



Akaal
Primary School

Safeguarding Policy (including Child Protection)



Approved by Trustees: -May 2015

Approved by Staff: -September 2015

Date for Review: -September 2016

Akaal Primary School: Safeguarding Policy

This Policy should be read in conjunction with the Akaal Primary School Safeguarding Procedures Manual, which covers the day-to-day practice of staff, led by the DSL and the ADSL. This policy has been developed with guidance from the Derby Local Safeguarding Children Board. **The use of the term 'safeguarding' in this policy also includes/covers 'child protection', including child sexual exploitation and forced marriage.**

Policy statement

Key Principles:

Akaal Academy Trust Derby is committed to providing the highest standard of education for all students based on equality of access and opportunity, taking seriously its responsibility under section 157 of the Education Act 2002 to safeguard and promote the welfare of children. 'Safeguarding and promoting the welfare of children' is defined for the purposes of this policy 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
- taking action to enable all children to have the best outcomes

The Trust believes that all young people have:

- the right to be protected from harm and/or abuse
- the opportunity to develop fully
- their basic needs met

Everyone who comes into contact with children and their families has a role to play in safeguarding children. Akaal Primary School staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. The school and the staff form part of the wider safeguarding system for children. This system is described in the statutory guidance Working Together to Safeguard Children 2013. Our school will work in partnership with Social Care, the police, health services and other services to promote the welfare of children and protect them from harm. The Trust will provide appropriate training to ensure that all staff are able to carry out the expectations of this policy.

Akaal Primary School will have a Designated Safeguarding Lead (DSL) who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

The Trust recognises that abuse occurs to children of all ages, both sexes, different races and cultures, and occurs in all social classes. The Trust recognises that because of the day-to-day contact with children and their families, staff at Akaal Primary School are extremely well placed to observe outward signs of abuse.

This policy applies to all Trustees, Governors, staff and other agencies or volunteers working at, or on behalf of, Akaal Primary School.

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Objectives

This policy is based around three main objectives:

Prevention

- Providing an environment in which students feel safe, secure, confident, valued and respected, and know how to approach adults if they are experiencing difficulties.
- Raising the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting cases of possible abuse.
- Ensuring safe recruitment practice is implemented through effective DBS checks of all adults within the school who have access to the children.

Protection

- Through the establishment of a systematic means of monitoring students, known or thought to be at risk of harm.
- Through the establishment of structured procedures within Akaal Primary School, which will be followed by all members of the Trust and school community in cases of suspected abuse.
- Through the development of effective working relationships with all other agencies involved in safeguarding children.

Support

- Ensuring the key concepts of child protection are integrated within the curriculum including PSHE, and that students are educated about risks associated with internet use and new technologies.
- Ensuring that students are listened to and their concerns taken seriously and acted upon.
- Working with others to support students who may have been abused, to access the curriculum and take a full part in school life.

Roles and Responsibilities

The Trustees, via the Headship Team, is responsible for safeguarding policies, procedures and practices, and has a Safeguarding committee to ensure that all duties are effectively carried out.

The Trust recognises that safeguarding extends to issues such as health and safety, arrangements to meet the needs of children with medical conditions, providing first aid, school security, education in drugs and substance misuse, education and training for students and staff in e-safety and the prevention of bullying, including cyber-bullying.

At Akaal Primary School the Headship Team has overall responsibility for safeguarding and this carries the specific title of Designated Safeguarding Lead (DSL). This includes responsibility for Looked After Children (LAC).

Responsibilities:

Headship Team/DSLs	Vicki Kavanagh and Julie Kennedy:
DDSL	To be appointed
CEOP Ambassador	
Chair of Trustees	Daljit Virk
Chair of the Safeguarding Committee	To be appointed
LADO	

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The specific responsibilities of the Headship team are as follows:

- Ensure that the safeguarding policies and procedures are fully implemented and followed by staff.
- Ensure that resources are allocated to enable the DSL, DDSL and other staff as required to attend strategy discussion, inter-agency meetings, contribute to pertinent assessments.
- Ensure that all members of staff have received relevant training and are able to identify any additional needs that a child may have so that they may receive appropriate support at an early stage.
- Ensure that there is an identified senior leader to take on the above responsibilities in the absence of the Headship Team.
- Be responsible for taking the lead in situation relating to allegations against staff members and volunteers that are received by the DSL/DDSL.
- Record details of all allegations against staff and volunteers, informing the Chair of the Trustees.
- Be responsible for carrying out any actions agreed by the LADO and reporting on outcomes where relevant to do so in confidential circumstances.
- Audit safeguarding records alongside the Headship Team on an annual basis.

The specific responsibility of the Chair of the Trustees is as follows:

- The chair is nominated to liaise with the LA on Child Protection issues, and in the event of an allegation of abuse made against Headship Team members.

The specific responsibilities of the Trustees' Safeguarding committee are as follows:

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The specific responsibilities of the DSL/DDSL are as follows:

- Refer any child believed to have suffered, or likely to suffer, significant harm without delay.
- Follow up any such referral in writing, using a Multi-Agency Referral Form (MARF), within 48 hours.
- Ensure that detailed and accurate written records of concerns about a child are kept, even if there is no need to make an immediate referral.
- Ensure that all such records are kept confidential, secure, and are separate from student records, until the child's 25th birthday. The file will contain a front sheet listing dates, staff making the referral, nature of the concern and whether a referral was made.
- Ensure that an indication of further record keeping is marked on all students' school records.
- Acting as a focal point for staff concerns and liaising with other agencies and professionals.
- Monitoring safeguarding cases, including any open cases and the number of students on the Safeguarding Register.
- Notifying the LADO if there is an unexplained period of absence for any student on the Safeguarding Register of more than 2 days.
- Notifying a student's social worker or key worker, without delay, of any new concern or relevant information about a student on the Safeguarding Register.
- Where there is uncertainty as to how to proceed in a potential safeguarding situation, seek the advice of the LADO.
- Develop effective links with the relevant agencies and co-operate as required with their enquiries regarding safeguarding matter.
- Attend case conferences, family support meetings, core groups, or other multi-agency planning meetings, and contribute to the assessment process.

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- Ensure that all school staff and volunteers are aware of the School's Safeguarding Policy and procedures, and know how to recognise and refer any concerns.
- Keep up to date with current knowledge in order to fulfil the role.
- Attend the training provided specifically for the DSL once every 2 years.
- Ensure that all staff receive appropriate training once every three years and appropriate induction on arrival.
- Inform the Headship Team immediately of any allegations against staff, volunteers or adults from other agencies working in school. Ensure that the Head Teacher is supported and the correct procedures are followed.
- Attend any locally organised network meetings/briefings/update sessions to ensure that staff are updated regularly on current safeguarding issues and to provide a forum for the development of good practice.
- Ensure that children regularly receive guidance on e-safety, through the curriculum including the PSHE/SMSC and Assembly programme. Ensure that all staff are trained to support children with e-safety issues and are aware of how to receive support from relevant staff where appropriate (CEOP Ambassador).
- Support appropriately trained staff in delivering guidance to parents/carers on how to support their child at home with e-safety. Support to both staff and students should be a planned and coordinated aspect of the school calendar. Additional guidance/support should be provided as required.
- Provide, in partnership with the Headship Team, an annual report for the Trustees, detailing any training undertaken by the designated persons, and by all the staff and Trustees, also including the number of students on the Safeguarding Register and other relevant strategic Safeguarding data (eg absence, incidences of bullying, racist incidents).
- Make amendments to the Safeguarding Policy as and when it is required.
- Assume responsibility for ensuring that procedures are carried out in line with this policy.
- Organise any additional training required as a result of changes to policy and procedure
- Work with relevant staff in relation to a particular pupil, in order to identify the most successful way of dealing with their safeguarding need.
- Where relevant, ask specific members of staff to attend meetings in relation to a specific child, if this best supports the identification of the most successful way of dealing with a safeguarding need, recognising that ultimately the decisions regarding a safeguarding need will rest with the DSL.

The specific responsibilities of teaching staff, support staff and volunteers are as follows:

- Undertaking appropriate training in relation to safeguarding and promoting the welfare of children at least once every three years.
- Being alert to the signs of abuse and reporting concerns immediately to the DSL.
- Dealing with incidents in line with the Akaal Academy Trust Derby Safeguarding Policy.

The specific responsibilities of the Trustees are as follows to ensure that:

- There is a Safeguarding policy together with a staff behaviour (code of conduct) policy.
- The school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training.
- The school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.

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- A senior leader has Designated Safeguarding Lead (DSL) responsibility.
- The DSLs undertake interagency training and also undertake DSL 'new to role' training and an 'update' course every 2 years.
- All other staff have Safeguarding training updated as appropriate.
- Any weaknesses in Safeguarding procedures are remedied immediately.
- Safeguarding policies and procedures are reviewed annually and that the Safeguarding policy is available on the school website or by other means.
- At least one member of the GB undertakes Safer Recruitment training.

Confidentiality

We recognise that all matters relating to child protection are confidential.

The DSLs will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

We will always undertake to share our intention to refer a child to Social Care with their parents/ carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with *Social care* on this point.

Allegations against staff

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

All Staff should be aware of *LOCAL* Guidance on Behaviour Issues, and the school's own Behaviour Management policy.

Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

We understand that a pupil may make an allegation against a member of staff.

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headship Team.

The Headship Team on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).

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If the allegation made to a member of staff concerns the Headship, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Headship first.

The school will follow the *LOCAL* procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.

Suspension of the member of staff, excluding the Head Teacher, against whom an allegation has been made, needs careful consideration, and the Head Teacher will seek the advice of the LADO and Personnel Consultant in making this decision.

In the event of an allegation against the Head Teacher, the decision to suspend will be made by the Chair of Governors with advice.

We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

Whistle-blowing (see separate policy)

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.

Whistle-blowing about a member of the Headship Team should be made to the Chair of the Board of Trustees whose contact details are readily available to staff (as pertinent to setting).

Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded and signed by a witness.

Staff who are likely to need to use physical intervention will be appropriately trained in the *Positive Handling* technique (see separate policy).

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundaries.

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Monitoring and Evaluation

Our Safeguarding Policy and Procedures will be monitored and evaluated by:

- Trustee visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of Board of Trustees minutes
- Logs of bullying/racist/behaviour incidents for SLT and Trustees to monitor
- Review of parental concerns and parent questionnaire

Other relevant policies and documents

- Anti-bullying Policy
- Behaviour Policy
- Continuing Professional Development (CPD) Policy
- Educational Visits and Trips Policy
- Equalities Policy
- First Aid Policy
- Health and Safety Policy
- Managing Violence in Schools Policy
- Positive Handling Policy
- Safeguarding Procedures Manual
- Recruitment Policy
- Trustee and Governor Handbook
- Staff Handbook
- Volunteer Policy
- Whistleblowing Policy
- *Working Together to Safeguard Children* DfE 2013
- *Keeping Children Safe in Education* DfE 2014
- *Teachers' Standards: Guidance for school leaders, school staff and governing bodies* DfE 2013
- Derby Local Safeguarding Children's Board documentation

Terminology

Trust	Akaal Academy Trust Derby
DSL	Designated Safeguarding Lead
DDSL	Deputy Designated Safeguarding Lead
LAC	Looked After Children
LADO	Local Authority Designated Officer
CEOP	Child Exploitation and Online Protection
DBS	Disclosure and Barring Service

Recognising signs of child abuse

Categories of Abuse:

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

Signs of Abuse in Children:

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

Risk Indicators

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

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- 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.

Recognising Physical Abuse

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 eg 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 3cm 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 eg:

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- 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.

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
- Scapegoated 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

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 eg 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.

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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.

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

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 unresponsive 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

Child Sexual Exploitation

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.

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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
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Forced Marriage (FM)

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.

Female Genital Mutilation (FGM)

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.

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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**.