



CHILD SAFEGUARDING POLICY



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AISV GUIDING STATEMENTS



VISION

Prepared to realise our personal potential, pursue our passions and positively impact our ever-changing world.

MISSION



VALUES



AISV CHILD SAFEGUARDING POLICY

AISV believes all students have the right to feel safe and protected from harm while at school. Towards this end, the school has a duty and responsibility to create and sustain a school culture of awareness, prevention, and responsiveness through the development and enforcement of a child safeguarding policy and protocols for AISV students, their families, and visitors.

AISV will adhere to the following laws and school requirements:

- The UN Convention on the Rights of the Child: Article 19 (protection from all forms of violence) of which host country Lithuania is a signatory. Article 19 stipulates that governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect, and mistreatment by their parents or anyone else who looks after them.
- The Lithuanian Child Rights protection System provides the legal process and resources for child protection in Lithuania.
- Central and Eastern Europe Schools Association (CEESA) child protection requirements.
- New England Association of Schools Accreditation and Council of International Schools Accreditation child protection requirements.
- US Office of Overseas Education child protection requirements.

AISV will ensure that students will be safeguarded through the following protocols:

1. AISV staff (new hires and currently employed staff) will submit a criminal background check to the Human Resources Manager. Staff must be clear of any background associated with child abuse. The Director has the discretion to determine if other issues of criminal background check warrant the non-employment at AISV.
2. AISV volunteers who will offer an ongoing school-related activity (e.g. after school activity) or chaperoning of an activity (e.g. field trip or CEESA event) will submit a background check to the Human Resources Manager. This does not apply to parents who come to a one-time classroom event, a school assembly, or the like.
3. AISV staff are expected to report suspected child abuse of a student to the school administration in a timely manner (within 24 hours of suspicion). The administration will respond within 24 hours of receipt of suspicion.
4. AISV will provide annual education to students, parents, and staff on child protection awareness, prevention, and responsiveness.
5. AISV will follow CEESA child protection requirements when participating in a CEESA sponsored event.
6. AISV will ensure that staff working with students is informed and proactive in the implementation of appropriate best practices of child safeguarding. Specific practices are in the AISV Employee Handbook.
7. AISV will ensure the volunteers who offer ongoing school-related activities receive training and are informed and proactive in the implementation of appropriate best practices of child safeguarding.
8. AISV will ensure campus security through the enforcement of gate access protocols for staff and visitors (e.g. usage of the badge).
9. AISV will ensure the E-Safety policies and protocols are in place for students and staff.
10. AISV will ensure that students are safely supervised (e.g. adequate staff: student ratio) to safeguard child protection during school hours, field trips, activities, and school-sponsored events.
11. AISV will ensure confidentiality is maintained with all incidents of reporting and staff/volunteer screening matters related to child protection.

INTRODUCTION

The health, safety, and well-being of all our children are of paramount importance to all the adults who work at AISV. Our children have the right to safeguarding, regardless of age, gender, race, culture, or disability. They have a right to be safe in our school.

All staff employed at AISV must report suspected incidences of child abuse or neglect whenever the staff member has reasonable cause to believe that a child has suffered or is at risk of suffering abuse or neglect. Reporting and follow-up of all suspected incidences of child abuse or neglect will proceed in accordance with administrative regulations respective to this policy.

The following definitions are used in this policy:

Child: Any person under the age of 18 years.

CSC: Child Safeguarding Coordinator.

Neglect: The failure of a parent or caregiver to provide for the basic needs of a child in terms

of adequate food, clothing, shelter, support, and supervision, and/or medical care.

Physical Abuse: Actual or likely physical injury to a child, or failure to prevent physical injury or suffering.

Sexual Abuse: When an adult or older adolescent uses a child for sexual purposes, including asking or pressuring a child to engage in sexual activities, indecent exposure, intimidation, physical sexual contact with a child, or using a child to produce child pornography.

Emotional Abuse: Behavior toward a child that undermines or destroys a child's development or sense of self-worth; can also include unreasonable or excessive demands by a parent or caregiver that are beyond a child's capabilities.

At risk of abuse: these are situations where children may not have been abused, but where social and medical assessments indicate a high degree of risk that they might be abused in the future. This may include situations where another child in the household has been abused, or where there is a known abuser.

AIMS AND OBJECTIVES

This policy ensures that all staff in our school can follow the necessary procedures with regard to a child protection issue.

It aims:

- To raise awareness and identify responsibility in reporting possible cases of abuse.

- To ensure effective communication between all staff when dealing with child protection issues.
- To inform all parties of the correct procedures to use in the case of a child protection issue.

STAFF RESPONSIBILITIES

General whole school responsibilities:

- There is a named person in our school who is the Child Safeguarding Coordinator (CSC).
- All members of the school staff have a responsibility to identify and report suspected abuse and to ensure the safety and wellbeing of the students in the school. In doing so, they should seek advice and support as necessary from the CSC.
- All staff are expected to attend relevant professional development sessions.
- All staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings, and opinions. Children should be treated with respect within a framework of agreed and understood behavior.
- Ensure that parents understand the responsibility placed on the school and staff in relation to child protection.
- All staff is expected to:
 - Be aware of symptoms of abuse.
 - Report concerns to CSC as appropriate.
 - Keep clear, dated, factual, and confidential records of child protection concerns.

Specific responsibilities of the School Nurse:

- The Nurse may be requested to provide physical treatment and emotional support after a child has been abused.
- The Nurse may be required to conduct an examination if there are physical injuries and write an initial report about the child's physical and emotional condition.
- The Nurse can provide positive encouragement to the child, liaise with family members and determine how best to promote the child's safety both at school and at home.
- Child abuse can leave deep emotional scars and the Nurse should recognize these and help develop a rehabilitation plan in liaison with the

School Counselor, CSC, and other appropriate staff.

- In some cases, the child may have to take medication as a result of the abuse. The Nurse should ensure that all standards and procedures for administering medications in the school setting are met.

Specific responsibilities of the School Counselor:

- The School Counselor should help develop an abuse intervention plan in liaison with the school-based response team.
- The School Counselor may be requested to provide emotional support after a child has been abused.
- The School Counselor can provide positive encouragement to the child, liaise with family members and determine how best to promote the child's safety both at school and at home.
- The School Counselor can recommend outside specialists to support the family and maintain contact with the family and specialists to keep track of the dynamic of the child's psychological state.

Specific responsibilities of the HR Department and the Security Chief:

When recruiting any member of the teaching staff or support staff with access to children, all reasonable steps should be taken to ensure compliance as far as possible with the following:

- Provision of an up-to-date police 'good conduct' letter and/or criminal records check.
- Two or more references from previous employers with follow-up questions with regard to the applicant's compliance with any Child Safeguarding procedures.
- The Security staff undertakes to be vigilant and adhere to the procedures governing the access, detailed record-keeping, provision of a Visitor's Pass to be worn for ease of identification and monitoring of visitors to the school.

Resources

The school is responsible for providing appropriate resources to support the policy.

Documentation

All documentation of any investigation should be kept in the child's school confidential records file.

Designated Child Safeguarding Coordinator (CSC)

School Counselor.

Child Safeguarding Team

Director, Principals, Counselor, Nurse, Chief of security and Staff Member.

CHILD ABUSE OR NEGLECT

Abused and neglected children can be helped if the situation is identified and the school takes steps in order to support the child.

Warning Signs and Risk Factors

There are some specific warning signs and risk factors to look for in potentially abused students. Here are some of the common warning signs and risk factors that school staff, peers, and parents can often identify:

Warning Signs

Physical:

- The child has an injury that is not typical of the bumps and scrapes normally associated with the child's activities.
- The child regularly has unexplained injuries.
- The child frequently has injuries even when apparently reasonable explanations are given.
- When talking about how injuries were sustained, the child gives confused or conflicting explanations.
- Discloses an experience in which h/she may have been harmed.

Emotional:

- The child exhibits significant changes in behavior, performance, or attitude.
- Delayed emotional development.
- Loss of previously acquired developmental skills.
- Social withdrawal.
- Depression, anxiety, unusual fears.

- Avoidance of certain situations, such as refusing to go to school or ride the bus.
- Desperately seeking affection.
- A decrease in school performance.
- Loss of interest in school or other activities.
- Rebellious or defiant behavior.
- Shares about emotional abuse experiences.

Sexual:

- The child indulges in sexual behavior which is unusually explicit and/or inappropriate to his/her age.
- Blood in the child's underwear.
- Sexual behavior with other children.
- Discloses an experience in which h/she may have been harmed.

Neglect:

- Slow or no growth or weight gain.
- Hiding food, taking food without permission.
- Poor hygiene.
- Frequent absences from school.
- Lack of appropriate attention for problems (psychological, physical, etc).
- Attempts at running away from home.
- Rebellious or defiant behavior.

Risk Factors

Individual child risk factors:

- The child is younger than 4 years of age.
- The child has special needs that may increase the caregiver burden.

Individual parent risk factors:

- History of child abuse and/or neglect.
- Lack of parenting skills.
- Substance abuse and/or mental health issues (e.g. depression) in the family.

Family risk factors:

- Social isolation.
- Separation or divorce, extreme stress, and violence, including between partners.
- Unstable family relationships.
- Low income, unemployment.

Procedures for Students Identified as at-Risk for harm

If a student discloses that h/she has been harmed in some way, the member of staff should:

- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Allow the child to talk freely.
- Reassure the child but not make promises that might not be possible to keep.
- Not promise confidentiality, as it might be necessary to refer the case to the appropriate authority.
- Reassure the student that what happened is not their fault.
- Stress that it was the right thing to tell someone.
- Listen rather than ask direct questions.
- Ask open questions rather than leading questions.
- Do not criticize the perpetrator.
- Help the child to arrange a meeting with the school counselor.

If a child shares about abuse:

Dealing with Disclosure guidelines given in the AISV Child Protection and Welfare Policy are followed when talking to the child.



The Divisional Leader and/or Designated Child Protection Coordinator (CPC) are informed.



AISV Report of Concern (SOC) Form is filled-out.

The Divisional Leader will inform CSC accordingly. The CSC will take initial steps to gather information regarding the reported incident:

- Interview staff members as necessary and document information relative to the case.
- Consult with school personnel to review the child's history in the school.

The CSC will keep the Regional Security Officer (RSO) of the US Embassy apprised of potentially harmful situations. Based on the acquired information, a plan of action will be developed to assist the child and family. The CSC might form a school-based response team to address the report. The response team may include the school nurse, counselor, teacher, and other individuals as the CSC sees fit. In all cases, follow-up activities will be conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained. After being informed about potential abuse or neglect, the CSC may react by:

Interviewing staff members as necessary and documenting information relative to the case; consulting with school personnel to review the child's history in the school.



Talking to the child to gain more information and to provide emotional support.



Forming a school-based response team.



Observing the child in-class or asking the teacher(s) for observations.



Meeting with the family to present the school concerns.



Referring the child and family to external professional counseling.



Consulting with local authorities.



Maintaining contact with involved parties to keep track of the dynamics of child's psychological state.

SELF-HARM AND SUICIDE

Adolescent suicide can be prevented if we recognize at-risk behavior, make at-risk students a priority, and know how to deal with suicidal students. Suicide prevention and crisis intervention programs must include all staff within the school support system and must include information sessions for parents.

Warning Signs and Risk Factors

There are some specific warning signs and risk factors to look for in potentially suicidal students. Here are some of the common warning signs and risk factors that school staff, peers, and parents can often identify:

Warning Signs

Mood:

- Prevailing sadness or depression.
- Hopelessness.
- Anxiety.
- Anger.
- Loss of interest.
- Sudden relief.

Talk:

- Feeling hopeless.
- Being a burden to others.
- Life lacks purpose.
- Unbearable pain.
- Killing themselves.

Behavior:

- Alcohol or drug abuse.
- Loss of interest or pleasure in usual activities.
- Atypical acting-out behavior.
- Change in eating or sleeping patterns.
- Fatigue.
- Grades dropping or failure in school.
- Self-mutilation or cutting behavior.

Risk Factors

Health factors:

- Mental health conditions (depression, substance use problems, bipolar disorder, anxiety disorder).
- Prolonged physical health conditions including pain.

Environmental factors:

- Stressful life events such as boyfriend/girlfriend problems and/or breakups, changed relationships with peers, parents' divorce or separation, etc.
- Prolonged stress because of harassment, bullying, relationship problems.
- Access to lethal means including firearms.
- Exposure to another person's suicide or to graphic or sensationalized accounts of suicide.

Historical factors:

- Previous suicide attempts.
- Family history of suicide.
- Childhood neglect, abuse, or trauma.

If a teacher or staff member notices that a student displays several signs indicating suicide risk, the only way to provide adequate help and support is by finding out the real situation. Although it might be emotionally difficult to ask the adolescent about his emotional state (including suicidal thoughts), it is crucial to do so. Most adolescents who think about suicide tell someone about it beforehand and there are ways to help people who are at risk. Even if people are talking about suicide, they want to live. However, they feel at a loss and do not know how to handle their emotions and the difficulties they are facing in life at the given moment.

Procedures for Students Identified as at-risk for suicide

The staff member who is concerned that a student is harming himself/herself or/and may be at-risk for suicide should contact the Divisional Leader or the CSC. A school-based response team will be formed to determine actions to be taken. The staff member reporting the concern may be included in team decisions but is not necessarily asked to assume responsibility for the intervention or crisis plan implementation. The Director or the Designated Child Safeguarding Coordinator will meet with the parents to discuss the student's suicidal gestures and to determine the action plan for supporting the student. The CSC will keep the RSO apprised of potentially harmful situations.

If a student harms himself/herself, expresses suicidal thoughts, or displays several suicide risk warning signs/risk factors:

The Designated Child Safeguarding In-charge (CSC) or school administration is informed.



The AISV Report of Concern Form is filled out.

In such a case, the school reacts by:

Providing emotional support for the child.



Informing child's parents/legal guardians.



Referring the parents/legal guardians to a psychologist for evaluation and counseling.



Following-up with parents/legal guardians and/or the psychologist about child's psychological state.



If the parents/legal guardians refuse to seek help, the local Child's Rights Protection Division is informed.

If a student attempts to commit suicide, inflicts physical harm on him/herself, and/or needs medical help, a member of the school community reacts by:

Calling Emergency Services Number 112.



Informing parents/legal guardians.



Informing school administration.

Coping with the Emotional after-effects of suicide in the school community

The general response objectives of a sound response are the following:

- Disseminate accurate information and dispel rumors.
- Provide emotional support for students who might need it.
- Facilitate referral to outside specialists for students who need longer psychological counseling.
- Prevent the "spread" of suicidal ideation or gestures.

Some situation-specific objectives include the following:

- Intervention is intended to provide students with an opportunity to discharge the emotions triggered by the suicide of a fellow student. The process of coming to terms with an important loss is encouraged by an explicit acknowledgment of feelings of loss. The school's acknowledgment of the loss provides support and sanction for the students to more overtly and completely express their feelings and cope with the loss.
- In the wake of a student suicide, know that other students are likely to have experienced suicidal thoughts in the past or may be entertaining such thoughts currently. The suicide may heighten these other students' anxieties about their own psychological process. They may become more unsettled by their own suicidal ideation, or they may develop a morbid preoccupation with suicide. One major objective of an intervention is facilitating referral. Students will know that seeking help from someone else



when you are feeling depressed is a very mature, adult way of handling difficult or painful emotions. Students will be encouraged to seek out counselors in any way they see fit if they would like to talk about their emotions/feelings.

- Do not impose on students the expectation that they will have stronger feelings for the student who committed suicide than is actually the case. Set up a venue that allows students to come and discuss their feelings if they are interested.
- Students or the school may want to take some sort of collective action to express their feelings over the loss of the student. An objective of the intervention is to organize such efforts and see that they are carried to completion.

- The circumstances surrounding the student's suicide may raise other issues, which may require a more broad-based institutional response.
- Monitor for delayed reactions.

Child Protection Team

Designated Child Protection In-charge (CPC): Uldė Sirtautaitė (school Counselor)

School Nurse: Alina Aušrienė

Chief Security Officer: Andžej Čivilis

School Director: Stephane Ruz

Divisional Leaders: Robin MacArthur, Lauren Heil, Kelly Mejia

APPENDIX

AISV Child Safeguarding: Report of Concern

Name of person making the report	
Date of Report	
Name of CPC to whom report is given	
Nature of Concern	
Date, Time and Location of Incident / Observation	
Name of Student (if known)	
Details of Concern: Concerns or alerts may be as a results of: Observed behavior in a child (physical, emotional, change in behavior) Hearsay (third party disclosure) Disclosure (specific report made by a student directly or via a trusted adult) Observed behavior in an adult (breach of Code of Conduct) Provide full factual details only. State whether you witnessed the incident or if it was reported to you. If there was any conversation with the child, report his/her own words as closely as possible. (Continue overleaf if necessary.)	
Follow up Action (if any): (Did you make any follow-up action as a result of what you heard or witnessed?)	
Signed by (reporter)	
Signed by (CPC/Recipient of report)	