

Parkview Nursery School

CHILD PROTECTION POLICY STATEMENT



Parkview Nursery school believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

We recognise that:

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

The purpose of the policy:

- To provide protection for the children who attend Parkview Nursery School.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child may be experiencing, or be at risk of, harm.

This policy applies to all pupils, staff, governors, volunteers, visiting and agency staff, or anyone working on behalf of Parkview Nursery School

We will seek to safeguard children and young people by:

- valuing them, listening to and respecting them;
- implementing child protection procedures based on national guidance and codes of conduct for staff and volunteers;
- recruiting staff and volunteers safely, ensuring all necessary checks are made;
- sharing with children, parents, staff and volunteers, information about good practice in child protection;
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- providing effective management for staff and volunteers through support and training.

The following policy document gives full information and details on our procedures.

Policy statement last reviewed and approved: 14th October 2019

Signed: *Claire Jackson*
Chair of Governors

Due for review: October 2020

PARKVIEW NURSERY SCHOOL CHILD PROTECTION POLICY AND PROCEDURES

CONTACT DETAILS FOR REFERRAL OR ADVICE

Local authority

Cumbria Multi Agency Safeguarding Hub (MASH)

Skirsgill Depot
Skirsgill Lane
Eamont Bridge
Penrith
Cumbria
CA10 2BQ

Tel: 0333 2401727

Fax: 01228 22157

Email: safeguarding.hub@cumbriacs.cjsm.net

Cumbria Local Safeguarding Children's Board (LSCB) www.cumbrialscb.com

Provides the strategic and operational direction of safeguarding and continuous monitoring of performance in Cumbria. We follow the policies and procedures published by the board.

The DO Designated officer for dealing with allegations against staff):

Contact Number - 03003033892.

Virtual Headteacher for Children looked after is **Penny Crudge**.

School

The Designated Safeguarding Lead (DSL) for Child Protection is *the Headteacher, **Amanda Macdonald***

The deputy DSL is **Sheila Barrett**.

Our Child Protection Governor is: **Karen Hughes**

The person responsible for Children Looked After and Previously Looked after is **Amanda Macdonald**

Policy and procedures last reviewed and approved: **14th October 2019**

Signed: *Claire Jackson*

Chair of Governors

Due for review: **October 2020**

CHILD PROTECTION POLICY

Introduction

- 1) The aim of this policy is to safeguard and promote our pupils' welfare, by fostering an honest, open, caring and supportive climate. Our pupils' welfare is of paramount importance.
- 2) The school has compiled this document with due regard to the statutory guidance, *Working Together To Safeguard Children* (DfE 2018) and *Keeping Children Safe in Education* (DfE September 2019)

School Commitment

- 3) We recognise that high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult help all children, and especially those at risk of, or suffering from, abuse.
- 4) Our school will therefore:
 - a) Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to. We will be alert to our children's needs and learn to recognise when they might be distressed or concerned;
 - b) Ensure that children know that there are adults in the school who they can approach if they are worried or are in difficulty. We will ensure that every child in our school has a Key Person who they have a strong relationship with and feel able to share concerns with;
 - c) Include in the curriculum activities and opportunities through PSE, which equip children with the skills they need to stay safe.
 - d) Follow Cumbria's published local protocol for assessment to ensure the provision of early help as set out in statutory guidance, including using the Early Help Framework where appropriate.
 - e) Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

Working together with other agencies

- 5) The school will work closely with the LA in ensuring that concerns are recorded and reported, referring formally where appropriate so that support can be provided in a proportionate timely way to the child/young person and the family.
- 6) The school recognises that the responsibilities of the LA in protecting children and young people include:
 - a) supporting and advising schools on safeguarding and child protection issues;
 - b) evaluating referrals of concern for children, using the multi-agency 'wedge' threshold guidance on the LSCB website and,
 - c) in partnership with other agencies, providing or ensuring the provision of services to children and their families at the following levels:
 - i) **Early help** - Early Help is the response made when a professional identifies needs with a child/family and works with another agency or agencies to meet those needs. At this level of need an Early Help Assessment (EHA) should be completed with the child and family to identify needs and agreed desired outcomes. A good assessment of needs and the establishment of achievable and measurable outcomes is an essential element of effective early help. Any worker from a service that supports families can initiate this process including a member of school staff. A date will be set for a Team around the Family (TAF) meeting to write a plan and agree who will do what to achieve the best outcomes for the child.

- ii) **Targeted intervention for children in need** where there are more complex needs and where statutory Children Services assessment and help is provided under section 17 of the Children Act 1989
- iii) **Child protection intervention** following section 47 statutory Children Services assessment of risks of significant harm.

Roles and Responsibilities

- 7) All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children. There are, however, key people within schools and the LA who have specific responsibilities under child protection procedures. The names of those carrying these responsibilities for the current year are listed on the cover of this document.
- 8) The Designated Safeguarding Lead (DSL) for Child Protection is **Amanda Macdonald**. She will coordinate child protection activity, ensuring procedures are followed, that information is shared or kept confidential as appropriate, and that the child remains the central focus. In her absence the deputy who will undertake this role is **Sheila Barrett**.
- 9) The DSL also takes responsibility for reporting children missing from education to the local authority's Children's Services and for Children Looked After.
- 10) The Governing Body ensures that
 - a) They are familiar with statutory documents, in particular Keeping Children Safe in Education 2019 Part 2.
 - b) Procedures are in place that are in accordance with local authority and locally agreed inter-agency guidance;
 - c) Their implementation is monitored for their effectiveness and that they are reviewed at least annually.
 - d) The procedures include the management of allegations against people who work with children, safe recruitment practice and reporting children missing from education.

Training and Support

- 11) Our school will ensure that all staff will have access to training, which is relevant and appropriate to their role. This will include training in procedures to follow, signs to note and appropriate record keeping. Level 1 awareness training will be available every 2 years, new staff will be asked to complete an e-learning Level 1 course as soon as possible after starting. In addition designated staff will have additional level 2 and 3 training every 3 years.
 - a) All staff in our school will be trained to recognise and respond to situations where a child may be considered to be at risk including understanding the **categories of abuse** and **Specific Safeguarding issues**. More detail on this is provided in Appendix 3 & 4 of this policy.
 - b) All staff will be aware of and familiar with Part 1 of Keeping Children Safe in Education 2019.
 - c) At any time a member of staff may consult with the DSL, or in her absence, the Deputy DSL on any child protection issue.
 - d) We will ensure our staff are kept informed about child protection procedures via our briefings and training sessions.
 - e) We will ensure by signposting in our reception area that other adults in school know what to do if there are child protection concerns.
 - f) We will inform parents of the school's duties and responsibilities for child protection by incorporating a statement into our school prospectus and on our website.

12) We have access to the Cumbria LSCB Safeguarding Procedures electronically and we retain copies of *Keeping Children Safe in Education* (DfE 2018) and *What to Do if You're Worried a Child is Being Abused*, (2015) in the staff room.

Consent, confidentiality and information sharing

13) Our policy on maintaining confidentiality and sharing information is as follows:

- a) Only those members of our staff who "need to know" so as to contribute to the protection of a child will be advised of concerns and action taken.
- b) Parents, governors and every adult working in, or associated with, the school will be advised of our approach to confidentiality and information sharing.
- c) Staff (including volunteers) must never guarantee confidentiality to a child: it might be necessary to tell someone else in order to safeguard the child. A child who asks the adult to keep a secret should be advised that the information may need to be shared with others.
- d) Normally, personal information will only be disclosed to third parties (including other agencies) with the consent of the subject of that information (General Data Protection Regulations 2018, European Convention on Human Rights, Article 8). Wherever possible, consent will be obtained before sharing personal information with third parties.
- e) In some circumstances, obtaining consent may not be possible or in the best interest of the child. **The safety and welfare of that child might necessitate that the information should be shared without informing or obtaining the consent of a parent. The law permits the disclosure of confidential information necessary to safeguard a child or children.** Disclosure should be justifiable in each case, according to the particular facts of the case, and advice should be sought if in doubt.
- f) If parents and/or the child do not consent to an early help assessment, then the DSL should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

Records and Monitoring

- 1) Well-kept records are essential to good child protection practice. Concerns about welfare or behaviour must be recorded.
- 2) Chronologies are kept at the front of each child's file and form part of the record which is shared or transferred as appropriate.
- 3) All such notes, minutes, referrals, and records are kept separate to the child's main school file in a locked cupboard.
- 4) If a child transfers or leaves, the notes should be passed from our DSL direct to the receiving school's DSL and a receipt obtained.

Attendance at Child Protection Conferences

- 5) A Child Protection Conference is a multi-agency meeting called to consider the child's need for a Child Protection Plan.
- 6) The Chair of the Conference extends an invitation to the school rather than a named person. The person who best knows the child and can contribute to the Conference will normally attend from our school, usually the DSL or Deputy DSL.

- 7) We will include training and support to staff who attend conferences and prepare reports using the Cumbria LSCB format.

Supporting Pupils at Risk

- 8) Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and to view the world in a positive way. This school may be the only stable, secure and predictable element in the lives of children at risk.
- 9) It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support'
- 10) Our school recognises that all children may benefit from support but there are vulnerable groups to whom we should be particularly alert. Any child who:
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
 - is disabled and has specific additional needs
 - is a young carer
 - is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
 - is frequently missing/goes missing from care or from home
 - is at risk of modern slavery, trafficking or exploitation
 - is at risk of being radicalised or exploited
 - is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
 - is misusing drugs or alcohol themselves
 - has returned home to their family from care
 - is a privately fostered child
- 11) This policy should be read in conjunction with other related policies in school. These include
- Dealing with allegations of abuse against staff
 - Behaviour Management Policy (including Bullying)
 - Special Educational Needs
 - Health and Safety
 - Administration of Medicine
 - Data Protection
 - Staff capability, grievance and discipline
 - Whistleblowing
 - Equalities
 - Staff Code of Conduct

Safe Schools, Safe Staff

- 12) As a school we recognise that organisational, personal or professional difficulties can get in the way of protecting children (for example fear that we might compromise relationships with parents). We know however that children's needs are paramount.
- 13) We recognise that physical contact with pupils is sometimes part of our role "in loco parentis" but will avoid contact that might be misinterpreted.
- 14) If our staff are working in a one-to-one situation with a pupil, they should be careful to ensure another adult is close by.

- 15) We follow the LA's recommended best practice in order to recruit and select safe staff and governors have attended training on safer recruitment.
- 16) Volunteers are risk assessed to decide what level of checks to implement and to put in place the necessary supervision arrangements.
- 17) A Single Central Record of Recruitment and Safeguarding checks is held which covers all adults who spend time in school
- 18) We follow current procedures when staff are faced with allegations of abuse, there is a separate policy dealing with this.
- 19) All staff are asked in their supervision meetings if they have any concerns about the behaviour of other staff
- 20) The Whistleblowing policy is made available to all staff and the NSPCC helpline number, 0800 028 0285 is displayed in the staff room.

CHILD PROTECTION PROCEDURES

We will follow the procedures set out below where it is believed that a child is either:

- a) suffering from, or is at risk of, significant harm or
- b) has needs that cannot be met and we believe co-ordinated intervention is required

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and parent, or the child and other adults, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (Appendix 1).

Dealing with emerging concerns

- 1) If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead (DSL).
- 2) All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm.

Dealing with a disclosure

- 3) If a child discloses any kind of abuse, the teacher/member of staff, should only seek initial clarification from the child – tact and sympathy is vital. Under no circumstances should any member of staff attempt to obtain further information or to investigate what the child is saying. (see Appendix 2 for further guidance).
- 4) The member of staff must refer the concerns, together with a completed written Part 1 of the school's 'log of concern', to the DSL. The DSL will then complete part 2 identifying what action is being taken. It is the duty of the DSL to inform the local Children's Services of concerns about a child. Advice will also be sought from the Multi Agency Safeguarding Hub if the DSL needs further support to decide what actions should be taken.
- 5) If the senior designated person does not do this and the teacher who had made the initial referral remains concerned, then they need to exercise their own judgement and make the referral themselves.

- 6) When making a referral the DSL will complete the Single Contact Form which is available on the Cumbria LSCB website. If the child is considered to be in danger or immediate risk of harm then a telephone referral will be made immediately.
- 7) The school's log of concern includes the following information,
 - Child's full name
 - Address
 - Sex and date of birth
 - Parent(s) and guardian(s) name(s)
 - Contact addresses and telephone numbers during school hours
 - Name of teacher making the referral/making the comment
 - Nature of injury (if any)
 - Grounds for suspicion
 - Action taken, including dates and times
- 8) The request for co-ordinated support services for a family should always be discussed with parents **unless to do so would place the child or others at risk of harm.**
- 9) Where, following an early help assessment by the school staff or other involved agencies of a situation, it is considered immediate protective action is required, the DSL will make a referral. This referral will be by telephone to Cumbria Safeguarding Hub, followed up by the Single Contact Form.
- 10) Blank forms for recording concerns and logging incidents can be found on the staff notice board and completed records must be stored in the locked filing cabinet in the Headteacher's office.

Dealing with a disagreement over referral outcomes

- 11) Where the school believes that insufficient action has been taken with regard to a concern raised about a child, the DSL will follow the Local Safeguarding Children Board (LSCB) conflict resolution protocol.
- 12) Briefly, this means that there should initially be a discussion between the DSL and the relevant social worker.
- 13) If the point of disagreement cannot be resolved at the practitioner level, then the issue is to be discussed and resolved between the Head Teacher and the relevant Children's Social Care Team Manager.
- 14) Should the issue remain unresolved, the Head Teacher should refer the matter to the relevant Service Manager, Social Care whose role is to ensure county wide standards are being applied.
- 15) The formal stage of the conflict resolution protocol can only occur after the early stages have been exhausted. The full procedures can be accessed via at www.cumbrialscb.com

Support

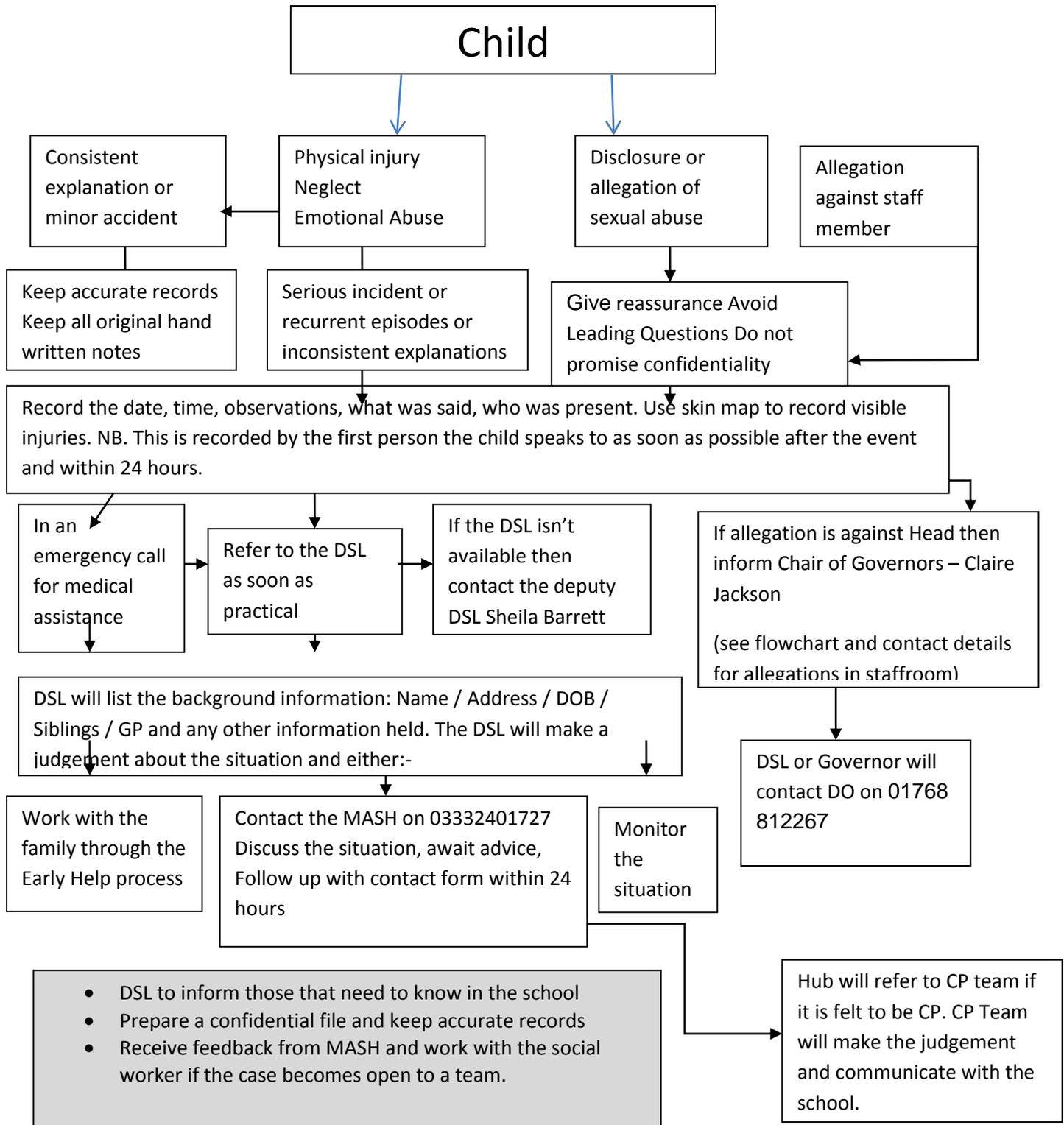
- 16) Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.

Appendix 1

DSL – Designated Safeguarding Lead – Amanda Macdonald

CP – Child Protection

MASH – Multi Agency Safeguarding Hub



Appendix 2

Child Volunteering Information

If a child volunteers information about abuse to a member of staff, it may be done obliquely, rather than directly, e.g. through play, drawings etc. Children will talk about their concerns and problems to people they feel they can trust. The person a child talks to will not necessarily be a senior member of staff. The role of the member of staff or volunteer hearing this is to listen but not undertake an investigation of the potential abuse. That is the role of the child protection agencies. Legal action against a perpetrator can be seriously damaged by any suggestion that the child's words have been influenced in any way by the person they told.

When a child confides in you:

Things you should do:

- Give the child undivided attention
- Show concern, support and warmth but don't show emotions, distress or negative reaction. Be reassuring – (you can say 'that must have been sad/hard for you'; 'it's right to tell someone because you need help'.) Ask if the child has told his/her parents if the alleged abuse is outside the home or the other parent if one parent is implicated
- Rather than directly questioning the child, just listen and be supportive
- It may be appropriate to check that the child is indicating abuse or neglect
- Check if the child is hurt or might be in need of medical attention
- Deal with the allegation in such a way that the child does not have to repeat the information to different people within the school; It is important to know if an incident has happened recently and whom the child is saying has hurt her/him
- Make careful records of what was said, put the date and time when the child spoke to you, put the location and names of the people who were present, as well as what was said, using child's own language and colloquialisms. Then sign it, and hand your record to the CPLO straight away
- Keep a copy of your notes
- Look after yourself by seeking some support

Things you should not do:

- You must not promise a child complete confidentiality – you should explain that you may need to pass information to other professionals to help keep them or other children safe
- Malign the character of the alleged perpetrator
- Jump to conclusions
- Ask leading questions
- Ask for lots of details about the alleged event(s)
- Speculate or accuse anybody yourself
- Make promises you can't keep
- Pre-empt or prejudice an investigation by leading the child with *closed* questions.

Questioning Skills

To avoid leading questions when clarifying what a child has said, you should use open questions with a child rather than closed questions.

Avoid using 'Why'? This can confuse a child and leads to feelings of guilt.

Initial Responses to child

When a child has made a disclosure, it can be a relief for them, however they are likely to feel vulnerable and confused. Here are some examples of what can be said to a child;

Do say:

- 'Thank you for telling me'
- 'I am sorry it has happened to you'
- 'I am going to help you, and will tell you what I am going to do'
- 'It should not have happened'
- 'You are not to blame'

Do not say:

- 'It will be all right soon'
- Anything which you will not be able to fulfil
- It is anybody's fault

Appendix 3 – Categories of Abuse

Indicators of the different categories described below are described in ‘What to do if you’re worried a child is being abused’ 2015

Physical Abuse

A form of abuse which 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.

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. 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Emotional Abuse

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve 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 of a child, though it may occur alone.

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

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate care-givers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Appendix 4 – Specific Safeguarding Issues

All staff are aware of the following specific safeguarding issues and know that they can seek further guidance on specific safeguarding issues by referring to 'Keeping Children Safe in Education 2019 Annex A'.

Children missing from education

Although Nursery Education is not statutory all staff are aware that children **not** attending is a potential indicator of abuse or neglect. To address these concerns if children are absent without any notification from parents we contact the parents to find out the reason and check that they are safe. If no answer can be obtained we will use the child's second contact number and if there is still no response we will consider a home visit.

Attendance figures are collated and reviewed half termly and any low attendance is followed up by a discussion with parents.

Children with family members in prison

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

Child Sexual exploitation

This occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a person under the age of 18 into sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator.

Child criminal exploitation: county lines

This is where drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban, rural, market and seaside towns.

Contextual Safeguarding

Young people are vulnerable to abuse in a range of social situations beyond their families through the different relationships that they may form in the neighbourhood, at school and online.

Domestic Abuse

Any incidents or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Exposure to domestic abuse can have serious long lasting emotional and psychological impact on children.

Drugs

Any concerns regarding parent's drug abuse are shared with the DSL. Options may include instigating an Early Help and offering parent's support. The Children's Centre will be involved in any Early Help and can offer advice and support. If there are concerns that a child is at significant risk a referral will be made.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. We are aware that a referral to the local housing authority may be appropriate however this would not replace a referral into children's social care if a child had been harmed or is at risk of harm. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour as well as the family being asked to leave the property.

So called 'honour-based' violence

This encompasses incident or crimes which have been committed to protect or defend the honour of the family or community.

Female Genital Mutilation

All staff are aware that there is a statutory duty on them as individuals to report any incidents of FGM to the police and to follow the usual school safeguarding procedures. Further information on FGM has been given to all staff. (Appendix 5)

Forced Marriage

A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any form of coercion is used to cause a person to enter into marriage.

Radicalisation and Extremism

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

All staff are aware of The Prevent Duty and that they need to have due regard to 'prevent' people being drawn into terrorism. They understand that this covers all forms of potential terrorism such as Islamist extremism, the Far Right, Irish Republican, animal rights and environmental. In Cumbria the most common form of extremism is the Far Right.

Further advice on making a referral to the police under the Prevent Duty and the referral form are available on the Cumbria LSCB website or staff can contact the police directly using the following e-mail. prevent@cumbria.police.uk

We are aware of the Educate against Hate website which provides support and advice.

Children with special educational needs and disabilities

We are aware that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

Staff are aware that they need to be particularly vigilant when working with children with SEND.

Peer on Peer Abuse

All staff are aware that safeguarding issues can manifest themselves via peer on peer abuse. We do not tolerate any type of peer on peer abuse and spend large amounts of time teaching the children Personal and Social skills to reduce the likelihood of this happening. Time is spent helping children to understand their own feelings and empathise with others and children are helped to know what to do if someone is doing something which hurts them or makes them feel uncomfortable. (Keeping Safe programme)

Sexual violence and sexual harassment between children in schools and colleges

Sexual violence and sexual harassment can occur between two children of any age and sex or through a group of children assaulting or harassing a single child or group of children. They can occur online and offline and can be physical or verbal. Any concerns are taken seriously and not dismissed as 'banter' or 'part of growing up', the usual reporting and referring procedures will be followed.

Appendix 5 – Female Genital Mutilation (FGM)

Facts about FGM

- FGM is illegal in the UK
- FGM is a procedure where female genital organs are injured or changed
- FGM is child abuse and a form of violence against women and girls
- FGM is a social norm in some cultures often thought to be essential for a girl to become a proper woman and to be marriageable
- FGM is widely carried out among specific ethnic populations in Africa, parts of the Middle East and Asia
- Education professionals have a mandatory duty to report 'known' cases of FGM in under 18s to the police (inform the DSL who will give support)
- Immediate consequences of FGM can be: severe pain, shock, haemorrhage, infections and death
- Long term consequences can be: scarring and cysts, recurrent urinary infections and difficulties passing urine, pain during sex, anxiety, PTSD, complications in childbirth and increased risk of stillbirth
- FGM can be carried out when a girl is new-born, during childhood or at adolescence, at marriage or during a first pregnancy

Risk Factors that a girl may be going to be subjected to FGM

- A female child born to a woman who has undergone FGM
- A female child's father comes from a community known to practice FGM
- The family indicate there are strong levels of influence held by elders
- The family have limited levels of integration within the UK community
- A girl confides to a professional that she is to have a 'special procedure' or attend a special occasion to become a woman
- A girl talks about a long holiday to her country of origin
- Parents state they will take the girl out of the country for a prolonged period
- A girl is expectedly absent from school

Risk Factors that a girl may have been subjected to FGM

- A girl confides that FGM has taken place
- A mother/female family member confides that FGM has taken place
- A girl has difficulty walking, sitting, standing
- A girl finds it difficult to sit for periods of time and this was not a problem previously
- A girl has difficulties urinating
- There are prolonged absences from school
- A girl may talk about pain between her legs
- Increased emotional needs such as withdrawal or changes in behaviour