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Child Protection Policy 2015

Policy Agreed:

Chair Of Governors:

Head:

Review: April 2016



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## Expectations:

1. For the child protection procedures to work, it relies on the skills and expertise of every class teacher and adult within school to recognise or report concerns. **In addition every member of staff has a legal duty to pass on child protection concerns to the appropriate professionals.** The welfare of the child is paramount.
2. We have a duty to report any concerns to the Designated Child Protection Officer or their Deputy in their absence. If we are not sure, we ask.
3. All staff must read and sign to show they have read;
  - a. the Child Protection Policy,
  - b. The Whistleblowing Policy,
  - c. The E-Safety Policy
  - d. DFE Guidance on Keeping Children Safe in Education, July 2015within 2 weeks of starting their employment with the school.
4. Information about children and their families will only be shared with anyone on a need to know basis.
5. Child Protection training is delivered to all staff bi-annually and revisited at the start of every academic year and in staff Teaching and Learning Meetings termly.



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- Vision

**Every Pupil will leave Randal Gremer able to excel academically and socially.**

- Values

### **Respect**

All Members of our School Community are important to the success of Randal Gremer Primary School

We respect that everyone matters - everyone feels that they are treated fairly & listened to in a non-judgemental manner

We recognise that everyone has a right to the highest possible standard of education and that we each have a personal responsibility to ourselves and others to ensure that this right is never compromised.

### **Diversity, Inclusion & Equality**

We put diversity, inclusion and equality at the heart of everything we do

We welcome and accept all people, and ensure we understand & celebrate everyone's unique differences and similarities

### **Love**

We provide a caring, compassionate, warm, welcoming and nurturing environment for all members of our School Community

### **Teamwork**

We value our relationships and work hard with all members of our School Community to achieve the School's Vision.

### **High Expectations**

We have a commitment to ensure outstanding achievement, enjoyment, health & happiness for self & all members of our School Community

We recognise it takes a 'village' to educate a child



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We all work together to ensure consistency of outstanding processes & practices

**This policy sets out the strong commitment of Randal Cremer School to safeguard the health and welfare of all the children at the school, and to protect children from harm.**

*'The curriculum needs to be delivered in a school with an ethos which empowers children; a school which allows them to voice ideas, feelings and opinions, treats them with respect, values their contribution and lets parents make a contribution to the educational process'. From 'Responding to Child Abuse'*

#### **General Introduction.**

Randal Cremer recognises that teachers play an important role in identifying potential cases of child abuse. The school is committed to providing a safe and secure environment and to promote a climate where children will feel confident about sharing any concerns that they may have. All staff are committed to child protection. They raise children's awareness about themselves through Personal and Social Education, Health Education, and develop a trusting climate so that children feel able to talk and share their thoughts and feelings. All teachers, through their care of children, try to ensure that they stay safe, remain healthy and are able to say "NO". We acknowledge the important role of the curriculum in the preparation of our children for adult life. All teachers consider the opportunities in their areas of responsibility for addressing child protection related issues.

For the child protection procedures to work, it relies on the skills and expertise of every class teacher and adult within school to recognise or report concerns. **In addition every member of staff has a legal duty to pass on child protection concerns to the appropriate professionals.** ( Education Act 2002 Section 175, Guidance- Protecting Children in Education issued in September 2004).

Randal Cremer has a policy of working in partnership between home and school, but with child abuse, or suspicion of child abuse, our first and only responsibility is to the child. 'The welfare of the child is paramount' (Children Act 1989). Suspected cases are reported, procedures adhered to and subsequent actions are left to the appropriate agencies. **This means that parents may not be informed or consulted initially when referrals are made.**

By following child protection procedures we:



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- Care for the child
- Encourage all children towards a positive self image
- Care for our school
- Provide a model for open and effective communication between children, teachers, parents and other adults working with children
- Respond to child protection issues in line with the London Child Protection procedures and the Hackney and City Safeguarding Children Board requirements.

### **Reasons for Following Procedures**

- It protects the child to the best of our ability
- It avoids delay
- It provides consistency
- It protects all staff
- It ensures that, if further action is taken by another agency, then the school has followed the protection procedures

Staff are in contact with children all day and are in a position to detect possible abuse. They must not think that by voicing concern they are necessarily starting procedures. The criteria should be that they have 'reasonable suspicion' and under the Children Act, 1989, this definition has been extended to include 'or may suffer in future'.

### **Guidelines**

All concerns or suspicions must be reported immediately by teaching and non-teaching staff, to the designated teacher or the Headteacher who will then follow agreed Child Protection Procedures and if necessary make a referral to Hackney Duty and Assessment Team in Social Care Services.

Staff have an important role in listening to what children have to say. The school provides a neutral place where the child can feel it is safe to talk. Sensitivity to the disclosure is vital. Staff must listen carefully to what the child is saying, treat it seriously, and value what they say.

**If a child discloses abuse or staff is suspicious, there are three things to do:**



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- Staff fill in a “logging a concern about a child’s safety and welfare (disclosure)” form that can be found in the staffroom display board under SEN, see attached appendix 2.
- Also complete Child Protection Report Sheet, see appendix 3.
- Report immediately to the Designated Child Protection Officer, if he/she is not available then to the head teacher

It is also important that you:

- Do not promise the child that it will be kept a secret
- Do not speak to the parents

#### **Child Protection Policy: Aims, Objectives and Procedures**

1.1 The governors and staff at Randal Gremer Primary School fully recognise the responsibilities of the school to safeguard the health and welfare of our pupils. We recognise that all the staff, including volunteers to be aware of policy and have a full and active part to play in protecting our pupils from harm.

1.2 All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical, psychological and moral development of each individual child.

**1.3 The aims of this policy are:**

1.3.1 To support the child’s development in ways that will foster and promote security, confidence, independence and tolerance.

1.3.2 To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of neglect and abuse.

1.3.3 To provide a systematic means of monitoring children known or thought to be at risk of harm.



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- 1.3.4 To emphasise the need for effective levels of communication between all members of staff.
- 1.3.5 To have a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- 1.3.6 To have and promote effective working relationships with other agencies, in particular the Police, Social Services and other Child and Family Welfare Services.
- 1.3.7 To ensure that all adults within our school who have access to children have been rigorously checked as to their suitability.

## Procedures

2.1 Our school procedures for safeguarding children will be in line with the Learning Trust and LSCB procedures. We will ensure that:

- 2.1.1 Our designated member of staff who is responsible for co-ordinating actions relating to any child protection issues within the school is **Jo Riley**. The designated member of staff will undertake regular training in child protection law, policy and procedures.
- 2.1.2 **Assistant SENCO, Odella Aubrey**, is our member of staff who will act in the designated teacher's absence.
- 2.1.3 All members of staff develop their understanding of the signs and indicators of abuse.
- 2.1.4 All members of staff know how to respond to a pupil who discloses abuse.
- 2.1.5 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures.

2.2 Our procedures will be reviewed bi-annually and up-dated in accordance with legislation and DfES guidelines.

2.3 All new members of staff will be given a copy of our child protection



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procedures as part of their induction into the school. This includes a copy of this policy and the DFE Guidance Keeping Children Safe In Education. (DFE 2014) All staff are expected to sign on receipt and then again in 2 weeks to confirm they have read the guidance.

### 3. Responsibilities

3.1 The designated teacher is responsible for:

- 3.1.1 Adhering to The London Child Protection Procedures, Learning Trust and School Procedures with regard to referring a child if there are concerns about possible abuse or child in need.
- 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records.
- 3.1.4 Ensuring that an indication of further record-keeping is marked on the pupil records.
- 3.1.5 Ensuring that any pupil currently on the child protection register who is absent without explanation for **one day** is referred to the child's social worker unless otherwise advised.
- 3.1.6 Staff joining Randal Cremer will be made aware of the Child Protection policy by the designated teacher who will also keep staff informed of changes in the procedures and/or law pertaining to child protection.

### 4. Supporting Children

4.1 We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated and may feel self-blame. Set within this context, Randal Cremer Primary school has a Learning Mentor who, as part of their work with pupils at our school, also works with groups of children to raise their self-esteem. In addition our school runs the SEAL PROGRAMME. This programme aims to promote empathy and helps children to deal with challenging



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social situations and circumstances. Our school is also strongly committed to rigorously maintaining an effective Anti-Bullying Policy.

- 4.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 4.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.4 Our school will support all pupils by:
  - 4.4.1 Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
  - 4.4.2 Promoting a caring, safe and positive environment within the school.
  - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
  - 4.4.4 Notifying Children's Social Care Services as soon as there is a significant concern.
  - 4.4.5 Providing continuing support to a pupil about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school as soon as possible. (copy retained).

## 5. Confidentiality

- 5.1 We recognise that all matters relating to Child Protection are confidential.
- 5.2 The Headteacher or Designated Teacher will disclose any information about a pupil to other members of staff on a *need to know* basis only.
- 5.3 All staff must be aware that they have a professional responsibility to share information with the Designated Teacher in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child to keep secrets.



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5.5 A file containing information regarding children causing concern is kept in the Headteacher's office. This includes all children, who, for whatever reason, need to be monitored. Staff will be kept informed of any child in their class who is on this register. Teachers must inform the Headteacher or the designated teacher of any changes/additions so that this list can be kept up to date.

## 6. Supporting all staff.

6.1 We recognise that staff working in the school who have become involved with a child who has experienced harm, or appears to be likely to have experienced harm may find the situation stressful and upsetting.

6.2 We will support such staff by providing an opportunity to talk through their anxieties with the Designated Teacher and to seek further support as appropriate.

## 7. Allegations against staff

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

7.2 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.

7.3 The Headteacher on all such occasions will discuss the content of the allegation with the Learning Trust Lead Officer for Child Protection.

7.4 If the allegation made to a member of staff concerns the Headteacher, The Designated Teacher will immediately inform the Chair of Governors who will consult with the Learning Trust's Lead Officer for Child Protection.

7.5 The school will follow the Learning Trust procedures for managing allegations against staff, a copy of which will be readily available in the school.

## 8. Whistleblowing



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8.1 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 attitude or actions of colleagues. In the first instance with managers of the school. (See school's Whistleblowing Policy)

## 9. Physical Intervention

9.1 Our policy on physical intervention by staff is set out in the Behaviour policy and strongly asserts that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person or themselves.

9.2 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.

## 10. Bullying

10.1 Our policy on bullying is set out separately in our Behaviour Policy as we acknowledge that to allow or condone bullying may lead to consideration under child protection procedures.

## 11. Racist Incidents

11.1 We acknowledge that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. See school policy.

## 12. Prevention

12.1 We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection.

12.2 The school community will therefore:

12.2.1 Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.



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12.2.2 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

12.2.3 Include in the curriculum opportunities for PSHCE which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

12.2.4 Educate pupils on how to use all forms of electronic technology including the internet, social media and networking in a safe and responsible manner (See school's E-Safety Policy)

### 13. Health and Safety

13.1 Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both within the school environment and when away from the school when undertaking school trips and visits.

### 14. Safer Recruitment

**14.1 Our safe recruitment policy, set out in a separate document, acknowledge our responsibility for protecting children from unsuitable people through safe recruitment practices.**

Teaching and non-teaching staff must complete a Criminal Records Bureau Check (CRB) form. The offer of employment is subject to a satisfactory check. The school only uses Agencies who vet their supply staff. Volunteers and students will also be CRB checked. Volunteers, students and work experience pupils, will work under the direct supervision of an established member of staff.

### 15. REFERENCES:

See Appendix 1 regarding disclosure, monitoring and signs and indicators of abuse.

**At Randal Gremer, the Head Teacher, Jo Riley is the designated person for child protection.** In the event that Jo is not available then any child protection concerns should be referred immediately to the Assistant SENCo Odella Aubrey,.

The following telephone numbers are useful to seek advice:

Hackney Social Care Services, Duty and Assessment Team 0208 356 5500



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Simone Haynes Principal Officer for Vulnerable Pupils at Hackney Learning Trust  
0208 820 7473

Child Line: 0800 1111

NSPCC Help line: 0808 800 5000

## APPENDIX 1: CHILD PROTECTION: DISCLOSURE, MONITORING AND SIGNS AND INDICATORS OF ABUSE

### Section 1: How To Deal With A Disclosure

Children may feel they will not be believed, or that they will be punished. Staff will need to say that whatever has happened it is not their fault. Fear of the consequences of telling is very common. It can be very tempting to offer a promise of confidentiality to the child. This is not realistic. The child needs to hear the truth about what will happen, together with a commitment to support the child. Our role is to enable the child to speak without questioning or prompting them and then know what to do next.

If a child discloses abuse to you:

#### DO

- Take the child's disclosure seriously and inform the child you are doing so.
- Thank the child for telling you.
- Tell the child that she/he has done the right thing in telling you, and that you are not angry.
- Ask the child if there is anything else she/he wants to tell you.
- Tell the child that the information given is not confidential and that the appointment person will be informed.
- As soon as you can, make notes of the conversation as accurately as possible.
- Pass the information on immediately to the Designated Teacher.

#### DO NOT

- Ask leading questions (this could affect the outcome of any prosecution).
- Make assumptions about who the abuser is, even if you seem to have been told.
- Assume that you have the whole story.



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- Think that you can handle this alone.
- Promise a child to keep it a secret.

## Section 2: Suggested Parameters for Monitoring Children

Teachers are in a unique position to be aware when something is wrong in a child's life. They should not shoulder their concerns alone, or monitor the situation for too long.

The following notes are adapted from *Working with Sexually Abused Children* by Anne Peake (published by The Children's Society in 1989).

### 1) Attendance, Arrivals and Departures

This includes patterns of absences, such as whether they occur more frequently when cared for by one person rather than another.  
If there are any differences in a child's mood or demeanour when brought to school by one adult rather than another.  
Whether the child becomes anxious towards the end of the school day.

### 2) Contact with Parents

For example which parent comes to school.  
Whether teachers are seen to be a threat by parents or parent. (may depend whether this is the abusive or non-abusive parent).  
How a child responds to letters home etc.

### 3) Body Language and Behaviour

For example: variations in behaviour during the school day or school week.  
Overt signs of distress including changes in eating patterns, changes in toileting behaviour, changes in general patterns of behaviour.  
Sexualised behaviour: inappropriate sexualized behaviour can only be learned from others, by being abused, by watching adults, by access to pornography. Very young children are unlikely to learn such detailed behaviour from watching adults or seeing videos etc. It is, therefore, often an indicator that they are being or have been sexually abused.  
Physical symptoms include bruising to genital area, problems of walking or sitting on hard surfaces.

### 4) Children's Language



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Young children are unlikely to verbalise clearly what is happening to them. They are much more likely to speak in analogous terms, eg snakes that spit at them. If exploring these references with children it is important to be non-judgemental. It is also important to record clearly the details and sequence of any questions by the adult. Do not lead the child. Do not make assumptions.

### 5) Children's Play

Any aspects of the child's play which seem out of the ordinary should be noted.

Semi-structured games and situations can be set up with care to give useful indications. For example with the use of puppets: 'Tell the puppet about a time when you are upset or worried' or 'let's play families when mum (or dad) is out'.

### 6) Children's Drawing and Writing

The following are examples which may be indicators of reasons for concern;  
Young children drawing people with genitalia;  
Drawings which consistently show children asking for help or being rescued;  
Drawings which show the child without arms or legs or mouth.

Writing and drawing tasks can be set to help with monitoring. For example: 'the person I most/least like to spend Saturday with'; 'a sad time in my house'.

**Note:** Giving these tasks to a class or group of children performs two functions: avoiding singling the child out and possibly arousing upsetting feelings, or even creating suspicion in the child; and providing a norm against which a child's response can be measured.

### 7) Medicals and PE

Teachers are aware that PE is a time for monitoring for physical abuse. There are also signs of sexual abuse which may be noticed at this time. For example torn clothes, blood stains on clothes, smell of semen on child's skin or clothes, reluctance to undress, or lack of inhibition out of keeping with norm of age group.

Children who are being abused may well often complain of headaches, tummy aches etc., which may or may not be psychosomatic. This may be a safe way of asking for help or extra attention for an unhappy child, and



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should not be dismissed. If a child who is being monitored is away for a school medical this should be followed up.

### Section 3: Signs and Indicators of Child Abuse and Neglect

#### 1. CHILD NEGLECT

##### A definition of child neglect

Child neglect occurs 'Where parents or carers fail to meet the basic and essential needs of their children'. This includes a failure to provide food, clothes, warmth and medical care. Leaving children alone and unsupervised is another example of neglect. Emotional neglect occurs where parents or carers refuse or fail to give love and affection to their children. (see separate section entitled 'emotional abuse').

Specific Indicators of Child Neglect:

- The child is always very hungry and requires food before the school day starts, or arrives frequently without food or money for dinner.
- The child is frequently not picked up after school, or finds their own way to school, often late.
- The child is seriously inadequately dressed for the weather.

Non-Specific Indicators:

These will include all of the above, but less pronounced such that you are uncertain. In addition other non-specific indicators may include:

- The child is exceedingly thin, or small for her/his age.
- The child frequently has sores, or smells of urine.
- The child is frequently tired and needs to sleep during school hours (beyond Reception age).

It should also be noted that these are also conditions which can occur because of a variety of medical causes.



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### **Additional Notes**

While no individual sign and/or symptom is indicative of child neglect, a cluster of these signs and symptoms may suggest that further investigation or monitoring is required.

Some people experience circumstances of acute poverty and/or overcrowding housing conditions. These factors should not be equated with parental abuse.

## **2. CHILD SEXUAL ABUSE**

Why children can't tell

### **1) No language or permission to tell**

- They are too young to have the appropriate language.
- They are too young to have any language.
- They are verbally non-communicating or have some other disability which prevents them from being understood.
- They do not have a language in common with anyone they know outside the family.
- They do not have adult permission to tell, ie there is no one who will listen.
- They have been taught to be obedient.
- Trust in adults has broken down (If you can't trust your parent or an adult who is supposed to take care of you, then who can you trust?).
- They may have already told, or think they have.
- They do not think that there is anyone who will believe them.

### **2) Actual or implied threats**

- They are subject to threats of violence.
- They experience or witness other violence in the home.
- There are specific threats about other family members.
- They believe that acquiescence protects siblings.
- They deduce that sexual abuse is socially reprehensible, and see themselves as to blame.
- The results of disclosure are unknown (What will happen to everyone involved if I tell?).



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### **Additional Note**

In view of the first three points listed above, professionals must take good care to get any intervention right, or they (we) may create more danger for the child.

### **3) Unable to recognise the experience as abuse, or tricked/bribed into acquiescence**

- Sexual abuse is the only thing received in response to the need for physical affection.
- They are told that the sexual abuse is part of the affectionate feeling.
- The child loves the abuser and is reluctant to betray him/her.
- The child has a position as the favoured child emotionally or materially (He/she is even more likely to experience guilt from a feeling of complicity).

### **A definition of sexual abuse**

...'where children (girls and boys) are sexually abused by adults who use them to meet their own sexual needs. This might involve sexual intercourse, but may also include fondling, masturbation, oral sex, anal intercourse, and exposing children to pornographic material including videos ...'

Specific Indicators of child sexual abuse:

- Disclosure by a child.
- Disclosure via a third party.
- Awareness of sexual behaviour inappropriate to age, including in drawings, play or talk, excessive masturbation.
- Excessive sexualised behaviour, giving clear evidence of an awareness of sexual behaviour, or a sexual assault on another child/adult.

Non-Specific Indicators or Warning Signs:

- Lack of trust in adults/ fear of a particular individual.
- Withdrawal and introversion/problems with peer relationships.
- Running away from home.
- Sudden behavioural changes, for example falling standards in learning, truancy etc.



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- Frequent unexplained stomach pains and/or vomiting.
- Girls taking over the mothering role.
- Reluctance to participate in physical activity or to change clothes for games.
- Low self-esteem/the 'model child'.
- Stealing.
- Drug, alcohol or solvent abuse.
- Display of sexual knowledge beyond child's years/sexual drawings.
- Prostitution.
- Fear of school medical examinations.
- Development regression.
- Over-sexualised behaviour.
- Compulsive masturbation.
- Sleeplessness, nightmares, fear of the dark.
- Bruises, scratches, bite marks.
- Depression, suicide attempts.
- Anorexia Nervosa/ eating disorders or change in eating habits.
- Difficulty in walking or sitting.
- Pregnancy, particularly when reluctant to name the father.
- Recurring urinary tract problems/ vaginal infections or genital damage.

### 3. CHILD PHYSICAL ABUSE

#### A definition of physical abuse

...'Where parents or carers physically hurt, injure or kill a child. This can involve hitting, shaking, squeezing, burning and biting. It also includes giving a child poisonous substances, inappropriate drugs and alcohol, and attempted suffocation or drowning...'

Specific Indicators of child physical abuse:

- Disclosure by the child or by a third party.
- Bruises.
- Broken limbs.
- Cigarette burns.
- Cuts.
- Wealds.

Non-Specific Indicators:



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- Inexplicable physical fear.
- Nerviness/jumpiness.
- Unwillingness to go home.
- Bullying.
- Inappropriate behaviour towards other children.
- Self-abuse.
- Sadistic behaviour.

#### **Additional note**

Whilst it may be that evidence is clear, it may also be that no individual example is indicative of physical abuse. However, a cluster of these examples may suggest that further monitoring is required.

### **4. EMOTIONAL ABUSE**

#### **A definition of emotional abuse**

...'where constant lack of love and affection, or threats, verbal attacks, taunting and shouting can lead to a child's loss of confidence and self-esteem, so that they become nervous and withdrawn...'

Specific Indicators of child emotional abuse:

- Disclosure of a damaging experience, such as being locked in a cupboard.
- Living with a parent or guardian who is severely and consistently intoxicated by alcohol or drugs.
- Racial harassment.
- Sexual harassment.
- Bullying (a common and under-rated form of abuse).

Non-Specific Indicators:

- Frequent crying.
- Hypersensitivity to criticism.
- Acute anxiety, may be accompanied by wetting or inability to concentrate.
- Severe difficulties in relationships including, isolation, rejection by peers, excessive clinging to adults.
- Inability to learn despite compliance and seeming understanding.



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- Severe depressed mood including, lack of humour or enjoyment.
- Self-abuse.
- Excessive eating or anorexia.
- Rejection of relationships.
- Sadistic behaviour.

### **Additional note**

While no individual example is indicative of emotional abuse, a cluster of these examples may suggest that further investigation or monitoring is required. It should also be noted that often, it is the child who presents with no behavioural problems, is quiet and withdrawn, who may be experiencing emotional abuse. In addition all cases of discrimination against children on the grounds of race, sex, sexuality, class, physical handicap, or learning difficulties whether institutional or individual, are emotionally abusive. All cases of neglect, sexual abuse and physical abuse are also emotionally abusive.

**In relation to all the indicators of neglect and abuse cited in this policy document – while no individual example is indicative of actual physical, sexual and emotional abuse or neglect, a cluster of these examples may suggest that further investigation or monitoring is required.**

## **5. Female Genital Mutilation**

### **Female Genital Mutilation (FGM) mandatory reporting**

Schools and settings are advised that a new mandatory reporting duty for Female Genital Mutilation (FGM) is being introduced via the Serious Crime Act 2015, following a public consultation. The duty will require regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. It came into force on 31 October 2015, and it is important to note that this duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility CANNOT be transferred.

The Home Office have published procedural information which can be found [here](#).

FGM is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against girls and women. From 31 October 2015, health and social care professionals and teachers MUST report to the Police all 'known' cases of FGM in under 18s which they identify in the course of their professional work. 'Known' cases are those where either a girl informs that professional that an act of FGM – however described – has been carried out on her, or where the professional observes physical signs on a girl appearing to show that an act of



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FGM has been carried out and the professional has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or(b) of the FGM Act 2003.

Randal Gremer Primary has robust and rigorous safeguarding procedures and takes its child protection responsibilities seriously.

Female Genital Mutilation is child abuse and as such is dealt with under the schools Safeguarding policy. All staff are expected to adhere to and follow this policy.

The UK Government advice and guidance on FGM that states: "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

The World Health Organisation definition of FGM:

**Definition of FGM:**

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."

(World Health Organisation-1997)

**FGM is classified into four major types:**

- 1. Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).
- 2. Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- 3. Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- 4. Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.



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Girls may be at risk during any time of the year. However, there is a possibility that they may be at more risk of FGM during school summer holidays. During this period families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is practiced in the Middle East and 28 African countries. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.”

**OFSTED Requirement:**

As from April 2013 Ofsted have included FGM in their “Inspecting Safeguarding” briefing for Inspectors. Annex 4 contains questions and information about FGM for inspectors. Below are excerpts from this document:

Designated senior staff for child protection in schools should be aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised. Inspectors should be also alert to this when considering a school’s safeguarding arrangements, and where appropriate ask questions of designated staff. Key questions could include:

- Are designated senior staff for child protection aware of the issue and have ensured that staff in the school are aware of the potential risks?
- How alert are staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Has the school taken timely and appropriate action in respect of concerns about particular children?

Procedures School has in place:

Randal Gremer Primary School has decided to take proactive action to protect and prevent our girls being forced to undertake FGM. The Head teacher and Governors do this in 4 ways:

1. A robust attendance policy that does not authorise holidays, extended or otherwise.
2. FGM training for Child Protection leads and disseminated training for all staff at the front line dealing with the children.



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3. FGM discussions by Child Protection lead with parents of children from practising communities who are at risk.
4. Comprehensive PSHE and Relationship and Sex Education delivered to KS2 children with a discussion about FGM with Year 6 girls.

In order to protect our children it is important that key information is known by all of the school community.



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**Indications that FGM has taken place:**

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating
- A girl may spend long periods of time away from the class during the day with bladder or menstrual problems.
- 

**Indications that a child is at risk of FGM:**

- The family comes from a community that is known to practice FGM – especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to Hackney Children Social Care. We may;

**ASK**

Ask children to tell you about their holiday. Sensitively and informally ask the family about their planned extended holiday ask questions like;

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?



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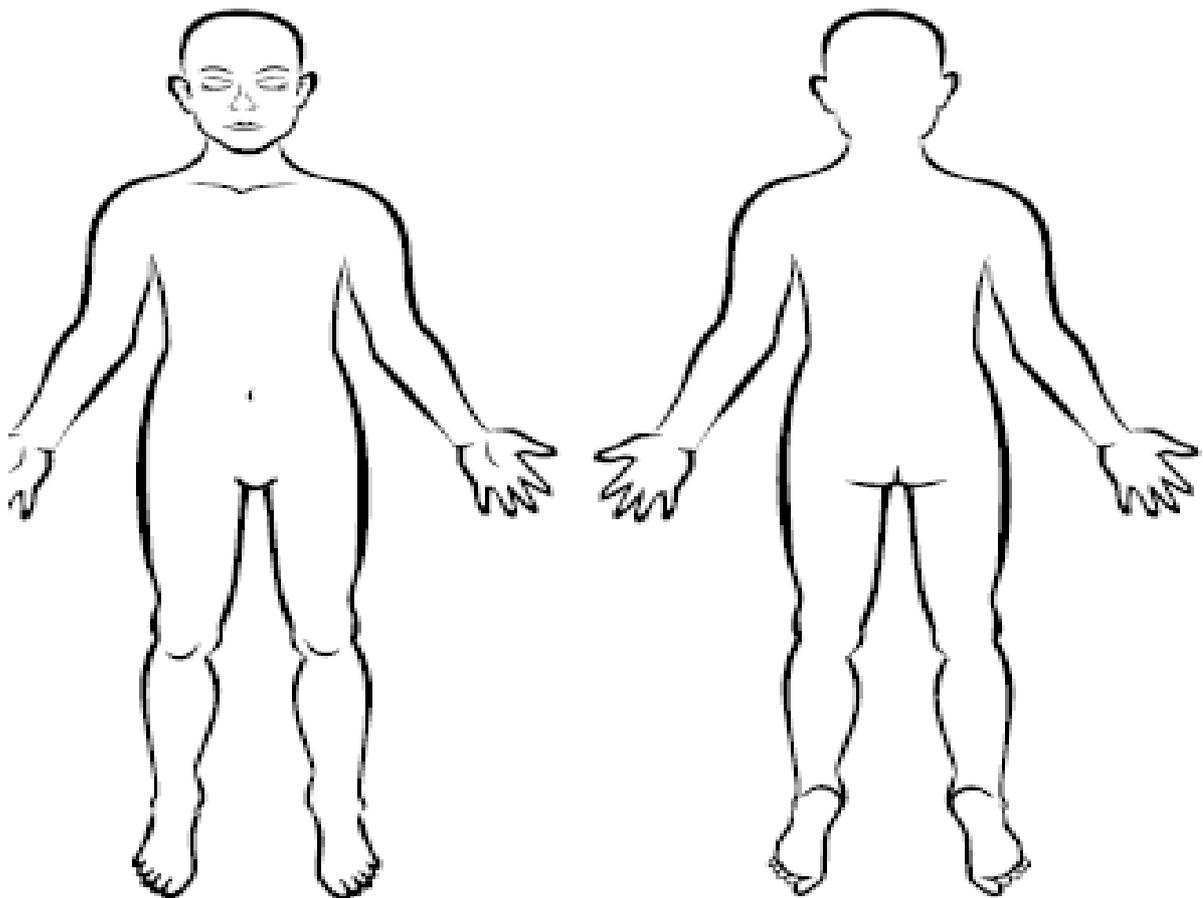




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## Recording

This body outline can be used to record marks or bruises and the date of occurrence, and kept in the child protection file of the child.



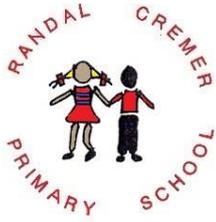


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### **References and Acknowledgements**

The definitions of physical, sexual, emotional abuse and neglect are taken from *A Guide About Child Abuse for Parents* published by the NSPCC. The suggested parameters for monitoring children are adapted from *Working with Sexually Abused Children* by Anne Peake, published by The Children's Society in 1989.

This policy has been revised in the light of the document *Safeguarding Children in Education* (September 2004) DfES/0027/2004. In addition we would like to acknowledge the Model Child Protection Policy For Schools developed by the Investigation and Referral Support Co-ordinators Network (IRSC).



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