



Policy No. 8.04
Child Protection Policy

KEY CONTACTS WITHIN THE SCHOOL

DESIGNATED CHILD PROTECTION OFFICER (Secondary)

NAME: AI LING WONG
CONTACT NUMBER: EXT 502
EMAIL: alingwong@ac.isb.edu.bn

DESIGNATED CHILD PROTECTION OFFICER (Primary)

NAME: IAIN DAVIDSON
CONTACT NUMBER: EXT 403
EMAIL: IDavidson@ac.isb.edu.bn

DESIGNATED CHILD PROTECTION OFFICER (Primary Seria)

NAME: DARIUSH SAHELI
CONTACT NUMBER: 3347113
EMAIL: DSaheli@ac.isb.edu.bn

EXECUTIVE PRINCIPAL (Whole School)

NAME: DOMINIC MORLEY
CONTACT NUMBER: EXT 800
EMAIL: DMorley@ac.isb.edu.bn

BOARD MEMBER

NAME: SHARON TAN
CONTACT NUMBER: EXT 900
EMAIL: STan@ac.isb.edu.bn

REFERRAL TO RIPAS HOSPITAL OR POLICE

RIPAS - Head Medical Social Worker (deals with CP cases) –
Hjh Hadzilahwatie Hj Abd Hamid – 2223309 (direct line)
Email: mwripas@gmail.com

POLICE - CP cases are all referred to the Women and Children Abuse
Investigation Unit headed by ASP Mariyani Abdul Wahab –
2232007 ext 214

KEY CONTACTS WITHIN BRUNEI DARUSSALAM

The **MINISTRY OF CULTURE, YOUTH AND SPORTS** is able to provide advice and consultancy.

CONTACT PERSON: Director of Community Development
CONTACT NUMBER: 23800664 – operator – ask for the Dept of Community Development
EMAIL: japem.kkbs@hotmail.com



INDEX

KEYCONTACTS	Page 1
INDEX	Page 2
SCHOOL POLICY	Page 3- 9
<i>Appendix I:</i> DEFINITIONS AND SIGNS/SYMPTOMS OF ABUSE	Page 10 - 14
<i>Appendix II:</i> CHILD PROTECTION SUMMARY GUIDELINES	Page 15 - 17
<i>Appendix III:</i> CHILD PROTECTION WHISTLEBLOWING POLICY	Page 18 - 19
<i>Appendix IV:</i> WHAT TO DO: PROCEDURES FLOWCHART	Page 20
<i>Appendix V:</i> THE 'CAUSE FOR CONCERN' FORM	Page 21 - 22
<i>Appendix VI:</i> THE ONGOING MONITORING FORM	Page 23
<i>Appendix VII:</i> CAUSE FOR CONCERN ACTION PLAN	Page 24



Policy No. 8.04 Child Protection Policy

MISSION

Inspiring Minds – Active and engaging learning with high expectations
Shaping Values – A Culture of respect, tolerance and open-mindedness
Building Futures – A World Class Education promoting individual excellence

1. Purpose

- 1.1 An effective whole-school child protection policy is one that provides clear direction to staff and others about expected procedures for dealing with child protection issues.

The aims of this policy are:

- 1.2 To **prevent** abuse, to **protect** and **support** our students.
- 1.3 To support children's development in ways that will foster security, confidence and independence.
- 1.4 To raise the awareness of all adults of the need to safeguard children and of their responsibilities in identifying and reporting possible child protection issues.
- 1.5 To provide a systematic means of monitoring children known or thought to be at risk of harm.
- 1.6 To emphasise the need for good levels of communication between all members of staff.
- 1.7 To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- 1.8 To develop and promote effective working relationships with other agencies, especially the Police and Ministry of Culture, Youth and Sport

2. Introduction

- 2.1 INTERNATIONAL SCHOOL BRUNEI takes seriously its responsibility to protect and safeguard the welfare of children and young people in its care.
- 2.2 The welfare of all our young people is embedded within the ISB GUIDING PRINCIPLE: "We provide a safe, healthy and secure school environment".
- 2.3 There are three main elements to our child protection policy;
- a) **Prevention** through the creation of a positive school atmosphere and the teaching and pastoral support offered to students.



- b) **Protection** by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns.
- c) **Support** to students who may have been abused.

2.4 This policy applies to all students, staff, Board of directors, volunteers and visitors to INTERNATIONAL SCHOOL BRUNEI

3. School Support

3.1 We recognise that for our students, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult help prevent abuse.

Our school will therefore:

- Establish and maintain an environment where students feel safe and secure and are encouraged to talk and are listened to.
- Ensure that students know that there are adults within the school who they can approach if they are worried or are in difficulty.
- Provide via the pastoral system and curriculum, knowledge of this policy and the procedures at ISB which equip students with the skills they need to both prevent and deal with issues of abuse.
- Include in the curriculum material that will help students develop realistic attitudes to the responsibilities of adult life.
- Ensure that every effort is made to establish effective working relationships with parents and colleagues from partner agencies.

4. Framework

4.1 Child protection is the responsibility of all adults and especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibilities of the school in consultation with the Ministry of Culture, Youth and Sports, Child Protection Department in Brunei.

5. Roles And Responsibilities (see appendix iv for procedural flow chart)

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

5.2 It is the role of the Designated Child Protection Officer(s), the Executive Principal and the Board of Directors to ensure that all of the child protection procedures are followed within the school, and to make appropriate timely referrals in accordance with school procedures.

5.3 The Board of Directors and school leadership team are responsible for ensuring that the



school follows safe recruitment processes. As part of the school's recruitment and vetting process, enhanced Criminal Records Bureau (CRB), DfES List 99 and other statutory lists and local intelligence checks will be sought on all staff that have substantial and unsupervised access to children. Similar documentation will be sought for those members of staff appointed from outside of Brunei. Staff who do not or cannot comply will not be allowed to teach in ISB.

- 5.4 The role of the Nominated Board Member for Child Protection is to ensure that the school has an effective policy and to support the school in this aspect.

6. Procedures

- 6.1 All action is taken in line with the following guidance; "members of staff are **not** subject to confidentiality breaches if child protection issues are suspected". (see Appendix i for guidance) Staff must immediately report all concerns to the designated Child Protection Officer. Staff are not required to investigate further and are advised to cease active involvement.

Where a child begins to disclose information to a member of staff who feels unqualified to deal with said information, immediately contact the designated Child Protection Officer for advice. Do not leave the matter for a later date.

If a child does disclose information and a member of staff is a source of trust, advise that information must be passed on to designated Child Protection Officer and cannot remain confidential. If you are in doubt as to whether said information constitutes a child protection issue, member of staff should ask CPO for advice.

6.2 Receiving an initial cause for concern (complete MyConcern referral to initial procedure):

A member of staff suspecting or hearing a complaint of abuse:

- must listen carefully to the child and keep an open mind. Staff should not take a decision as to whether or not the abuse has taken place;
- must not ask leading questions, that is, a question which suggests its own answer;
- must reassure the child but not give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information to the Designated Person who will ensure that the correct action is taken;
- must keep a brief but sufficient written record of the conversation. The record should include the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence.
- **The School should not do anything that may jeopardise a police investigation, such as asking a child a leading question or attempting to investigate the allegations of abuse.** (See Appendix ii for further guidance).

- 6.3 **Preserving evidence:** All evidence, (for example, scribbled notes, mobile phones containing text messages, clothing, computers), must be safeguarded and preserved.

- 6.4 **Reporting:** Allegations against staff, volunteers or the designated person with responsibility for safeguarding should be reported to the Executive Principal. It is also advised that the designated person should be contacted (unless he or she is the object of the allegation), since



the designated person will have received higher level safeguarding training. If the Executive Principal is absent, the allegation should be passed on to the Chair of Board. If the allegation concerns the Executive Principal, the person receiving the allegation should immediately inform the Chair of Board without notifying the Executive Principal first. In all case of serious harm, the police should be informed from the outset. Specifically, staff are required to report any concern or allegation about school or home practices or the behaviour of colleagues which are likely to put pupils at risk of abuse. In doing so, the reporting staff member is provided with immunity from retribution or disciplinary action for 'whistle blowing' in good faith (see Appendix iii).

- 6.5 Staff are kept informed about child protection responsibilities and procedures through induction, briefings and awareness training. There may be other adults in the school who rarely work unsupervised, more usually working alongside members of the school staff. The Child Protection Officer(s) will ensure they are aware of the school's policy and the identity of the Designated Child Protection Officer.
- 6.6 The designated Child Protection Officer(s) and Executive Principal will decide what is the best course of action.
- 6.7 The school will always undertake to share our intention to refer a child to MCYS, the Police or RIPAS Hospital with the parents or carers unless to do so could place the child at greater risk of harm or impede a criminal investigation.
- 6.6 A copy of the ISB Child Protection Policy is displayed on the School website and Parents can obtain a copy of the policy on request.

7. Training and Support

- 7.1 The Senior Management Team and all other staff who work with children will undertake appropriate child protection awareness training to equip them to carry out their responsibilities for child protection effectively, that is kept up to date by online refresher training at three yearly intervals.
- 7.2 The school will ensure that the Designated Child Protection Officer(s) also undertakes training and refresher training at two yearly intervals to keep knowledge and skills up to date. Temporary staff and volunteers who work with children in the school will be made aware of the school's arrangements for child protection and their responsibilities.
- 7.3 All staff should have access to advice and guidance on the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are referred to in the staff handbook and in the policies section of the SharePoint



8. Professional Confidentiality

- 8.1 Confidentiality is required in order to ensure a safe and secure environment for all children. The school requires each member of staff to sign a confidentiality letter and this is most strongly applied in the case of child protection. Passing on child protection information to third parties (this includes colleagues) will result in immediate termination of contract, if proven. Additionally, a member of staff must never guarantee confidentiality to a student nor should they agree with a student to keep a secret, as where there is a child protection concern this must be reported to the Designated Child Protection Officer and may require further investigation by appropriate adults or authorities.
- 8.2 Staff will be informed of relevant information in respect of individual cases regarding child protection on a “need to know basis” only. Any information shared with a member of staff in this way must be held confidentially to themselves. It is the responsibility of the Child Protection Officer and Executive Principal to decide who should be privy to individual case information.

9. Records And Monitoring

- 9.1 Well-kept records are essential to good child protection practice. Any concern regarding a child must be communicated to the Child Protection Officer who is responsible for keeping records up to date and passed over to other agencies as deemed necessary in conjunction with the Executive Principal. Records should be separate to the main student file and should be passworded or locked in a secure location, with access limited to only designated members of staff.
- 9.2 All information must also be uploaded to MyConcern
- 9.3 If a student transfers from the school, these files will be copied for the new establishment and forwarded to the student’s new school marked confidential and for the attention of the receiving school’s Designated Child Protection Officer, should it be judged necessary for the future welfare of the child.

10. Supporting Students At Risk

- 10.1 Our school recognizes that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place.
- 10.2 School may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, whilst at school their behaviour may still be challenging and defiant or they may be withdrawn.
- 10.3 This school will endeavour to support students through:
- The curriculum to encourage self-esteem and self-motivation.



- The school ethos which promotes a positive, supportive and secure environment and which gives all students and adults a sense of being respected and valued.
- The implementation of the school's behaviour management policies.
- A consistent approach agreed by all staff that will endeavour to ensure the student knows that some behaviour is unacceptable but s/he is valued.
- Regular liaison with other professionals and agencies who support the students and their families.
- A commitment to develop productive, supportive relationships with parents, whenever it is in the child's best interest to do so.
- The development and support of a responsive and knowledgeable staff group, trained to respond appropriately in child protection situations.
- Recognition that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse. Staff who working any capacity with children with profound and multiple disabilities, sensory impairment and/ or emotional and behavioural problems will need to be particularly sensitive to signs of abuse.
- Recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be vulnerable and in need of support or protection.
- Specific guidelines for Suicide and Self-Harm can be found in Appendices VI and VII of this policy.

11. Safe School, Safe Staff

- 11.1 It is essential that the high standards of concern and professional responsibility adopted with regard to alleged child abuse by parents are similarly displayed when members of staff are accused of abuse.
- 11.2 The procedure to be followed in the event of an allegation being made against a member of staff is set out in the Child Protection Whistle Blowing Procedure (Appendix iii)

12. Use of the School Premises by other Organisations

- 12.1 Where services or activities are provided separately by another body, using the school premises, the school will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection and without this evidence unsupervised access to children will not be permitted.



13. Links

- 13.1 This policy should be considered alongside the Behaviour Policy and the Health and Safety Policy.

14. Policy Review

- a) The Senior Management Team is responsible for ensuring the annual review of this policy.
- b) Ensuring that the list of key contacts on the cover sheet is kept up to date.

APPENDIX I: Definitions and Signs/Symptoms of Abuse

Reference: Working Together to Safeguard Children (DfE 2015)

Child Abuse: Child abuse is a serious and complex problem that may occur in the lives of children and young people. Child abuse describes different types of maltreatment inflicted on a child or young person. It includes non-accidental injury, neglect, sexual abuse and emotional abuse, including psychological harm and requires different and specialised responses.

In its most serious forms, abuse can lead to death or long term harm to the physical or emotional wellbeing of a child or young person.

There are five main areas of Child Abuse. It should be recognised that all these signs may also be symptoms of another problem.

1.0 Types of Abuse

1.1 Neglect

Neglect is the “*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*”

Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter including exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision including the use of inadequate care-givers
- Ensure access to appropriate medical care or treatment
- Unresponsiveness to, a child's basic emotional needs.

Examples which **may** indicate neglect:

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight

- Failure to develop intellectually or socially
- Neurotic behaviour

1.2 Physical Abuse

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

Examples which may indicate physical abuse:

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations or wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

1.3 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person 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 (this can include child on child as well as adult on child).

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse. Children can also commit acts of sexual abuse, this includes without consent, without equality, or as a result of coercion. This includes when one of the children uses physical force, threats, trickery or emotional manipulation to elicit cooperation. Child-on-child sexual abuse is further differentiated from normative sexual play or anatomical curiosity and exploration.

Examples which may indicate sexual abuse:

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate

- Thrush
- Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self mutilation or substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, enuresis or soiling
- Frequent or open masturbation or touching others inappropriately
- Depression, withdrawal or isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in genital area

1.4 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's 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.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability.
- Overprotection and limitation of exploration and learning, preventing the child in participating in normal social interaction
- Involve seeing or hearing the ill-treatment of another
- Serious bullying (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment

Examples which may indicate emotional:

- Over-reaction to mistakes or continual self-deprecation
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses or fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self harming, drug or solvent abuse
- Fear of parents being contacted
- Running away or going missing
- Compulsive stealing
- Masturbation
- Appetite disorders e.g. anorexia nervosa, bulimia
- Soiling, smearing faeces or enuresis

Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

1.5 Child Sexual Exploitation

Reference: What to do if you are Worried a Child is Being Abused (DfE 2015)

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, sexual gratification or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

2.0 Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all five categories:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function e.g. a fractured limb
- Incompatible explanations offered or several different explanations or the child is said to have acted in a way that is inappropriate to their age or development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

3.0 Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting
- Misappropriation of a child's finances
- Invasive procedures
- Lack of stimulation

4.0 Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and is a process, not a one off event; it can take place over an extended period or within a very short time frame. It is important that staff are able to recognise possible signs and indicators of radicalisation.



Children and young people may be vulnerable to exposure or involvement with groups or individuals who advocate violence as a means to a political or ideological end.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet, including through social media sites. This can put children and young people at risk of being drawn into criminal activity and has the potential to cause significant harm.

Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right (UK) and international terrorist organisations such as Al Qaeda and the Islamic State.

Potential indicators identified include:

- Use of inappropriate language
- Possession of violent extremist literature
- Changes in behaviour, language, clothing or appearance
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

If staff are concerned about a change in the behaviour of an individual or see something that concerns them (this could be a colleague too) they should seek advice appropriately with the Executive Principal and Child Protection Officers.

APPENDIX II: Child Protection Guidelines

STAFF : Child Protection Summary Guidelines

People employed by ISB are known to be both professional in their work and committed to the welfare of children. The following code offers guidelines that should help protect both students and staff.

Staff should

- Be aware of potentially risky situations and manage them appropriately
- Aim to be in full view of others when working with children – make sure the glass panels in your room are not covered. Try to avoid 1:1 situations if possible.
- Avoid spending excessive amounts of time alone with children away from others
- Be aware of disparities of size and strength and remain in control of competitiveness when taking part in sport with children

Staff should never

- Act in a way that is intentionally shaming, humiliating or belittling to children or that could constitute emotional abuse
- Hit or physically assault a child
- Discriminate against or show favour towards particular children to the exclusion of others
- Use language, make suggestions or offer advice which is inappropriate, offensive, sexually provocative or abusive in any way
- Develop relationships with children which could be deemed exploitative or abusive

It is important for all staff in contact with children

- Ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behaviour cannot go unchallenged
- Nurture an open culture which enables issues of concerns to be raised by students or staff and accept clear procedures must be in place for such concerns to be addressed
- Be mindful of their online contact with children either currently in school or ex-students – staff should not have current students as ‘Friends’ on their own personal social network accounts. In addition, staff should be mindful in allowing ex-students access to personal information about themselves through social networks. Personal email addresses, telephone numbers and 1:1 online discussion is strongly discouraged.

E Safety / Social Networking (staff usage)

The following advice is offered to staff at ISB:

- Be professional on the internet - including Facebook, Twitter and any other social media networks.
- Don't post anything inappropriate, including comments or photos which might embarrass yourself or the school.
- Avoid interacting with, initiating contact with or “friending” current pupils using your personal profile.
- Keep all school-related conversations focused on school, teaching and learning.

- Remember, there is potential for anything you post online to be copied and distributed. Bear this in mind every time you post.
- Check – are you able to delete the content once you have posted it? How long will the material stay online? Consider your digital footprint.
- Always ensure you own the rights to your content. Posting someone else’s copyrighted material will appear very unprofessional if a complaint is made.
- If you intend to use social media as part of your teaching, ensure parents and other teachers are clearly briefed on how this will work. Seek and obtain written permissions if required.
- Don’t rely on privacy settings to work – test them by creating another profile seeing how much of your personal profile is visible to the public, to your ‘friends’ and to ‘friends of friends.’
- Check that your privacy settings are working on a regular basis. Facebook in particular has a habit of changing its privacy policy without widespread publicity.
- Google name-check yourself at least once a month. Does your social networking activity appear in search results?
- Be transparent. Always assume, if you are using social media for professional purposes, that everyone can see everything. Behave as you would in school – you wouldn’t be in a classroom alone with a child with the door closed, so don’t send 1-1 messages.
- Facebook and Twitter have the facility for you to download an archive of all your online activity. Use this, and download your archives regularly to prove what you have and have not done.
- Communicate with students via your school email address, VLE or managebac do not use personal email accounts.
- Do not set up or join social network groups such as Whatsapp to communicate with students, you should not give your personal phone number to students

At ISB it is common for staff to encounter students, parents and colleagues outside of school at social or sporting events or even in their own homes. At all times it is important to remember that you are a member of staff and act accordingly in any situation. If the activity is school-related ie.study club, staff must ensure that a blanket permission letter has been signed by parent/guardian of all students attending. If the event is a 'one-off' occasion staff must ensure that event details are disseminated to parents and written permission is obtained.

If a child discloses abuse to you:

DO

- Remain calm.
- Control expressions of panic, shock, anger or embarrassment.
- Reassure the child that to disclose is the right thing to do. Praise them for having the courage to talk about it with someone.
- Listen carefully to the child. Encourage them to talk but do not ask leading questions or press for information.
- Let the child know that this is not their fault
- Use age specific language. Ask for clarification for any meaning or words you don’t understand
- Let the child know that they are believed
- Explain to the child that it is necessary that in order to help them, you will have to tell the Child



Protection Officer (state who this will be and why). Assure them that this will not be general knowledge within the school community

- Check that you have a full understanding of what the child has told you before the end of the discussion
- Praise the child for telling you. Communicate that they have a right to be safe and protected.
- Do not tell the child that what they have experienced is dirty, naughty or bad.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- Make a detailed record of the conversation using the child's own language.
- Report to the Designated Child Protection Officer. You will be asked to record what the child has said or what you have observed, include dates and times. It is important that this is recorded in as much detail and using the child's language and vocabulary so that the child does not have to report the details of the abuse unnecessarily.
- Log the incident using MyConcern
- Maintain confidentiality. Do not discuss this with any other members of staff, children or people outside of school.
- Parents, guardians or other family members do not have to be informed when initially interviewing a student or when the initial disclosure takes place. Establishing who is involved is vital and consequently any external influence which may affect the disclosure or case must be avoided.

DO NOT

- Ask leading questions or investigate yourself
- Discuss with parents where the allegation relates to them
- Interpret what you have been told, just record it
- Postpone or delay the opportunity to listen
- Stop a child who is freely recalling significant events
- Promise confidentiality. Be clear you need to pass this information on
- Tell the child that 'everything will be alright'
- Make promises that you cannot keep

In all situations, whether responding to direct disclosure; direct observation, or concern:

-Discuss your concerns with your Designated Child Protection Officer as soon as possible.

-Record in writing all concerns; discussions about the child; decisions made and the reasons for those decisions.

APPENDIX III: Staff Concerns

What to do if you are concerned about a member of staff at ISB

This guidance is written for all staff working with children and young people at the International School Brunei. Staff must acknowledge their individual responsibility to bring matters of concern to the attention of the Child Protection Officer or Principal. Although this can be difficult this is particularly important where the welfare of children may be at risk.

You may be the first to recognise that something is wrong but may not feel able to express your concerns out of a feeling that this would be disloyal to colleagues or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young people who are targeted. These children need someone like you to safeguard their welfare.

Reasons for raising a concern

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour – do not turn a blind eye to poor practice
- To prevent the problem worsening or widening
- To protect or reduce risks to others

What stops people from reporting concerns about colleagues

- Fear of starting a chain of events which spirals
- Disrupting the work or project
- Fear of getting it wrong
- Fear of repercussions or damaging careers
- Fear of not being believed

How to raise a concern

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken.
- Try to pinpoint what practice is concerning you and why

You should approach the Child Protection Officer to share your concern

- If your concern is about your CPO you can report this to the Principal
- Make sure you get a satisfactory response – don't let matters rest
- Ideally, you should put your concerns in writing, outlining the background and history, giving names, dates and places wherever you can

A member of staff is not expected to prove the truth of an allegation but will need to demonstrate sufficient grounds for the concern.



What happens next?

- You should be given information on the nature and progress of any enquires
- All information will be treated in a secure and confidential manner
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered as disciplinary offences

Self reporting

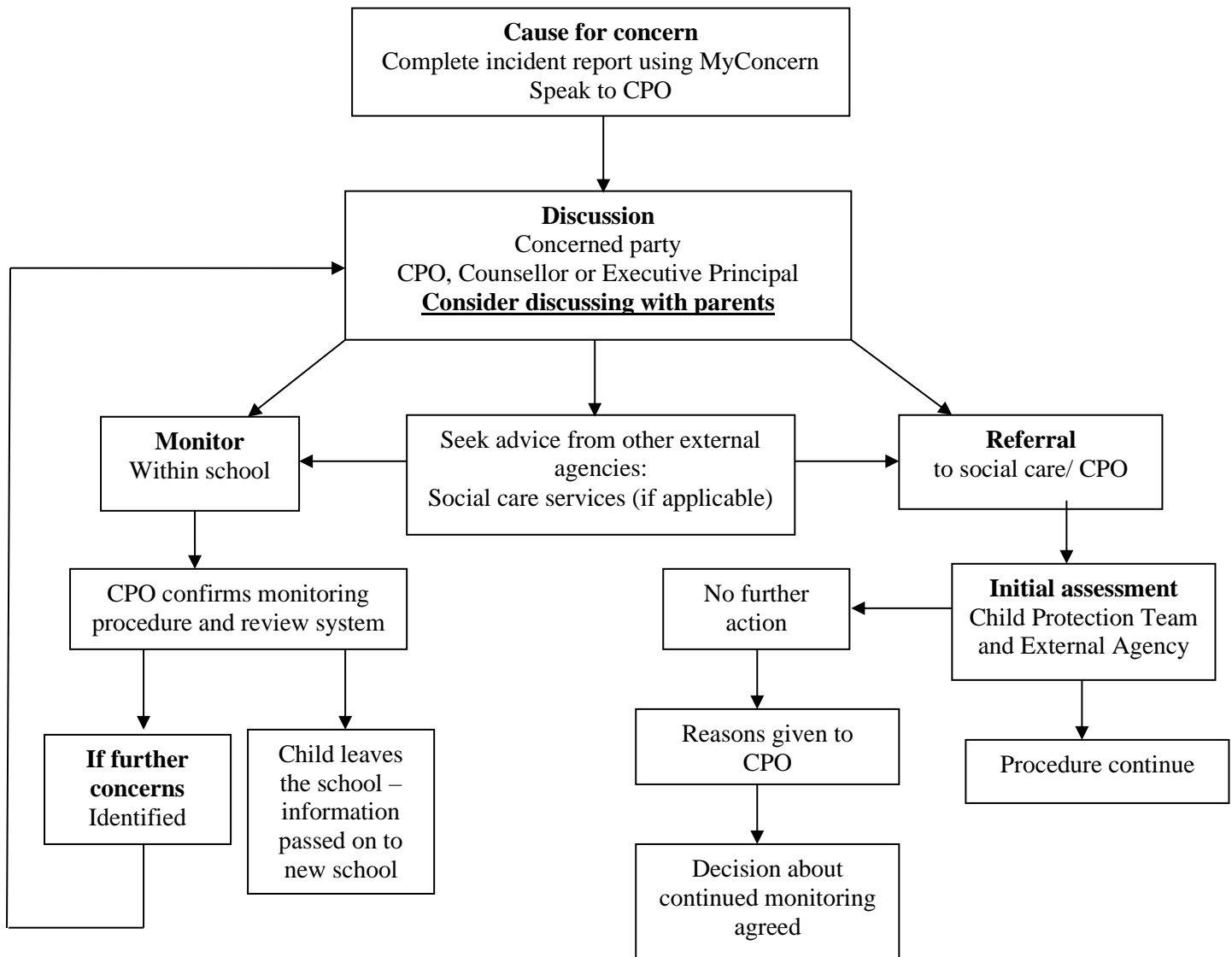
There may be occasions where a member of staff has a personal difficulty, perhaps a physical or mental health problem, which they know to be impinging on their professional competence. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered. Whilst such reporting will remain confidential in most instances, this cannot be guaranteed where personal difficulties raise concerns about the welfare or safety of children.

Further advice and support

It is recognised that reporting concerns about fellow ISB staff members can be difficult and stressful. Advice and support is available from your Child protection Officer, Principals or school counsellor.

APPENDIX IV: In School Procedures

Summary of in-school procedures to follow where there are concerns about a child



APPENDIX V: MyConcern System

www.myconcern.education.uk

To file a report:

1. www.myconcern.education.uk
2. Login
3. Click red tab: **Report a Concern**
4. Fill in details as the pop-up guides you through

Notification Groups:

1. There are 4 categories of concerns:
 - a. Behavioral
 - b. Pastoral (socio-emotional concerns)
 - c. Safeguarding (Child protection case)
 - d. Medical
2. Each category is broken down into either Primary or Secondary
3. For Primary, we have these notification groups:
 - a. *Primary Safeguarding* – for all safeguarding issues (IDA, LTH, MEV, RSM)
 - b. *Primary Medical* – for all medical issues (IDA, Nurses, SJK)
 - c. *Primary Behavioral Pre-Kindy* – all pre-Kindy behavioural issues (IDA, JNE, SJK)
 - d. *Primary Behavioral Kindy* – all Kindy behavioural issues (IDA, JNE, SJK)
 - e. *Primary Behavioral Reception* – all Reception behavioural issues (IDA, KDA, SJK)
 - f. *Primary Behavioral Year 1* – all Year 1 behavioural issues (IDA, MKU, SJK)
 - g. *Primary Behavioral Year 2* – all Year 2 behavioural issues (IDA, PMC, SJK)
 - h. *Primary Behavioral Year 3* – all Year 3 behavioural issues (IDA, DJO, SJK)
 - i. *Primary Behavioral Year 4* – all Year 4 behavioural issues (IDA, TBR, SJK)
 - j. *Primary Behavioral Year 5* – all Year 5 behavioural issues (IDA, PFY, SJK)
 - k. *Primary Behavioral Year 6* – all Year 6 behavioural issues (IDA, SHA, SJK)
 - l. *Primary Pastoral Pre-Kindy* – all pre-Kindy Pastoral issues (IDA, JNE, SJK)
 - m. *Primary Pastoral Kindy* – all Kindy Pastoral issues (IDA, JNE, SJK)
 - n. *Primary Pastoral Reception* – all Reception Pastoral issues (IDA, KDA, SJK)
 - o. *Primary Pastoral Year 1* – all Year 1 Pastoral issues (IDA, MKU, SJK)
 - p. *Primary Pastoral Year 2* – all Year 2 Pastoral issues (IDA, PMC, SJK)
 - q. *Primary Pastoral Year 3* – all Year 3 Pastoral issues (IDA, DJO, SJK)
 - r. *Primary Pastoral Year 4* – all Year 4 Pastoral issues (IDA, TBR, SJK)
 - s. *Primary Pastoral Year 5* – all Year 5 Pastoral issues (IDA, PFY, SJK)
 - t. *Primary Pastoral Year 6* – all Year 6 Pastoral issues (IDA, SHA, SJK)
4. For Secondary, we have these notification groups:
 - a. *Secondary Safeguarding* - for all safeguarding issues (AWO, LTH, SKA, SPU)
 - b. *Secondary Medical* - for all medical issues (AWO, Nurses, SJK)
 - c. *Secondary Behavioral Year 7* - all Year 7 behavioral issues (AWO, SJK and HOY 7)
 - d. *Secondary Behavioral Year 8 & Year 9* - all Year 8 and Year 9 behavioral issues (AWO, SJK, HOY 8)
 - e. *Secondary Behavioral Year 10 & Year 11* - all Year 10 and Year 11 behavioral issues (AWO, SJK, HOY 10 & 11)
 - f. *Secondary Behavioral Year 12 & Year 13* - all Year 12 and Year 13 behavioral issues (AWO, SJK, HOY 12 & 13)
 - g. *Secondary Pastoral Year 7* - all Year 7 pastoral issues (AWO, SJK, HOY 7)
 - h. *Secondary Pastoral Year 8 & Year 9* - all Year 8 & Year 9 pastoral issues (AWO, SJK, HOY 8 & 9)
 - i. *Secondary Pastoral Year 10 & Year 11* - all Year 10 & Year 11 pastoral issues (AWO, SJK, HOY 10 & 11)
 - j. *Secondary Pastoral Year 12 & Year 13* - all Year 12 & Year 13 pastoral issues (AWO, SJK, HOY 12 & 13)



Appendix VI: Suicide

It is the responsibility of the School to provide a safe, supportive, and culturally responsive school environment for all students. The School believes that suicide is a preventable public health problem and acknowledges that all students have the right to be protected from those indicators that put students at higher risk. The School thus acknowledges the necessity of this policy to ensure school personnel are able to recognize and report students at risk of suicide.

I. Purpose

- a. To protect the health and well-being of all students.
- b. To establish procedure to prevent, assess the risk of, intervene, and respond to suicide and self-harm risk in students, staff, and volunteers and make referrals as needed.
- c. To educate all school personnel on their role in providing an environment that is sensitive to individual and societal factors and one which helps to foster positive youth development.
- d. To ensure that all efforts will be made to maintain the privacy and dignity of students and families.

II. Suicide

a. Definitions

- i. **Crisis Team:** Response team including School Counsellor, CP Lead and SMT
- ii. **Mental Health:** A state of mental and emotional wellbeing that can impact choices, actions, and relationships that affect wellness.
- iii. **Safety Plan:** A plan put into place for a student exhibiting high risk factors. Safety plan is agreed with the ISB crisis team, external support, the student and parents.
- iv. **Risk Determination/Assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (school counsellor, or CP lead). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- v. **Risk Factors for Suicide:** Characteristics or conditions that increase the chance that a person may try to take his/her life. Suicide risk tends to be highest when several risk factors are present at one time. Risk factors may include biological, psychological, and/or social factors in the individual, family and environment.
- vi. **Self-harm:** Behaviour that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either non-suicidal self-injury or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

- vii. ***Suicidal Ideation:*** Thinking about, considering, or planning for self-injurious behaviour which may result in death. Desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.
- viii. ***Suicidal Behaviour:*** These behaviours include suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- ix. ***Suicide Attempt:*** A self-injurious behaviour for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- x. ***Suicide:*** Death caused by self-directed injurious behaviour with any intent to die as the result of the behaviour. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Parent acknowledgement that the death was a suicide is strongly recommended before discussing the death as a suicide with the students.

b. Risk Factors

The student

- i. has made a previous suicide attempt(s);
- ii. has the intent to die by suicide, or has displayed a significant change in behaviour suggesting the onset or deterioration of a mental health condition;
- iii. has thought about the potential means of death and may have a plan;
- iv. may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain;
- v. has had a parent/guardian or other close family member die by suicide.

III. Response Procedures

First responders/Staff:

- a. School staff may ask some initial screening questions, if appropriate, or make a referral to the School Counsellor for initial screening and assessment
 - i. Listen to the student with an open and non-judgemental stance; do not dismiss or undervalue what is being shared; be supportive and offer hope.
 - ii. It is ok to ask the student if he/she has been thinking about suicide.
- b. Always take the threat of harm seriously
- c. Bring the student to the School Counsellor so s/he can meet with the student and conduct a suicide risk assessment.
- d. The student should NOT be left unsupervised.
- e. Notify a CP Lead (Primary or Secondary as appropriate) regarding the potential risk.
- f. Document date, time, individuals involved, summary of conversation, etc. and share with the School Counsellor.

- g. Following the referral, debrief with appropriate staff involved in the student's referral process

The following should be conducted by the School Counsellor or CP Lead:

- a. Complete a Risk Assessment to determine or confirm suspected suicide risk.
- b. Determine whether the student needs to be taken straight to RIPAS. If this is the case, student will be accompanied by (correct titles) School Counsellor and/or CP Lead and/or Ai Ling. All documentation to be taken for handover to RIPAS. Parents informed and asked to meet student at RIPAS.
- c. Communicate with the student about contacting parents. Include the student in this conversation with the parent, when possible and appropriate.
- d. Contact the parent/guardian when there is any risk of harm to inform of the situation and request active involvement in support of the student. The following should be addressed with the parent:
 - i. seriousness of the situation;
 - ii. do not assume the student is seeking attention;
 - iii. a list of community mental health agencies/counsellors;
 - iv. information about when it is necessary to seek outside professional help;
 - v. the need for ongoing and continuous monitoring at home;
 - vi. increasing safety measures in the home, ensuring the home is free of potential safety concerns;
 - vii. the desire and importance of working collaboratively with the student;
 - viii. the need to follow a safety plan and update it as needed;
 - ix. a request for a release of information form so communication between the school and outside health provider can take place to best support the student;
 - x. a request for the parent/guardian to stay in contact with the school and to be involved at the re-entry meeting with the student
 - xi. when appropriate, assist family with urgent referral and/or calling emergency services;
 - xii. support for families who don't speak or understand English, require an interpreter, etc. it's important not to have the student or other family member translate.
- e. If reasonable attempt to reach the parent/guardian or adult in whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to contact appropriate medical services or local law enforcement. Documentation of all parties attempted to be reached will be made.
- f. Once imminent risk to harm oneself or others is shared, confidentiality is not maintained (no longer considered privileged communication). Inform the School Child Protection Officer, risk level, recommendations, and safety plan. If deemed necessary, contact external Psychiatry services (Dr Abang) by phone. Record call.
- g. All actions and assessments must be documented on MyConcern. This should include screening and assessment results, behavioural observations; actions taken, including dates, times, individuals involved; a copy of the safety plan; phone calls; conversations; and follow-up actions.
- h. All physical documentation must be kept by the School Counsellor in a secure location. It is critical to keep this documentation separate, secure, and confidential.
- i. The CP Lead and School Counsellor should be informed regarding follow-up services, re-entry plan, and recommendations for the student to return to school.



- j. School Counsellor and CP Lead develop a safety plan for the student, which involves the student, parents and any other individual(s) determined to be appropriate. The plan should be shared with SMT/SLT. A briefing for all teaching staff involved with the student will be held to ensure implementation and monitoring of the plan
- k. Safety plan to be regularly reviewed by School Counsellor, CP Lead and and other individual(s) deemed appropriate. Should removal of safety plan be recommended, SLT will be informed, teaching staff involved to be briefed and the student moved to a monitoring plan.

IV. Reporting to Authorities (Only by CP Lead)

- a. Failure on the part of the family to take seriously and provide for the safety of the student may be considered emotional neglect and reported to the local Department of Child Services (JAPEM)

- i. Department of Community Development
Ministry of Culture, Youth and Sports**

- Address:* Simpang 336-17, Jalan Kebangsaan
Bandar Seri Begawan BB 4310
Negara Brunei Darussalam

- Telephone:* +673 238 1903 / 1905 / 1914 / 2911

- Helpline:* 141

- Fax:* +673 238 2109

- Email:* info@japem.gov.bn

- Website:* <http://www.japem.gov.bn/Themed/english/services/services.htm>

- b. If it is determined by school staff that contacting the parent or guardian would endanger the health or well-being of the student, parent contact may be delayed as appropriate, and JAPEM and/or local law enforcement should be notified immediately.

- i. The school should document reasons for which parents were not immediately notified and information that demonstrates the student's health or well-being was assumed to be in danger.
 - ii. The school administrator or designee must stay at school with the student until the proper authorities arrive and assume responsibility for the child.
 - iii. All documentation must be logged in MyConcern

V. Support for Students

- a. School counsellor/Pastoral Team have a current list of locally-based mental health resources.
- b. School employees, including the suicide prevention coordinator or designee and teacher(s), will collaborate with the family and community resource(s) involved to prepare for re-entry and to continue to monitor the student's safety plan and additional supports needed.
- c. Counselling
 - i. In-School:
 - 1. School Counsellors and other appropriate school personnel are available to provide support and counselling to students who are victims of alleged victims of abuse.



2. School employees should act only within the authorization and scope of their credential or license. Only those employees with counselling expertise should provide counselling services.
- ii. Community
 1. Community referrals may need to be made as necessary. The school should have a list of community resources available for the student and family.
 2. A signed release form may be necessary to communicate with community counsellors/therapist.
 - d. Multidisciplinary/Student support/intervention team meetings should occur for the purpose of providing services and supports to students in need. To the extent permitted by confidentiality laws, information may be shared and concerns discussed to coordinate planning services for the student. Appropriate school personnel may also request information outside of the team meeting to coordinate services that may be provided in the community.
 - e. Academic support available, if needed, for a child to continue to be successful in school.
 - f. In the case of a student suicide, postvention plans need to be implemented.

VI. School Employee Training

- a. School counsellor will run yearly refresher courses for all staff on Suicide and Self-Harm.
- b. Recommended training for the School Counsellor Suicide Risk Assessment
 - i. Safety Plan
 - ii. Counselling on Access to Lethal Means
 - iii. Community Resource Planning
 - iv. Postvention
 - v. Mental Health First Aid

VII. Resources

- a. <http://www.isb.edu.bn/>
- b. <http://www.japem.gov.bn/Themed/english/dcd.htm>
- c. <http://www.moe.gov.bn/SitePages/Homepage.aspx>

Standard forms

- Risk Assessment (for use by Counsellor or trained staff only)
- Safety plan

Appendix VII: Self Harm

I. Context

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who self-harm. It is designed so that those students seeking help will feel secure in knowing how we can support them, giving staff a structure for the early identification of self-harming behaviour and for dealing with the problem.

Associated Guidance and Documentation:

1. Guidance for professionals working with children and young people who self-harm 2017 (<https://www.harmless.nhs.uk/>)
2. Guidelines for professionals who work with children and young people who self-harm: Oxford NHS Foundation Trust (<https://www.oxfordhealth.nhs.uk/>)
3. ISB Child Protection and Safeguarding Policy
4. ISB Behaviour Policy
5. Keeping Children Safe in Education, DfE, September 2018 (<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>)
6. Working Together to Safeguard Children, DfE, September 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)
7. Mental health and behaviour in school, DfE, November 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf)

II. What is self-harm?

The nature and meaning of self-harm varies greatly from child to child and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where a person intentionally sets out to harm themselves. This may be an impulsive act or may be planned.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore, it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an ‘attention seeking behaviour’

Given that most self-harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. Another belief is that self-harm is something that groups of students do together. Whilst it is important to be aware that within friendship groups, some individuals may self-harm, it is rare that students self-harm in front of others.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware signs that student is self-harming. Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin

- Cutting body
- Tying something around body
- Inserting things into body
- Scouring / scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over / under eating
- Excessive drinking of alcohol
- Taking non-prescriptive drugs
- Burning or scalding
- Hitting walls with head and/or fist
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

III. Why do people self-harm?

During adolescence, students may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

The three most common reasons why young people self-harm are:

- **Tension relief** – a number of young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** – young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** – for some young people self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help.

Other explanations from students about why they self-harm include:

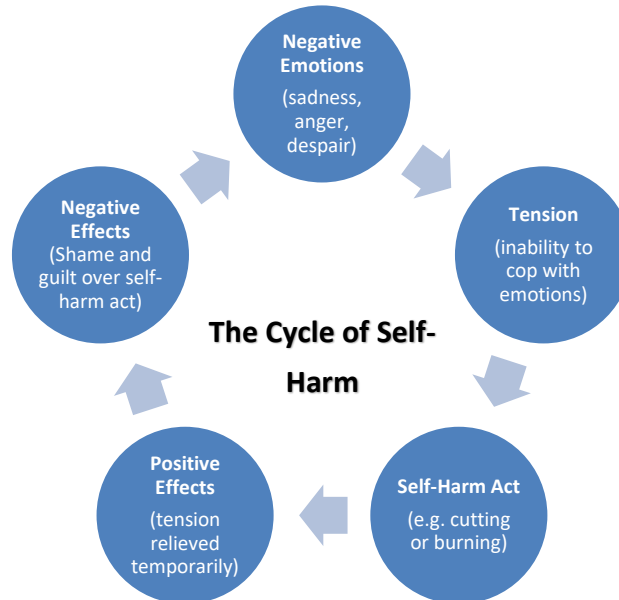
- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group
- Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

It may be helpful to understand that when a student inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that give temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Students who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

The following is an illustration of the cyclical nature of self-harm and demonstrates how such behaviour may become addictive.

IV. The Cycle of Self-harm



V. How can staff identify signs of self-harming?

All staff at ISB are expected to be vigilant and report concerns immediately, if they notice the following signs:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or moods
- Increasing isolation from friends/family

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form a part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display his/her emotional distress.

Self-harm in younger students is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing / scratching may be signs of self-harm.

VI. Factors which may contribute to self-harming



Staff should be aware that the factors that students identify as contributing or triggering self-harm include:

- Being bullied
- Experiencing poor mental health
- Having a parent who has poor mental health
- Stress and worry about school work and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships, including the breakup of a relationship
- Not getting on with parents/carers or other family members
- Family relationship difficulties, including parents/carers separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Low self esteem
- Feeling unhappy with yourself
- Feeling isolated, rejected or bullied due to race, culture or religion
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Use of alcohol or drugs
- Feelings or rejection socially, or within their family
- Termination of pregnancy
- Self-harm behaviour in social group
- Self-harm portrayed in the media

VII. Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as “I wish I was dead” are common. It is therefore important to explore the meaning behind the words the young person says. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and chance of ever being happy. Suicidal ideation is rare. If staff encounter a student who demonstrates these thoughts they should immediately follow the protocols outlines in Section 8.

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

VIII. School procedures when a student self-harms

Any member of the school staff who knows a student who may be thinking of self-harming must:

- Report this to the Child Protection Officer (CPO).
- Complete a referral through MyConcern

What to do if a child discloses thoughts of self-harm and/or superficial injury

Keep calm and give reassurance to the student.

- Focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Report the disclosure immediately to the Child Protection officer (CPO)
- The CPO will inform the student’s parents/carers of the situation and be actively involved in the handling of the situation
- The HOP will then liaise with the Head of Primary and/or Secondary.
- Some instances of self-harm are Child Protection issues. In this case the procedures laid down in the school’s Child Protection and Safeguarding Policy must be followed by the CPO. There must be no promise of confidentiality made to the student and they must be told that the CPO will be informed.
- If there are no child-protection concerns and it is not deemed a referral is required then the following procedures may be considered a part of the harmless action
 - A Pastoral Support Plan
 - An Early Help Assessment could be completed

The Child Protection Officer may complete a referral to:

- School Nurse
- School Counsellor
- Social Care
- Rehabilitation psychiatric centre, RIPAS
- Community mental health service, RIPAS
- RIPAS Mental Health Unit (2425090)
- While the national suicide prevention hotline is still in development, the Community Development Department said vulnerable individuals can still reach out to helpline at 141, or call the Talian Darussalam hotline at 123
- It may be necessary to hold a multi-agency meeting with those involved to discussed the way forward. If this is the case then the procedures laid down in the Child Protection and Safeguarding Policy should be followed.

The CPO will decide the level of support required by the student

Overview of harmless Strategies			
Level 1	Level 2	Level 3	Level 4
Complete the Level 1 First Stage Support Plan	Complete the Level 2 Support Plan	Complete the Level 3 referral plan	Complete the Level 4 Urgent referral plan
Provide basic information about self-harming	Provide basic information about self-harming	Provide basic information about self-harming	Provide basic information about self-harming
Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan
Arrange a follow up meeting	Arrange a follow up meeting	Arrange a follow up meeting	Arrange a follow up meeting
	Make the tutor and teachers aware of how they are feeling	Make the tutor and teachers aware of how they are feeling	Make the tutor and teachers aware of how they are feeling
		Submit a referral	Make an urgent telephone referral

The CPO will ensure that copies of all documentation are uploaded to into the MyConcern system



A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment, e.g. injury or overdose (however small).

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment then CPO should be informed. The CPO will decide the appropriate course of action, which may include:
 - The student should be taken to the ISB Medical Centre for medical assessment and care.
 - If appropriate, emergency services may be called by the CPO

IX. Confidentiality

Confidentiality is a key concern for students; however, ISB's Child Protection Policy states students need to know that it is not possible to offer unconditional confidentiality. If you consider that a student is at risk of seriously harming him / herself or others then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the student may put pressure on you to do so. If this is explained at the outset of any meeting the student can make an informed decision as to how much information s/he wishes to divulge.

X. How to help a student who self-harms

Talking with students about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm they might make things worse.

There is **NO EVIDENCE** to suggest that talking about self-harm will encourage young people to harm themselves. In fact feedback from students is that they want to talk. However, this needs to be done sensitively since our responses can be seen as uncaring.

SLEEP is an acronym to help you remember 5 important steps when talking with students about self-harm.

- Stop
- Listen
- Empathise
- Explore what they are giving
- Plan what you will do

Stop and make time to talk

- Remember that if a student approaches **you**, it is **you** that they want to talk with.
- The student may not find it easy to talk so they need to be given time. Don't try to have a rushed conversation.
- If you are in the middle of doing something or are busy then let the student know that you will make a time to talk with them. Make a time there and then so that they know you are taking them seriously.
- Give the student your undivided attention. Show them that they are important and that you care.
- Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

Listen to what the student is saying

- Listen carefully to what the student is saying. Listening signals that you care and will encourage them to talk.
- They may feel embarrassed or ashamed of what they have done so be patient and give them time.
- You don't have to jump in and try and fix things. Just listen to what the young person is saying.

Empathise with how they are feeling

- Students need to know that you understand how they are feeling.
- **DO NOT** be judgemental or shocked by what they say. This will signal that it is not OK to talk about these things and they may be less open.
- Empathise with how they are feeling. Acknowledge that they are feeling distressed and that they must be feeling really bad.
- Reassure them that things can change. They have made an important step by talking with you today

Explore what the young person is saying

- Be curious and explore what the student is really saying
- Students might say that "they wish they were dead". These words are frightening but they do not necessarily mean that the student person is suicidal.
- Often students say these things because they are feeling hopeless or frustrated and don't know what to do. Check this out and explore what the student means.
- The **harmLESS** questions provide a way of exploring this.

Plan what you will do

- The final stage is to agree the next steps. In the majority of situations this can be agreed collaboratively with the student.
- You need to decide who you need to talk with in order to keep the student safe. A student may not always want their parents or carers to know but if they are **at risk of seriously hurting themselves their parents need to know.**
- Tell the student that you are concerned about their safety. **Because you are worried about them the CPO will need to speak with their parents/carers so that they can help the student to keep safe.**
- Section 8 of this policy (including the **harmless** questions) can help you plan what response is needed.



XI. Assessing self-harm and planning support

The **harmless** Survey provides a series of questions. How students answer these questions will inform a plan about the type of support they might require.

This questionnaire should only be completed if a member of staff is directed to do so by the CPO.

HarmLESS Questions

How long have you had thoughts of wanting to hurt yourself?

- Less than 2 weeks More than 2 weeks

Have you **actually** harmed yourself?

- Yes No

Have you **recently** harmed yourself?

- Yes No

Have you harmed yourself **more** than once?

- Yes No

Have you ever thoughts that **life** is not worth living?

- Yes No

Have you made plans to **end** your life?

- Yes No

Have you ever **secretly** tried to end your life?

- Yes No

Is anyone **supporting** you at the moment?

- Yes No



XII. Creating an action plan with the student (CPO or School Counsellor)

A completed questionnaire will produce one of the four responses below. The appropriate support plan for each level can be found in section 13. Copies of Questionnaires, support plans and risk assessments will be uploaded to MyConcern.

<p style="text-align: center;">Level 1 – First Step</p> <p>This student has thoughts of self-harm but has not actually acted on them.</p>
<p style="text-align: center;">Level 2 – Support</p> <p>This student has harmed themselves but is not actively planning to end their life.</p>
<p style="text-align: center;">Level 3 – RIPAS referral</p> <p>This student is regularly harming themselves but does not have any active plans to end their life.</p>
<p style="text-align: center;">Level 4 – Urgent RIPAS referral</p> <p>This student is actively planning to end their life or has made a past serious suicide attempt (see Appendix VI: Suicide).</p>



XIII. Safety Plans

harmLESS – Level 1 – First Step Plan

Young person's name:

Date:

- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

If you were worried about yourself, you could talk with:

Friend

Adult

Professional

If you were worried about your safety or had hurt yourself:

Talk with your GP

Go to the Accident & Emergency Department

If you are feeling that you might hurt yourself, these things might **help you ride out this feeling**:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)
-
-
-
-
-

If you want more information, these links might be helpful:

- Information and advice about support: <http://www.onyourmind.org.uk/>
- Information about local support: http://www.psychologymatters.asia/find_therapist/Brunei/
- Free online support: <https://www.kooth.com/>

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student



harmLESS - Level 2 – Support Plan

Young person's name:

Date:

- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

If you were worried about yourself, you could talk with:

Friend

Adult

If you are feeling that you might hurt yourself, these things might **help you ride out this feeling**:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)
-
-
-
-
-

If you want more information, these links might be helpful:

- Information and advice about support: <http://www.onyourmind.org.uk/>
- Information about local support: http://www.psychologymatters.asia/find_therapist/Brunei/
- Free online support: <https://www.kooth.com/>

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student



harmLESS – Level 3 – Referral Support Plan

Young person's name:

Date:

- I will write to RIPAS and refer you in
- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

These are some things that could help you to keep safe:

If you were worried about yourself, you could talk with:

Friend

Adult

Professional

If you were worried about your safety or had hurt yourself:

Talk with your GP

Telephone 141 or 123

Go to the Accident & Emergency Department

If you are feeling that you might hurt yourself, these things might **help you ride out this feeling**:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)
-
-
-
-
-

If you want more information, these links might be helpful:

- Information and advice about support: <http://www.onyourmind.org.uk/>
- Information about local support: http://www.psychologymatters.asia/find_therapist/Brunei/
- Free online support: <https://www.kooth.com/>

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student



harmLESS – Level 4 – Urgent Referral Plan

Young person's name:

Date:

- I will telephone RIPAS and refer you in
- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

These are some things that could help you to keep safe:

If you were worried about yourself, you could talk with:

Friend

Adult

Professional

If you were worried about your safety or had hurt yourself:

Talk with your GP

Telephone 141 or 123

Go to the Accident & Emergency Department

If you are feeling that you might hurt yourself, these things might **help you ride out this feeling**:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)
-
-
-
-
-

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student



Appendix E - Student Risk Assessment

Student's name:

Assessor:

Date:

Possible behaviour(s):

- 1.
- 2.
- 3.
- 4.
- 5.

Behaviour	Frequency	Impact on Environment	Effective Strategies / Controls Needed