

Child Protection and Safeguarding Policy

Chisenhale Primary School



Learning Together for a Better Future

Date reviewed	September 2017
Reviewed by	Sharon Taylor-Sezgin
Approved by <i>Governors</i>	November 2017
Planned Review date	September 2018

Designated Child Protection Governor – Jenny Lowe

Designated Child Protection Lead Teacher – Mairead McCarthy

Designated Child Protection Lead Headteacher – Sharon Taylor-Sezgin

CHILD PROTECTION POLICY

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MISSION STATEMENT

Chisenhale Primary School is concerned about the welfare and safety of all its pupils and staff and creates an ethos in which all feel secure, valued, listened to and are taken seriously. Our aim is to keep all people safe within school.

STATUTORY FRAMEWORK

Keeping Children Safe in Education – DfE Statutory Guidance – September 2016

Keeping Children Safe in Education (September 2016) is statutory guidance issued by the DfE, updating the guidance published in July 2015. The guidance commences on 5th September 2016.

It should be read alongside statutory guidance:

- **Working Together to Safeguard Children March 2015**
www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- **Disqualification under the Childcare Act 2006 – June 2016**
www.gov.uk/government/uploads/system/uploads/attachment_data/file/528473/Disqualification_under_the_childcare_act_June2016.pdf

and departmental advice:

- **What to do if you are worried a child is being abused 2015 - Advice for practitioners**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- **Guidance for Safer Working Practice for those working with children and young people in education settings – September 2015 (Safer Recruitment Consortium/DfE)**
- <https://www.safeguardingschools.co.uk/wp-content/uploads/2015/10/Guidance-for-Safer-Working-Practices-2015-final1.pdf>

Keeping Children Safe in Education (September 2016) consists of four parts:

Part One contains safeguarding information for all school staff;

Part Two sets out governing bodies' responsibilities in relation to safeguarding;

Part Three deals with safer recruitment, including vetting checks, and

Part Four sets out employers' and employees' duties when dealing with allegations of abuse against teachers and other staff.

Staff are reminded that safeguarding pupils in our care is the responsibility of all staff who work in the school. All staff should take the time to familiarise themselves with these documents (and in particular **Part One: Safeguarding Information for All Staff**), and to raise any queries that they may have about the guidance with the school's safeguarding lead.

The school also works within the framework set by the borough which includes:

- Child Protection Procedures for staff working in children's, school and family settings (September 2016)
- Procedures for managing allegations of abuse against staff working in children's, school and family settings (September 2016)
- School code of conduct (in the Staff Handbook – September 2017)

At Chisenhale Primary School the safeguarding leads are Mairead McCarthy and Sharon Taylor-Sezgin

Staff should also ensure they are familiar with this child protection policy. In return, all staff are entitled to receive child protection training appropriate to their role, and new starters receive an induction which covers relevant safeguarding information and processes.

All of the above-mentioned documents are available on the school's shared drive in the policies section in the safeguarding folder. A copy of the document **Keeping children**

safe in education: Information for all school and college staff is an appendix to this document.

Please note that any safeguarding concerns must be reported without delay to one of the school's safeguarding leads in the first instance. If you are at all unsure about the school's system for raising safeguarding concerns you should speak to the safeguarding lead as a matter of priority.

A section on Preventing Extremism and a section on Female Genital Mutilation have been added to this policy, in line with national recommendations.

WHAT SCHOOL STAFF SHOULD KNOW AND DO

A child centred and coordinated approach to safeguarding

1. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance **Working together to safeguard children**.
2. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
3. No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

*(Taken from **Keeping children safe in education: information for all school and college staff** September 2016, p.5)*

THE DESIGNATED CHILD PROTECTION LEADS

Mairead McCarthy is the designated Lead Teacher for Child Protection and Sharon Taylor-Sezgin is the designated person and they will:

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- ensure that the Tower Hamlets LSCB and Pan-London Child Protection Procedures are followed in the school
- ensure that all staff are aware of these procedures
- ensure that appropriate training and support is provided to all staff
- develop effective working relationships with other agencies and services
- decide whether to take further action about specific concerns (e.g. refer to Children's Social Care)
- liaise with Children's Social Care Teams over suspected cases of child abuse
- ensure that accurate records relating to individual children are kept in a secure place and marked 'Strictly Confidential'
- submit reports to, and attend, Child Protection Conferences
- ensure that the school effectively monitors children identified as 'at risk'
- provide guidance to parents, children and staff about obtaining suitable support.

We have 2 leads to enable the school to have cover at all times. Where both leads are out of school, child protection responsibility will be delegated to one of the Senior Leadership Team.

Jenny Lowe is the named governor linked to Child Protection and Safeguarding. Governors are involved in child protection and safeguarding training, most recently in July 2016.

TYPES OF ABUSE AND NEGLECT

1. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.
2. **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.
3. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying), 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, although it may occur alone.

4. **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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

5. **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: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

*(Taken from **Keeping children safe in education: information for all school and college staff** September 2016, pp.11-12)*

SPECIFIC SAFEGUARDING ISSUES

41. **All** staff should have an awareness of safeguarding issues- some of which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

42. **All** staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

43. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES, MindEd and the NSPCC websites. School and college staff can access government guidance as required on the issues listed below via GOV.UK and other government websites:

- bullying including cyberbullying
- **children missing education**
- child missing from home or care
- **child sexual exploitation (CSE)**
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- **female genital mutilation (FGM)**
- **forced marriage**
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- hate
- **honour based violence**
- mental health
- missing children and adults strategy
- private fostering
- **preventing radicalisation**
- relationship abuse
- sexting
- trafficking

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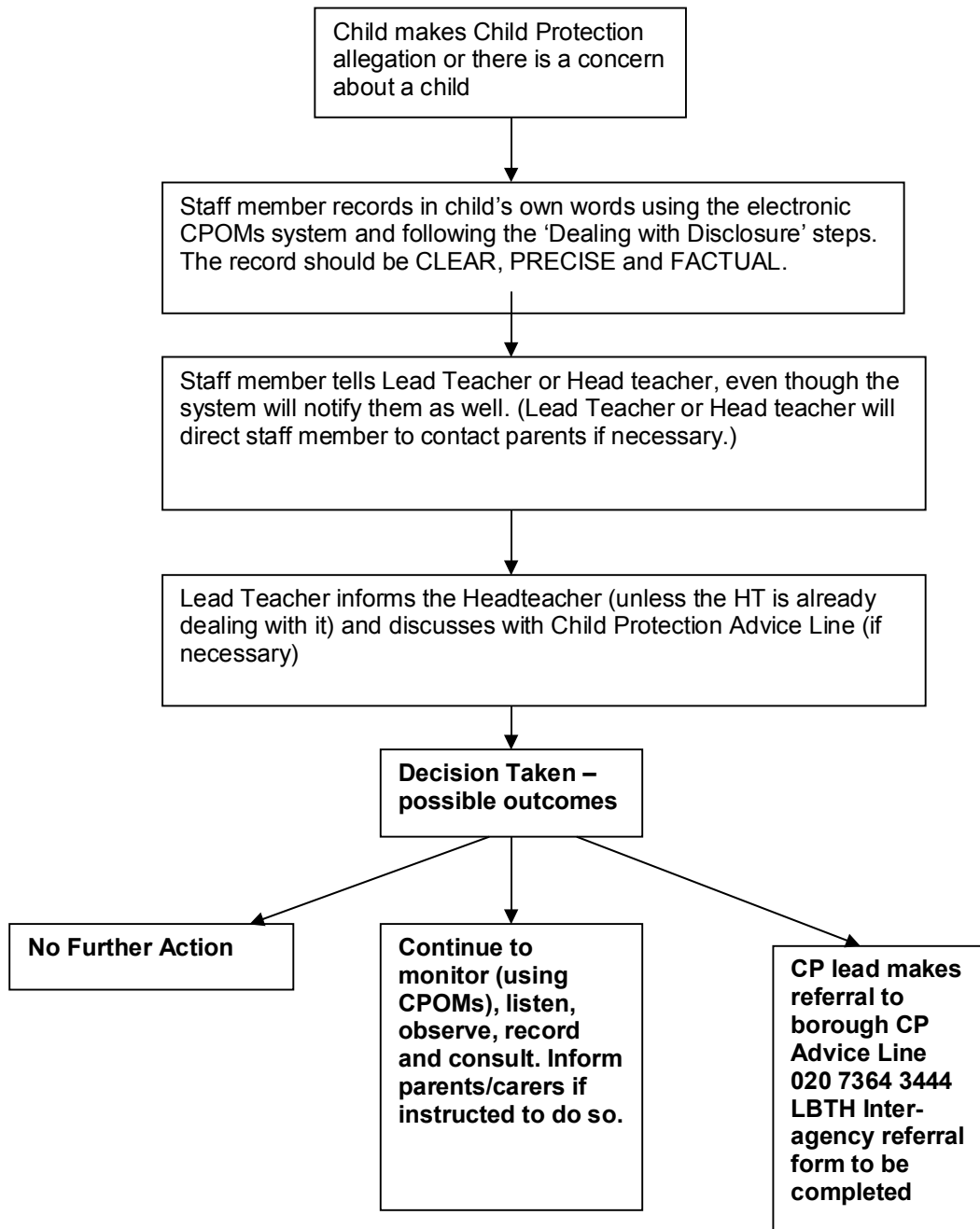
(The items in bold are issues that have details in Annex A, which should be read by all staff.
*Taken from **Keeping children safe in education: statutory guidance for schools and colleges** - September 2016, pp12-13)*

The flowchart shows school procedures to be followed whenever there is a safeguarding concern. If the concern involves FGM, then there is a duty to report directly to the police by dialling 101 if FGM has been visually identified or it has been disclosed that it has happened. If FGM is suspected or a girl considered to be at risk, the flowchart below should be followed.

SCHOOL PROCEDURES

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WHAT TO LOOK OUT FOR – SIGNS OF ABUSE AND NEGLECT

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and

- Children with unexplained:
 - o bruises or cuts;
 - o burns or scalds; or
 - o bite marks.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’;
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn’t expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don’t take part in education.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care⁴; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

(Taken from **What to do if you're worried a child is being abused – Advice for practitioners** pp. 5-10 March 2015)

DEALING WITH A DISCLOSURE

- 1. If staff are concerned about a child who has an injury which is not typical of the bumps and scrapes normally associated with children's injuries BUT the child has not disclosed any information, the member of staff should:**
 - Ask what has happened
 - Listen to the child's response
 - Then follow the 'pupil disclosure' bullet points (see below)
- 2. If a pupil discloses that he or she has been abused in some way, the member of staff should:**
 - if necessary, ask open questions, not leading questions
 - listen to what is being said without displaying shock or disbelief
 - accept what is being said
 - allow the child to talk freely
 - reassure the child but not make promises which it might not be possible to keep
 - not promise confidentiality – it might be necessary to refer to Children's Social Care

- reassure him or her that what has happened is not his or her fault
- stress that it was the right thing to tell
- listen, rather than ask direct questions
- not criticise the alleged perpetrator
- explain what has to be done next and who has to be told.

RECORD KEEPING

When a pupil has made a disclosure, the member of staff should:-

- make brief notes as soon as possible after the conversation
- the information regarding the concerns must be recorded by the member of staff as soon as possible and within 15 minutes of a disclosure being made or a concern raised
- the recording must be a clear, precise, factual account completed on the CPOMS system
- not destroy the original notes in case they are needed by a court
- record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- indicate the position of any bruising or other injury on the diagram on the CPOMS system
- record statements and observations rather than interpretations or assumptions

SUPPORT

Dealing with a disclosure from a child, and a Child Protection case in general, is likely to be a stressful experience. The member of staff should, therefore, consider seeking support for him/herself and discuss this with the Head teacher.

ALLEGATIONS INVOLVING SCHOOL STAFF

If a child, or parent, makes a complaint of abuse against a member of staff, the person receiving the complaint must take it seriously and immediately inform the Headteacher.

Any member of staff who has reason to suspect that a pupil may have been abused by another member of staff, either at school or elsewhere, must immediately inform the Headteacher. He or she should also make a record of the concerns including a note of anyone else who witnessed the incident or allegation. If the concerns are about the Headteacher, the Head of Personnel (LBTH) must be contacted (020 7364 5000).

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but he/she will assess whether it is necessary to refer to Children's Social Care and LBTH Local Authority Designated Officer (LADO).

If the Headteacher decides that the allegation warrants further action through Child Protection Procedures he/she must make a referral. The member of staff should not be informed until agreed with Children's Social Care and/or LBTH Local Authority Designated Officer (LADO). It may be necessary to discuss appropriate steps to ensure other children are not at risk.

If it is decided that it is not necessary to refer to Children's Social Care or LBTH Local Authority Designated Officer (LADO), the Headteacher will consider whether there needs to be an internal investigation.

CONFIDENTIALITY

Staff should never use confidential or personal information about a pupil or her/his family for their own, or others advantage (including that of partners, friends, relatives or other organisations). Information must never be used to intimidate, humiliate, or embarrass the child. Confidential information should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the pupil's identity does not need to be disclosed the information should be used anonymously.

There are some circumstances in which a member of staff may be expected to share information about a pupil, for example when abuse is alleged or suspected. In such cases, individuals have a responsibility to pass information on without delay, but only to those with designated safeguarding responsibilities.

If a child – or their parent / carer – makes a disclosure regarding abuse or neglect, the member of staff should follow the setting's procedures. The adult should not promise confidentiality to a child or parent, but should give reassurance that the information will be treated sensitively.

If a member of staff is in any doubt about whether to share information or keep it confidential he or she should seek guidance from the Designated Safeguarding Lead. Any media or legal enquiries should be passed to senior management.

*(From **Guidance for safer working practice for those working with children and young people in education settings** – October 2015 pp.7-8)*

APPENDIX 1 - INTERVENTION TRIANGLE FOR PREVENT

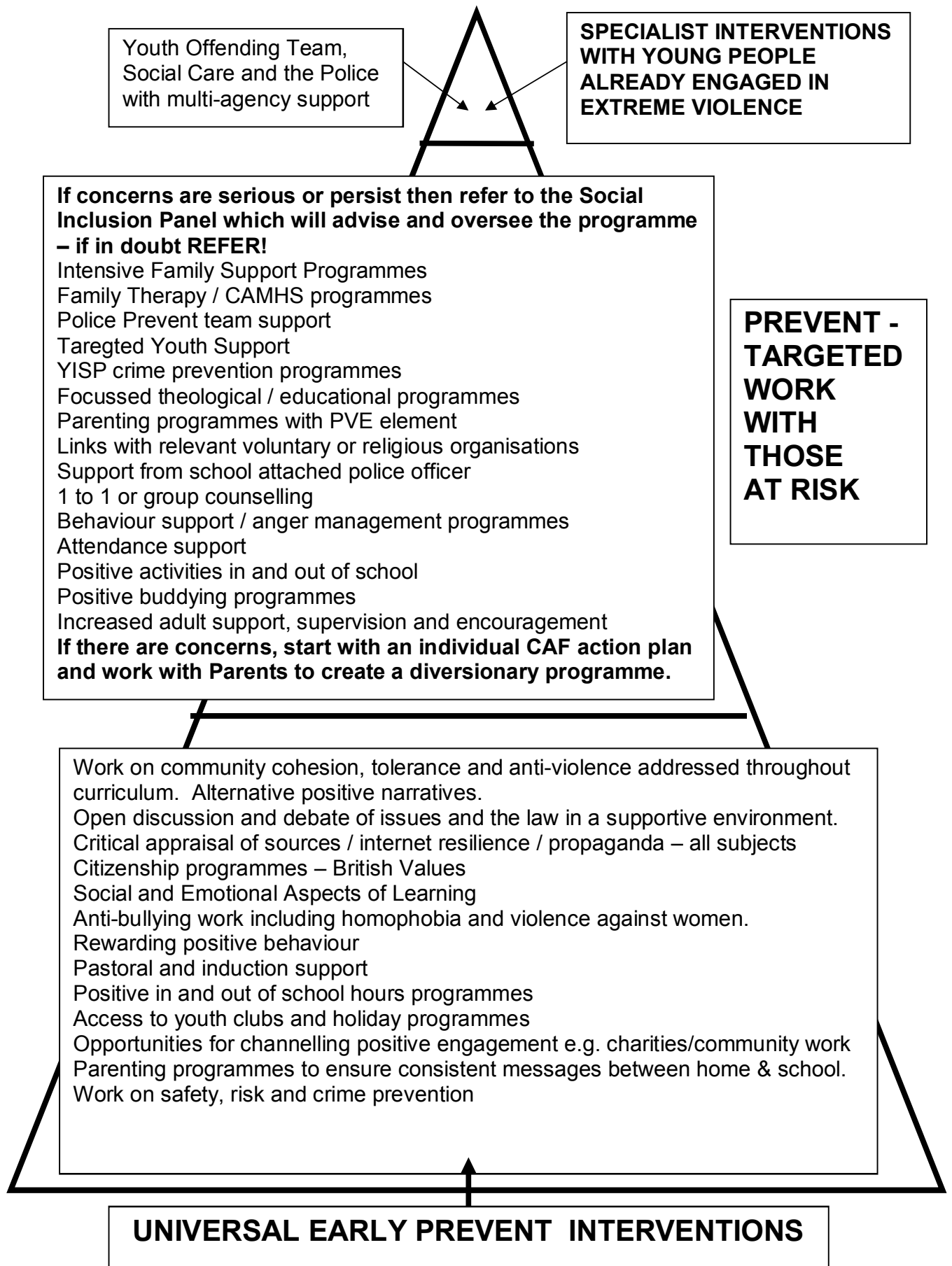
Below is a triangle of intervention showing, at the base, examples of UNIVERSAL preventative work in schools to increase pupil resilience and counteract extremist messages.

As you progress up the triangle, where a school identifies a concern with an individual, the school will use the CAF to assess and undertake TARGETED support work with the child / young person to divert them from harm. If concerns are more serious or do not respond to school interventions (or if you want advice) you should refer to the Social Inclusion Panel (SIP) which can provide additional support.

At the top of the Triangle are those cases that are beyond Prevent because they are already involved in violent extremism.

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APPENDIX 2 - Tower Hamlets Guidance on Preventing Violent Extremism and the Triangle of Prevent Intervention (see Appendix 3).

In a school context the five strands that support the prevention of violent extremism are to:

1. understand how an extremist narrative which can lead to harm can be challenged by staff in schools; and model to pupils how diverse views can be heard, analysed and challenged in a way which values freedom of speech and freedom from harm
2. understand how to prevent harm to pupils by individuals, groups or others who promote violent extremism, and manage risks within the school
3. understand how to support individuals who are vulnerable, through strategies to support, challenge and protect
4. increase the resilience of pupils and of school communities through helping pupils acquire skills and knowledge to challenge extremist views, and promoting an ethos and values that promotes respect for others
5. use teaching styles and curriculum opportunities which allow grievances to be aired, explored and demonstrate the role of conflict resolution and active citizenship

Protection from radicalisation and extremist narratives is also a safeguarding issue.

Exposure of children to extremist ideology can hinder their social development and educational attainment alongside posing a very real risk that they could support or partake in an act of violence. Radicalisation of young people can be compared to grooming for sexual exploitation.

“Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm.” Home Office – The Prevent Strategy

STAFF TRAINING AND AWARENESS

Training on recognising and responding to the risk of Violent Extremism and the role of professionals is available for school staff and other professionals from the Prevent Team, David Hough and Thomas Llewellyn Jones tel 020 7634 4691 or from the Support for Learning Service, contact Jill Mc Ginley, liz.vickerie@towerhamlets.gov.uk 020 7364 6448

A poster summarising the issues and referral procedures has been circulated to schools and this is on display in the staff room and has been circulated to all staff electronically.

Why might a young person be drawn towards extremist ideology?

It appears a decision by a young person to become involved in violent extremism:

- may begin with a search for answers to questions about identity, faith and belonging
- may be driven by the desire for 'adventure' and excitement
- may be driven by a desire to enhance the self esteem of the individual and promote their 'street cred'
- is likely to involve identification with a charismatic individual and attraction to a group which can offer identity, social network and support
- is likely to be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination

Recognising Extremism - early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as "Muslims Against Crusades" or other non-proscribed extremist groups such as the English Defence League.
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)

REPORTING

If staff think a child is at risk from extremist narratives or being radicalised, they should report it to the **CP lead in the school** as they would for any other child protection issue. But unlike other CP issues, the external reporting of Prevent concerns is usually to the Social Inclusion Panel rather than IPST. This is because Prevent interventions are voluntary and preventative.

How should the school respond?

If you have concerns about a child or group of children being violent, or being drawn into violent extremism, or being vulnerable to this, you should respond as we would to all vulnerable children and follow the procedures below.

1. Talk to the family and other professionals working with the young person about the concerns and get their views. (If the family is implicated in potential extremism contact the Social Inclusion Panel first).

2. Seek consent to complete a CAF assessment and get a holistic perspective on the situation. Determine if there are additional needs & if so how these could be met.
3. Contact other relevant agencies and engage them in a Team Around the Child (TAC) approach to supporting the young person and their family with a diversionary programme of support.
4. If the concerns persist and the TAC approach does not seem to be having a positive impact, or if it appears the young person is already exposed to or involved with extremist organisations, refer the case to the **Social Inclusion Panel (SIP)** using the CAF form.

If in doubt: REFER to SIP

In Tower Hamlets the SIP is the panel which performs the function of “Channel” for those under 18 (Channel is the multi-agency discussion and planning for cases requiring Prevent interventions).

The Chair of SIP is Jill McGinley jill.mcginley@towerhamlets.gov.uk 020 7364 6448.

For Adults (those 18 or over), cases should be referred to the Safeguarding Adults Panel (SAP). Contact the Prevent Project Manager , Nojmul Hussain, nojmul.hussain@towerhamlets.gov.uk tel 020 7634 4691

If at any stage you are concerned that a child or young person is at imminent risk of harm you should also contact the Child Protection Duty Line on 020 7364 3444.

If you suspect someone is actually engaged in terrorist activity, you should also contact the police or the anti-terrorist hotline immediately on 0800 789 321

INTERVENTIONS WITH INDIVIDUALS

Interventions the school might implement include:

- Increased adult support, supervision and encouragement
- Positive buddying programmes
- Positive activities in and out of school
- Behaviour support / anger management programmes
- Attendance support
- 1 to 1 or group counselling
- Parenting programmes with a Preventing Violent Extremism element
- Links with relevant voluntary or religious organisations
- Support from a school attached police officer
- Advice on cyber safety (for pupils and parents)

And referrals (usually through SIP) for:

- Family Therapy / CAMHS programmes
- Targeted Youth Support
- YISP crime prevention programmes
- Police Prevent team support
- Specialised theological / educational programmes
- Intensive Family Support Programmes

PREVENTION

The school addresses this issue through the curriculum and other activities:

These may include:

- Work on community cohesion, tolerance and anti-violence addressed throughout curriculum: promoting alternative positive narratives to counteract extremist ideologies.
- Open discussion and debate of issues and the law in a supportive environment.
- Critical appraisal of sources / internet resilience / identifying propaganda – relevant for all subjects but especially when using the internet for research
- Citizenship programmes – British Values
- Social and Emotional Aspects of Learning
- Anti-bullying work including homophobia and violence against women.
- Rewarding positive behaviour
- Pastoral and induction support
- Work on safety, risk and crime prevention
- Opportunities for channelling positive engagement e.g. charities / community work
- Positive in and out of school hours programmes
- Access to youth clubs and holiday programmes
- Parenting programmes to ensure consistent messages between home and school.

One off events are not enough, e.g. a drama group coming in to do a play on one occasion. It needs to be embedded into the curriculum. All work using internet sources critically evaluates sources and validity; addresses cyber safety and explains where children can get support if they read something that disturbs them or they are contacted by people who they do not know. This relates to risk of radicalisation as well as internet grooming.

VISITORS AND USE OF SCHOOL PREMISES / FACILITIES

- Schools should monitor the activities of any clubs or groups operating under the name of the school, or using their premises or facilities.
- Appropriate checks will take place e.g. Google the person and speak to the organisation they are from. Visitors have to be thoroughly checked out (it's not good enough to say 'we vetted what he was going to say')
- Speakers should be checked out by whoever books them. It's up to the institution whether they get the speaker in but if there are any concerns the school should engage with the local police or LA Prevent lead to find out about the individual.
- Visitors can be expected to sign an "External Speakers Policy" that ensures they uphold the values and policies of the school.
- Similar checks should be done prior to letting organisations use school premises and facilities for meetings and events.

SCHOOL GOVERNORS

Governors are responsible for ensuring Prevent issues are being addressed through the curriculum and that the safeguarding policy reflects vulnerability to radicalisation. Schools should report on these to the Governing Body and the lead Governor for Safeguarding.

APPENDIX 3 - Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls, and is therefore part of child protection. Professionals have a responsibility to ensure that families know that FGM is illegal, and should ensure that families know that the authorities are actively tackling the issue. This knowledge alone may deter families from having FGM performed on their children, and save girls and women from harm.

UK legislation - FGM is illegal in the UK.

In England the practice is illegal under the Female Genital Mutilation Act 2003. The Female Mutilation Act was amended by Sections 70-75 of the Serious /crime Act 2015 to provide statutory guidance on FGM. This was published in 2016 and included the mandatory reporting duty of teachers, health and social care professionals to report FGM to the police.

It is an offence for anyone to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

There remains a duty for all professionals to act to safeguard girls at risk – with four key issues to consider:

1. An illegal act being performed on a female, regardless of age
2. The need to safeguard girls and young women at risk of FGM
3. The risk to girls and young women where a relative has undergone FGM
4. Situations where a girl may be removed from the country to undergo FGM

Indications that FGM may be about to take place soon

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.

- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

Indications that FGM may have already taken place

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl or woman may have frequent urinary or menstrual problems.
- There may be prolonged or repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

Reasons given for practising FGM:

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It helps girls and women to be clean and hygienic.

Short-term implications for a girl's health and welfare

The short-term consequences following a girl undergoing FGM can include:

- severe pain;
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- haemorrhage;
- wound infections, including tetanus, HIV and Hepatitis B and C;
- urinary retention;
- injury to adjacent tissues;
- fracture or dislocation as a result of restraint;
- death.

Talking about FGM

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl would prefer this;

- make no assumptions;
- create an opportunity for the individual to disclose, seeing the individual on their own in private;
- be sensitive to the intimate nature of the subject;
- be sensitive to the fact that the individual may be loyal to their parents;
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman);
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive';
- avoid loaded or offensive terminology such as 'mutilation'
- use value-neutral terms understandable to the woman, such as:
 - “Have you been closed?”
 - “Have you been cut down there?”

Be direct, as indirect questions can be confusing and may only serve to reveal any underlying embarrassment or discomfort that you or the patient may have.

Give the message that the individual can come back to you if they wish;

Summary

It is illegal in the UK to subject a girl or woman to FGM or to assist a non-UK person to carry out FGM overseas. For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris.

FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia.

It has been estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although its true extent is unknown due to the hidden nature of the crime.

FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.

FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences.

Do not reveal that any enquiries might be related to FGM, as this could increase the risk to the girl.

Do not engage at this stage with the pupil's family or others within the community.

Your Designated Child Protection Person must share any concerns that the school has with Children's Social Care. There is a mandatory duty to report sighted or disclosed FGM to the police.

Particular attention may be given to other family members who might also be at risk.

**Appendix 4 –
Keeping children safe in education – Part 1:
Information for all school and college staff
September 2016**

See separate Sheets