



Warwick Academy

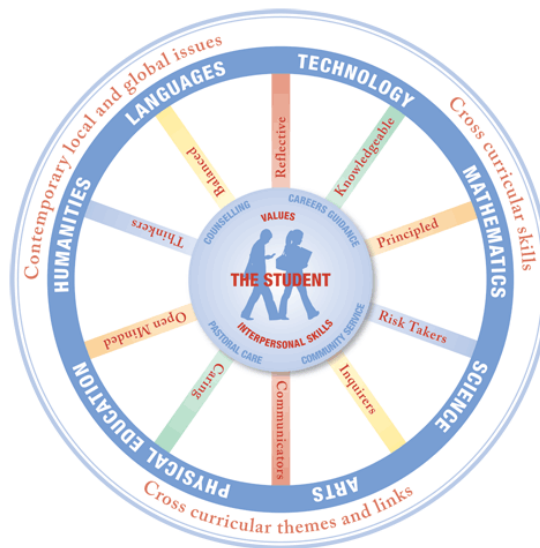
'so much more than a place to learn'

Child Protection Policy Abuse/Neglect Prevention Programme

Mission Statement

Building on centuries of excellence, we provide an international educational environment designed for our diverse student body. Our innovative curriculum is delivered with a commitment to personalised pastoral care and enhanced by a dynamic co-curricular programme. We strive to create a culture of collaboration so that our students can become lifelong learners, global thinkers and successful leaders.

CURRICULUM MODEL



NOTES

To be reviewed: April 2027

Staff involved: CPL, ST

Dated: April 2026

Introduction

Warwick Academy is committed to working together to safeguard and promote the welfare of all our students with dignity and respect.

This Policy is governed by:

- Bermuda Law: The Children Act 1998. Key articles are:
 - Meaning of significant harm.
 - Offences related to child abuse.
 - Mandatory reporting of child abuse.
- International Law and the United Nations Convention on the Rights of the Child, key articles are:
 - Article 19: Protection from abuse and neglect.
 - Article 34: Protection from sexual exploitation.

Purpose

- To guard against abuse and establish the responsibility of all to protect our students and their rights.
- Maintain a safe and secure environment for all students who are entrusted to our care and foster healthy relationships.
- Clear and shared guides to appropriate behaviour by staff and volunteers as they relate to students.
- Clear protocol for reporting abuse/neglect or suspected abuse/neglect.

Aims

- Staff, Board Members, Parents, External Service Providers, and Volunteers:
 - Have access to this policy through public-facing websites, parent and staff pages, student applications, and staff employment applications.
 - Are aware and held accountable to this policy, highlighting mandated reporting protocol and code of conduct.
 - Raise awareness and understanding as to types of abuse and possible signs of abuse and neglect. **(Appendix 1).**
- From The Children Act: Mandatory reporting of child abuse: Children Act 1998
 - Every person who has information indicating that a child is suffering or has suffered significant harm, **shall forthwith report** that information to the Director (DCFS).
 - Notwithstanding subsection (1) or any statutory provision, a person who performs professional or official duties with respect to a child, including—
 - a physician, nurse, dentist, pharmacist, psychologist or other health care professional.
 - a school principal, teacher, counsellor, social worker, youth or recreational leader, member of the clergy or childcare worker; or police officer, probation officer or youth care worker.
 - As mandated reporters we cannot remain anonymous.
- Ensure continued professional development and communication surrounding the content of this policy and the safeguarding and protection of the welfare of students.
- Yearly review of Child Protection Policies with all staff.
- **SCARS (Saving Children and Revealing Secrets)** training for current staff every 3 years.
- Ensure **prevention education** for all students, regularly monitored, and evaluated. **(Appendix 5).**
- Keep disclosures/discussions **confidential**.

- Ensure continued clear recruitment and hiring expectations with diligent screening.
 - Must provide a current criminal police clearance certificate prior to the commencement of their employment. Any criminal offence must be immediately disclosed to the Principal.
 - Training in **SCARS** and Child Protection Policies.
- This policy is linked to strategic planning, budgeting, recruitment, performance management, whistleblowing, and risk management, etc.
- Ensure continued diligent on-campus and digital security.
 - All visitors must sign in.
 - Volunteers only work with groups of students not one-on-one sessions.
 - Lanyards and badges to be worn by all staff (blue), visitors (white) and contractors (red).
 - Child Protection Pocket Guides and Cards distributed to all staff, on view in the main office, and explained to all visitors.
 - All staff are required to provide a new criminal police clearance certificate every 5 years. Any criminal offence must be immediately disclosed to the Principal.
 - All other persons who may occasionally come into contact with students (contract cleaners, learning specialists, trainers, or coaches) must provide a criminal police clearance certificate and provide proof of identity before commencing work.
 - Device Monitoring and Management: software for network and classroom safeguarding.
 - Staff adherence to **Code of Conduct (Appendix 2)**.
- Ensure safeguarding of pupils extends to instances of abuse by one or more pupils against another pupil (**See also Anti-Bullying Policy**).
- Within the Board Compliance Committee, a team focusses on Child Protection and consists of a Governor with Child Protection oversight, the Principal, and the Child Protection Lead (CPL).
 - The CPL is
 - Responsible for completing and following the current Department of Child and Family Services (DCFS) mandated reporting protocol.
 - Provide advice/support to students, families, and staff.
 - See **Resource List (Appendix 3)**.
 - Records all DCFS referrals in CPOMS.
 - Electronic communication of all DCFS updates to Principal, HOS, HOP, and DH:P.
 - Termly/Bi-Termly communication with Strategic Team with updates and reports.
 - Annual environmental evaluation of situational risks and mitigating factors, such as shared adult/student toilet facilities, or spaces that lack visual and auditory supervision.
 - Annual review of this Policy and any child protection cases/incidences to see what lessons can be learned and evaluate if any revisions to policies or procedures are needed.
 - If the Principal is absent, any allegations made against staff shall be reported to the CPL who, in turn, will report the matter to the Head of Secondary/Head of Primary as necessary. If an allegation is made against the Principal, the CPL reports the matter to the Governor providing oversight for Child Protection. If an allegation is made against the CPL, a report is made to the Principal.

Child Protection Lead (CPL) Referral Procedure to DCFS

All below must be done as soon as possible and always done the same day.

We are **ALL MANDATED REPORTERS**.

- **If a student discloses to another staff member:**
 - Explain you cannot promise to keep what you are told a secret.
 - Try not to: question/prompt the child AND take notes of what the child is saying when they are freely recalling significant events.
 - Ask if they have told anyone else.
 - Tell the child you are pleased they have told you and it was the right thing to do.
 - After the disclosure, explain to the student what will happen next – going to talk to CPL.
 - Immediately after:
 - If possible, escort the student to CPL, if not possible send the student to CPL.
 - Same staff member type, print out, and sign a written record of the student statement.
 - i. Name, DOB, and year group of the student.
 - ii. Date, time, and location of conversation noting any visible injuries.
 - iii. As accurate as possible details of the conversation and email statement to CPL
 - CPL and reporting staff members will jointly fill out Child Protection Referral Form and follow subsequent actions listed below, under “c”.
- **If the student discloses to a CPL**
 - a. If any visible injuries are present – decide if any medical attention is needed.
 - b. Empathetically explain to the student what will happen next – have to get help for him/her.
 - c. Fill out the **Child Protection Referral Form (Appendix 4)**.
 - d. Email the completed form to DCFS with read/delivery receipt
 - e. Spend time with the student generally checking in and using best judgment as to when they will return to class. Inform them they should feel comfortable seeking out the counsellor if they need to, and the counsellor will check-in.
 - f. DCFS contacts the CPL with information regarding the investigation within 5 business days.
- Once DCFS confirms receipt of documents – no contact should be initiated to discuss the case with the student or involved parties as this could interfere with DCFS and their ability to conduct a thorough investigation. The counsellor may check in with the student in general terms.
- If DCFS comes to campus to interview students, Warwick Academy requires the following:
 - a. DCFS worker(s) must sign in at the main office.
 - b. The CPL or counsellor meet the DCFS worker(s) and then bring the student to the meeting room.
 - c. All students must be interviewed by two DCFS workers; in the case that two DCFS workers are not available the CPL or counsellor must be present with the student and the DCFS worker – no students shall be interviewed with just one DCFS worker.
 - d. DCFS to make significant contact with parents/guardians after the on-campus interview of the student: same day before the end of the school day.
- **If a staff member becomes aware of abuse of any student or child outside school hours, please refer to the Resource Section (Appendix 3) for contact numbers.**

Appendix 1:

Abuse: a form of maltreatment of a child

Child protection concerns include suspected, alleged, self-disclosed, or witnessed abuse of a child by anyone which must be investigated and followed by appropriate action. A person may abuse a child by inflicting harm, or by failing to act to prevent harm. Children may be abused by other children or adults. Children may be abused in a family or in an institutional or community setting; children may be abused online or in person by individuals known to them, or more rarely, by a stranger. Children may experience multiple forms of abuse simultaneously. Most child abuse is inflicted by someone the child knows, respects or trusts. All adults should understand the reasons why children may not talk about abuse they might have experienced. Signs and indicators may or may not be present and may not indicate abuse.

PHYSICAL ABUSE:

May involve hitting (with hand or other item), punching, shaking, throwing, poisoning, biting, kicking, burning or scalding, drowning, suffocating, sustained physical activity or sustained physical restraint, or otherwise causing intentional 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.

Signs of physical abuse that may or may not be present:

- Bruises/burns/sprains/dislocations/bites/cuts — Improbable excuses given to explain injuries — Injuries which have not received medical attention — Injuries that occur to the body in places that are not normally exposed to falls, rough games, etc. — Repeated urinary infections/ unexplained stomach pains — Refusal to discuss injuries — Withdrawal from physical contact — Arms/legs kept covered in hot weather — Fear of returning home or of parents being contacted — Showing wariness/distrust of adults — Self-destructive tendencies — Being aggressive towards others — Being very passive/ compliant — Chronic running away.

EMOTIONAL ABUSE:

The persistent emotional maltreatment of a child so as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; that they are inadequate or valued only if they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; the exploitation or corruption of child's innocence. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may also occur alone.

Signs of emotional abuse that may or may not be present:

- Physical, mental and emotional development is delayed — Highly anxious — Showing delayed speech/sudden speech disorder — Fear of new situations — Low self-esteem Inappropriate emotional responses to painful situations — Extremes of passivity or aggression — Drug or alcohol abuse — Chronic running away — Compulsive stealing — Obsessions or phobias — Sudden under-achievement or lack of concentration — Attention seeking behaviour — Persistent tiredness — Lying.

NEGLECT

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. There are four main types of neglect: physical neglect, emotional neglect, educational neglect and medical neglect.

Signs of neglect that may or may not be present:

- Medical or dental needs unattended — Lack of supervision — Consistent hunger — Inappropriate dress — Poor hygiene — Inadequate nutrition — Fatigue or listlessness — Self-destructive — Extreme loneliness — Extreme need for affection — Failure to grow — Poor personal hygiene — Frequent lateness or non-

attendance at school — Low self-esteem — Poor social relationships — Compulsive stealing — Drug or alcohol abuse — Reluctance to return home.

SEXUAL ABUSE:

Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts such as kissing, rubbing and touching inside or outside of clothing. They may include non-contact activities, such as voyeurism, involving children in the production or viewing of pornographic material, encouraging children to behave in sexually inappropriate ways, or performing sexual acts in their presence. In some counties this includes the grooming of children in preparation for abuse, including on the Internet.

Signs of sexual abuse that may or may not be present:

- Pain or irritation to the genital area — Discharge from genitals — Difficulty with urination — Infection, bleeding — Sexually Transmitted Diseases — Fear of people or places — Aggression — Regressive behaviour, bed wetting or stranger anxiety — Excessive masturbation/Sexually provocative — Stomach pains or discomfort walking or sitting — Unusually quiet/withdrawn or unusually aggressive — Sleep disruptions, nightmares — Attention deficits — Suffering from what seem physical ailments that can't be explained medically — Showing fear or distrust of a particular adult — Mentioning receiving special attention from an adult or a new "secret" friendship with an adult or young person — Refusal to continue with school or usual social activities — Age inappropriate sexualized behaviour or language.

SEXUAL EXPLOITATION

Refers to the transactional nature of some forms of abuse. It is a form of sexual abuse where children are sexually exploited for money, power 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 and education at some point.

Signs of sexual exploitation that may or may not be present:

- Unexplained gifts or new possessions — Associate with other young people involved in exploitation Have older boyfriends or girlfriends — Suffer from sexually transmitted infections or become pregnant — Suffer from changes in emotional well-being — Fear of people or places — Abuse drugs and alcohol — Go missing for periods of time or regularly come home late — Regularly miss school or education or go missing from education.

ONLINE SEXUAL ABUSE & EXPLOITATION

The sexual abuse of children using digital technology. This commonly includes grooming children with a sexual motive, creating, viewing and distributing child sexual abuse material (child pornography and self-produced sexual images or 'sexts') and coercing and blackmailing children for sexual purposes. This abuse may be perpetrated by individuals or gangs, young people or adults and may include in person contact or only online contact. As technology advances, new forms of this crime emerge. Children with unsupervised use, high usage, low digital knowledge, low self-esteem, poor digital literacy skills (sharing of passwords, insufficient privacy settings, etc.) may be especially vulnerable, but any child with digital access, boys or girls, may be victimized.

Signs of online grooming, abuse or exploitation that may or may not be present:

- Secretive behaviour — Unexplained gifts or new possessions — Late night or excessive internet use Anxiety — Withdrawal from family/friends/interests — Suicide ideation/self-harm — Poor educational

achievement, attention deficits — Sleep disruption — Increase in followers or contacts - New devices and/or platforms — New usage patterns — Avoidance of online use or certain online platforms or apps. Additional child protection concerns and forms of abuse: Witness to domestic violence (DV) Female Genital Mutilation (FGM) Extremism / Radicalization Trafficking (for sexual or labour purposes)

LONG TERM IMPACT OF UNMITIGATED CHILD ABUSE

The impact of child abuse can persist for a lifetime after the abuse has been committed. Impacts are academic, medical, physical, psychological and emotional.

Some victims of abuse are resilient and thus manage to function and survive. Research has established the relationship between long-term child abuse and lifetime negative health and well-being impact, especially if the children do not get appropriate support to help them cope with the trauma.

Long term impact of child abuse:

- Poor educational achievement — Inability to complete responsibilities — Inability to live according to plan/ability — Inability to care for self — Inability to coexist, cooperate or work with others
Lack of self-confidence, prone to addiction/substance abuse — Inability to express love / or accept love — Inability to lead family, constant health problem - Prone to mental health problems — Low self-esteem, depression and anxiety - post-traumatic stress disorder (PTSD) — Attachment difficulties — Eating disorders, Poor peer relations, rage disorders, self-harming behavior (e.g., cutting, suicide attempts).

Appendix 2:

Code of Conduct (section 2:2 of the Staff Handbook)

- All staff will respond to each other and to students with respect and consideration and treat all with equality regardless of gender, race, religion, sexual identity, or culture.
- Only touch students for professional reasons, and when this is necessary and appropriate for the student's well-being or safety. Any type of abuse will not be tolerated and is cause for dismissal.
- Staff will respect a student's right to not be touched in ways that make them feel uncomfortable. A child's right to say "no" is to be encouraged and respected.
- Staff will practice caution when students are changing clothes and should never be alone with just one student.
- Staff will use designated staff bathrooms and students will use designated student bathrooms during the school day.
- It is understood that some meetings with students require privacy, but always err on the side of caution; keep your door open whenever possible or have an uncovered window (that is visible on a walkway) or a half-drawn blind.
- Do not use profanity or inappropriate jokes when speaking with students.
- Staff will not give gifts or special favours to individual students or show preferential treatment to a student or a group of students to the exclusion of others.
- Do not accept current students as 'friends' or 'tag' them on social networking platforms (such as Facebook, Instagram or TikTok).
- Do not post photos taken of students/staff/activities during the school day to social networking platforms or online. These should be filtered and posted by the Development Office, Principal or the Director of Staff and Student Development.
- Do not make comments online or on social networking platforms which bring the school into disrepute or in some way draw negative inferences about our students, staff or leadership.
- Review our Media Use Policy when showing visual content to students in your lesson/assembly/event.
- Do not make social arrangements to contact, communicate or meet with students outside your work (this includes the use of email, text and other messaging systems), without prior knowledge of the parent.
- Do not develop intimate or sexual relationships with students.
- The consumption of alcohol or drugs or being under the influence of alcohol or drugs during the school day is not permitted.
- No smoking/vaping on campus is permitted at any time.
- Staff will refrain from intimate displays of affection with other staff or adults on campus.

Appendix 3:

Resources

To Report Abuse

Call 911 if in immediate danger

Child & Family Services:

278-9111 or 294-5882

Bermuda Police Service:

211 or 295-0011

www.bermudapolice.bm

To report a Cybercrime call:

800-8477

www.cybertips.bm

Child & Family Services Hotline (After hours)

295-0011

(This is the Police Service – they will contact an on-call social worker from Child & Family Services)

Child & Adolescence Services (MAWI)

239-6344 or 236-3770

Centre Against Abuse Domestic Violence & Sexual Assault Victim 24-hour Hotline (male & female)

297-8278 www.abusefree.org

Sexual Assault Response Team (SART)

911



Department of
Child & Family
Services

Tele: 278-9111 / FAX : 295-1337

EMAIL TO: mtrew@gov.bm; italbot@gov.bm; lewsmith@gov.bm

Child Protection Referral Form

The Children Act 1998: Mandatory Reporting of Child Abuse: Section 20 (1)

Every person who has information indicating that a child is suffering or has suffered significant harm, shall forthwith report that information to the Director. Professionals are mandated to report and can be fined or imprisoned if they fail to report.

Duty of Director to investigate: Section 42 8(e)

Where the Director or a person authorized by him to act on his behalf makes an enquiry under this section and imposes a requirement on any person to— “refrain, in any way, from obstructing the enquiry, including refraining from informing any person that an enquiry will be, is being, or has been conducted,”

Child's Name:		DOB: Click here	M/F? CLICK HERE
Address:		Cell #:	
School:			
Does the child have any special needs?			
Are there any valid custody/access/other court orders in place? If so describe?			

.....

Mother's Name:		DOB: Click here
Address:		
Telephone:	(w)	(h) (c)
Email:		
Place of employment:		Alleged Perpetrator? CLICK HERE

.....

Father's Name:		DOB: Click here
Address:		
Telephone:	(w)	(h) (c)
Email:		
Place of employment:		Alleged Perpetrator? CLICK HERE

.....

Legal Guardian's Name:		DOB: Click here
Address:		

Telephone:	(w)	(h)	(c)
Email:			
Place of employment:			Alleged Perpetrator? CLICK HERE

Siblings:

NAME	DOB:	M/F	School
	Click here	Click Here	
	Click here	Click Here	
	Click here	Click Here	
	Click here	Click Here	
	Click here	Click Here	



Contact information for alleged perpetrator (if not listed above):

Name:			DOB: Click here
Address:			
Telephone:	(w)	(h)	(c)
Email:			
Place of employment:			



Reason for Referral: (Please give a written account of your observations/child's disclosure. Indicate the nature & extent of any injuries, behavioural indicators, frequency etc.)

Reporter's Narrative:	
Physical Appearance	
Child's Disclosure (if any):	
Past Concerns (if any):	

Referred By (please print):			
Work Tele #:		Cell #	
Email:			
Date of Referral:	Click here to enter a date.		
Signature:			

Appendix 5:

International Center for Missing and Exploited Children: Abuse Prevention Education

The expectations of the International Task Force for Child Protection state that schools shall have in place formal learning programs throughout the school experience related to child protection. The same learning objectives that help reduce the risk of abuse may also prevent the development of abusive behaviours.

Abuse prevention curriculum should cover developmentally appropriate topics such as personal rights, body autonomy, boundaries and consent, identification of trusted adults, online safety and digital literacy, healthy relationships, healthy sexual behaviour, staying safe away from home, commercial exploitation, and support for disclosing abuse through research-supported methods of instruction using anatomically correct language.

- Whole school, whole child, whole community (WSCC) preventative approach that considers skills, awareness, and services.
- Trauma-informed instructional approaches that go beyond awareness raising.
- Comprehensive in scope, developmentally appropriate to student maturity and needs, inclusive of differences and socio-culturally relevant.
- Well-trained, supported teaching staff.
- Research-based theory-driven content that is progressive over time and builds on previous knowledge.
- Positive empowering approach to avoid scare tactics and confrontation.
- Clear goals and outcomes stated and effective assessment, monitoring, and evaluation designed.
- Supported by school staff, leadership, local authorities, and the parent community.
- Interventions are of sufficient quality and quantity.

Works Cited:

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