

## **Deerhurst and Apperley C of E Primary School**



## **Safeguarding Policy**

## Safeguarding (Child Protection) Policy

Date of Policy Review: Sept 2016

Responsibility of: The Governing Body of Deerhurst & Apperley Primary School

This policy was written by the Governing Body of Deerhurst & Apperley Primary School in conjunction with the Headteacher (HT), staff, and with the support of the Safeguarding Children Board representatives. It will be reviewed on an annual basis by the HT and named governors for Safeguarding and Health and Safety, with direct reference being made to the GSCB Audit of statutory duties (Appendix 1)

Further Guidance can be found at [www.gscb.org.uk](http://www.gscb.org.uk)

This policy will be reviewed by staff and Safeguarding governor and presented to governors for approval at the meeting of October 2016

HT : Mrs Jayne Neveu

Signed:



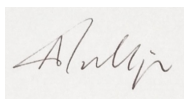
Date: 12<sup>th</sup> October 2016

Governor responsible for Safeguarding: Mr Angus Mackenzie

Signed:

Date: 12<sup>th</sup> October 2016

Signed:



Chair of Governors

Date: 12<sup>th</sup> October 2016

## **Introduction**

All members of the school community fully recognise their responsibilities for child protection. Our policy applies to all staff, governors and volunteers working in the school. It has been written following advice and guidance from the Gloucestershire Safeguarding Children Board ([www.gscb.org.uk](http://www.gscb.org.uk)). The guidance reflects 'Keeping Children Safe in Education, **Sept 2016**

## **Aims**

There are five main aims to our policy:

1. Ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children. (All staff within our school who have substantial access to children will be checked as to their suitability, including verification of their identity, their qualifications and have a satisfactory DBS check. A central record will be kept for audit).
2. Raise awareness of child protection issues and equipping children with the skills needed to keep them safe.
3. Develop and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
4. Support pupils who have been abused in accordance with his/her agreed child protection plan.
5. Establish a safe environment in which children can learn and develop, feel safe and secure, valued and respected, feel confident and know how to approach adults if they are in difficulty, believing they will be effectively listened to.

## **Roles and Responsibilities**

### **Head teacher**

- Put in place procedures for handling cases of suspected abuse (including allegations against staff and volunteers) which are consistent with those agreed by the Local Safeguarding Children Board and easily available to all staff and volunteers for reference.
- Liaise with the nominated governor on child protection issues and school policy.
- Adopt the role of the designated senior person to co-ordinate action within the school and liaise with other agencies on suspected abuse cases.
- Ensure that, as the designated senior person, he/she receives appropriate training and support.
- Understand fully the **role of the designated senior person**.

Ensure that all staff know and are alert to signs of possible abuse and know what to do if they have any concerns or suspicions. This includes the fact that safeguarding incidents could happen anywhere and staff should be alert to possible concerns being raised in this school. (Appendix two outlines recognising signs of child abuse; Appendix three outlines the awareness staff should have to recognise Female Genital Mutilation FGM).

- Make parents aware of the school's **child protection policy**.
- Work with local partners such as Local Authorities and Social Care Departments to create a safe environment for children at the school.

### **The designated senior person**

This role is key to ensuring that proper procedures and policies are in place and are followed with regard to child protection issues and that there is a dedicated resource available for other staff, volunteers and governors to draw upon.

At Deerhurst & Apperley CE Primary School, the designated person is Mrs Jayne Neveu who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the local authority (LA), and working

with other agencies. Staff are aware that safeguarding issues against adults in the school should be made to the designated safeguarding lead.

In the event of the designated person being absent, Julie Oldroyd or Mrs Eve Perry, will be available to act in her place. Staff are all aware that any member of staff may raise concerns directly with Children's Social Care Services.

**Broad areas of responsibility proposed for the Designated Senior Person for child protection Referrals:**

- refer cases of suspected abuse or allegations to the relevant investigating agencies.
- act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies.

**Training:**

- to recognise how to identify signs of abuse and when it is appropriate to make a referral;
- have a working knowledge of how the Gloucestershire Safeguarding Children Board operates, the conduct of a child protection case conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to and understands the school's child protection policy especially new or part time staff who may work with different educational establishments;
- ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise. (This is essential in respect of staff that are perhaps part time or work with more than one school. such as Connexions personal advisors, trainee teachers and supply teachers.);
- be able to keep detailed accurate secure written records of referrals/concerns;
- obtain access to resources and attend any relevant or refresher training courses at least every two years.

### **Raising Awareness:**

- ensure the establishments child protection policy is updated and reviewed annually and work with the governing body/proprietor regarding this;
- ensure parents see copies of the child protection policy which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later;
- where children leave the establishment ensure their child protection file is copied for new establishment as soon as possible but transferred separately from main pupil file. (N.B. this can be done **electronically**). If a child leaves and the new school is not known, the Education Welfare Service and DCSF should be alerted so that these children can be included on the database for lost pupils.

The DCSF has clear guidelines on what schools, governing bodies and LAs should do if they suspect that a child has been abused or assaulted. It is not, however, the responsibility of teachers and other staff in schools to investigate suspected abuse. They should not take action beyond that agreed in the procedures established by the Gloucestershire Safeguarding Children Board ([www.gscb.org.uk](http://www.gscb.org.uk))

### **Governors**

A governing body should:

- Have a nominated Governor for Safeguarding - Mr Angus Mackenzie
- Ensure that the school has a **child protection policy** and procedures in place that are in accordance with LA guidance and locally agreed inter-agency procedures, and the policy is made available to parents on request operate the DfE Safer Recruitment in Education and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children, Disclosure and Barring Service and List 99 checks; From January 2010, the Governing Body should ensure that someone who is DfE Safer Recruitment in Education accredited sits on every recruitment panel as a champion for safe recruitment practice.

- Ensure that the school is using the procedures they have in place for dealing with allegations of abuse against members of staff and volunteers and that they comply with guidance from the LA and locally agreed inter-agency procedures (See Appendix 2)
- Have a senior member of the school's leadership team who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the LA, and working with other agencies;
- Ensure the Head teacher, and all other staff who work with children undertake appropriate training to equip them to carry out their responsibilities for child protection effectively, that is kept up to date by refresher training at 3 yearly intervals, and that temporary staff and volunteers who work with children are made aware of the school's arrangements for child protection and their responsibilities;
- Remedy any deficiencies or weaknesses in regard to child protection arrangements that are brought to its attention without delay;
- Ensure that a member of the governing body (usually the Chair or the nominated safeguarding governor) is nominated to be responsible for liaising with the LA and /or partner agencies, as appropriate in the event of allegations of abuse being made against the head teacher;
- Review the school's policies and procedures annually and provides information to the LA about them and about how the above duties have been discharged;
- Recognise the contribution the school can make to helping children keep safe through the teaching of self protection skills and encouragement of responsible attitudes to adult life through the Personal, Social and Health Education/Citizenship curriculum.
- Ensure that there are safe and effective recruitment policies and disciplinary procedures in place which adhere to Government Safer Recruitment Guidance and that the school are following the DfE Safer Recruitment in Education Practice. In addition, the Governing Body should ensure that the school has staff who are Safer Recruitment accredited and that every recruitment panel from Jan 2010 has an accredited person on it. The Governing body should also ensure that refresher training for accredited staff is completed every 5 years.

### **Safer Recruitment in Education**

**Safeguarding children starts during the recruitment process. Following safer recruitment practice helps to ensure you are protecting children from adults who are unsuitable to work with them.**

The following guidance is adopted:

- Advertisements - adverts that are placed include reference to the school's commitment to safeguarding and Disclosure and Barring Service (DBS) checks.
- Interviewing - Practice Safer Recruitment in Education techniques are used
- References are always followed up on preferred candidates prior to interview and are used as part of the interview process; photocopies or undated references are not accepted.
- DBS- all staff who start a new job or change roles, working with children have a DBS check.
- All governors will be DBS checked
- The school keeps a Single Central Record of staff checks including identity, qualifications and DBS/List 99/ISA checks carried out, by whom and when.

## **Staff**

- Know that the Head Teacher is the designated senior person responsible for child protection and understand his/her role.
- Understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection and attend training every 3 years on Safeguarding.
- Implement procedures for identifying and reporting cases, or suspected cases, of abuse. In this school, any suspected cases of abuse should be referred immediately to the Designated Child protection officer (head teacher) who will ensure that the concern is logged in school and will either discuss the concern with a Social Care practitioner or, if clear, will refer the concern to the Children's Helpdesk within Social Care. Parents will be notified of the concern unless to do so would endanger the child or the concern is about sexual abuse or severe physical abuse.
- Ensure safer recruitment practices in checking the suitability of staff and volunteers to work with children are followed (see above information on Safer Recruitment in Education).
- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to. The school does this by ensuring that it has a clear whistle blowing policy to enable staff to challenge unsafe practice. The school also has a clear set of guidance for safer working practice for staff working with children and young people and this is brought to all staff's attention regularly.
- Ensure children know that there are adults in the school whom they can approach if they are worried



- Contribute to child protection through the curriculum by raising awareness of child protection issues through safety education as part of the non-statutory framework for Personal, Social and Health Education (PSHE).

As part of developing a healthy safer lifestyle pupils should be taught to:

- Recognise different risks in different situations and then deciding how to behave responsibly.
- Judge what kind of physical contact is acceptable or unacceptable.
- Manage risk and make safer choices, including recognising when pressure from others (including people they know) threatens their personal safety and well-being.
- Develop effective ways of resisting pressures including knowing when and where to get help.
- Use assertiveness techniques to resist unhelpful pressure.
- Develop skills to cope with emergency situations.

**In addition to the above**, we recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will:

- Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person responsible for child protection and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Notify social care if there is an unexplained absence of more than two days of a pupil who has a child protection plan.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensure all records are kept securely, separate from the main pupil file, and in locked locations.

### **The Prevent Duty**

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern. General safeguarding principles apply to keeping children safe from the risk of radicalisation as set out in **Working together to safeguard children** and **Keeping children safe in education** (which all staff must sign to say they have read). The DSL should refer to the Channel programme if a referral is made to them. This will enable early mechanisms to be put in place if it is felt an individual might be vulnerable to radicalisation. When training is available (WRAP) the DSL will undertake it and train other staff in school.

### **Pupil Support**

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

1. The content of the curriculum.
2. The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.

3. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
4. Liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
5. Ensuring that, where a pupil with a Child Protection Plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

### **Key Contacts**

Jane Bee, Safeguarding Children Development Officer (Education)

Tel: 01452 426994

[jane.bee@gloucestershire.gov.uk](mailto:jane.bee@gloucestershire.gov.uk)

Social Care (helpdesk)

01452 426565

[www.qscb.org.uk](http://www.qscb.org.uk)



**Appendix 1 See Safe Guarding Audit**

## Appendix two

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### Recognising signs of child abuse

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#### **Categories of Abuse:**

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

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### Signs of Abuse in Children:

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The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression

- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

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## Risk Indicators

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The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances

- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

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## Recognising Physical Abuse

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The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

### Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding



- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

#### Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

#### Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)

- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

### Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

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## Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" - difficulty relating to others

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### Recognising Signs of Sexual Abuse

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Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

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## Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** - consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** - agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** - the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

## Recognising Neglect

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Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

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## Child Sexual Exploitation

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The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources

- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

## Appendix three

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### Forced Marriage (FM)

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This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

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### Female Genital Mutilation (FGM)

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It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

#### **4 types of procedure:**

Type 1 Clitoridectomy - partial/total removal of clitoris

Type 2 Excision - partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

#### **Why is it carried out?**

Belief that:

- FGM brings status/respect to the girl - social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl



- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

### Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

### Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

### Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

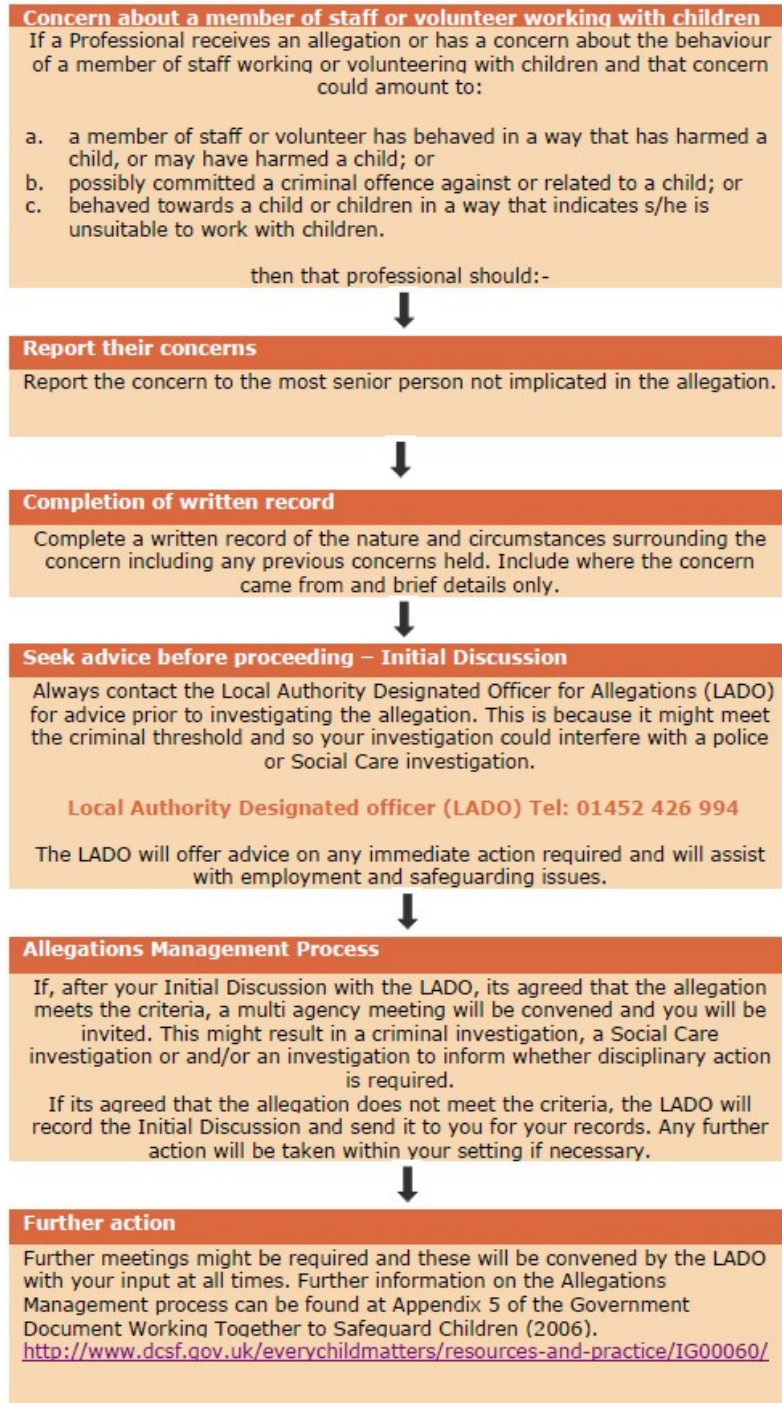
### The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern. General safeguarding principles apply to keeping children safe from the risk of radicalisation as set out in **Working together to safeguard children** and **Keeping children safe in education (Sept 2016)**(which all staff must sign to say they have read). The DSL should refer to the Channel programme if a referral is made to them. This will enable early mechanisms to be put in place if it is felt an individual might be vulnerable to radicalisation. When training is available (WRAP) the DSL will undertake it and train other staff in school.

**: Allegations Management Procedures**

## Summary of allegations management procedures



## **The Stages of Referral**

### **Professional has concerns**

If a Professional has a concern about the well being of a child (or unborn baby), then that professional should:-

### **Consultation with supervisor**

share their concerns with their supervisor/line manager/designated teacher or named professional to help clarify the nature of their concerns

### **Completion of written record**

complete a written record of the nature and circumstances surrounding the concern including any previous concerns held

### **Contact social workers for advice**

in those cases where you have a concern but are unsure about how to proceed contact the

**Children's Help Desk Tel: 01452 426 565**

and ask to speak to a social work practitioner

### **Contact the children's helpdesk**

in those cases where you are clear a social work assessment is required make a referral to the:

**Children's Help Desk Tel: 01452 426 565**

within 24 hours (immediately if the concerns are about physical injury or sexual abuse). The CYPD social care section will then take responsibility for managing any subsequent enquiries.

The referrer should confirm the details of the concern to CYPD, in writing, within 48 hours

### **Resolving professional difference (escalation policy)**

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the resolving professional differences procedures can be obtained through the **Safeguarding Children Service on 01452 58 3629**

For out of hours social work advice please contact the  
**Emergency Duty Team on 01452 614 194**

## Volunteer's checklist for reporting a disclosure of suspected child abuse:

**Name of Child:**

**Class:**

**Date:**

**Name of volunteer reporting concern:**

**Are there visible signs of a physical nature?**

Please give this to the Child Protection Officer, Mrs Neveu or Mrs Oldroyd/Mrs Perry in their absence please give to class teacher. If none of these are available please give to the office.

Received by:

Date:

## Notification of suspected child abuse – staff referral form

Name of child
Class
Parents name
Home Address
Telephone number Are you reporting your own concerns? Are you reporting the concerns of another person? Details
Signs (physical, behavioural, other?)
Have you spoken to the child? What was said?
Has anybody been alleged to be the abuser? If so, give details

Your name \_\_\_\_\_ Date \_\_\_\_\_  
Please give to Child protection Officers Mrs Neveu or Mrs Oldroyd or Mrs Perry