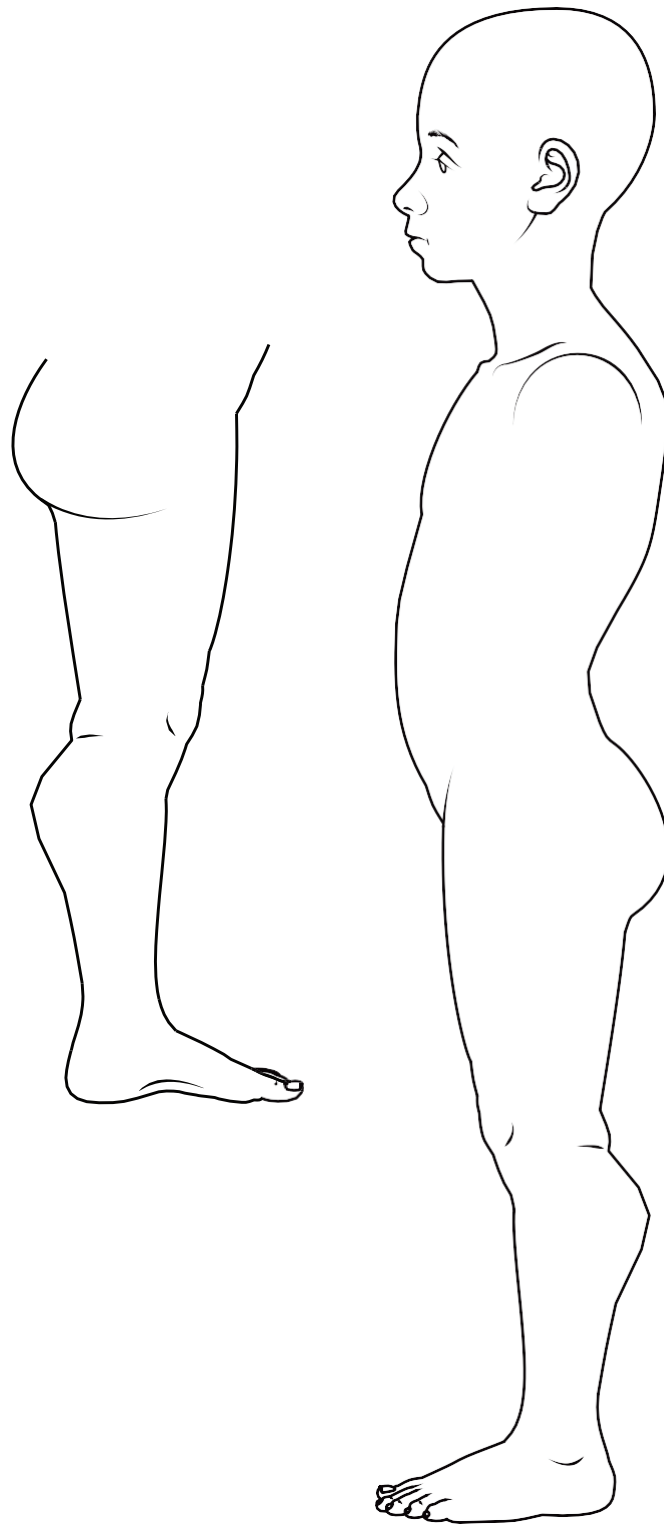
Explanations given by child/adult:

Date:	Person Reporting:	Signed:
To Whom reported:		Date:
Further Action Required and Rational (to be completed by the Child Protection Lead)		
By Whom:	Date:	Signed:
Author:	Date:	Signed

Appendix 10: Body Maps for Recording Disclosures & Concerns



Outer Left and Inner Left Leg



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