

Safeguarding Children Policy

(including Child Protection)

**Tudor Grange Academy (name)**

**Safeguarding Governor:**

**Designated Safeguarding Lead:**

**Deputy Safeguarding Lead:**

**Ratified by Governing Body on:**

**Next review date:**

1. **Introduction**
   1. This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002; and in line with government publications the Teachers' Standards 2012, 'Working Together to Safeguard Children' 2013 and 'Keeping Children Safe in Education' 2014.
   2. Tudor Grange Academy (name) fully recognises its responsibilities for safeguarding children.
   3. Our policy applies to all staff, governors and volunteers working in the school.
   4. There are five main elements to our policy:

* Ensuring we practice safer recruitment in checking the suitability of staff and volunteers to work with children;
* Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
* Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
* Supporting pupils who have been identified as in need of early help or at risk of harm in accordance with his/her agreed Child Protection, Child in Need or Early Help plan;
* Establishing a safe environment in which children can learn and develop.
  1. We recognise that because of the day to day contact with children, school staff are well placed to identify concerns early and to observe the outward signs of abuse. The school will therefore:
* Establish and maintain an environment where children feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to;
* Ensure children know that there are adults in the school whom they can approach if they are worried;
* Include opportunities in the curriculum, specifically through PSHE and ICT, for children to develop the skills they need to recognise and stay safe from abuse and to know who they should turn to for help.
  1. We seek to ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide to protect children from harm. To this end we will:
* Ensure there are systems in place for children to express their views and give feedback e.g. through school/class councils, safety questionnaires, participation in anti-bullying and e-safety events;
* Ensure that the child's thoughts/wishes and feelings are recorded on all referrals.
  1. Prioritise ensuring that all pupils (including those who have a faith background and those who do not) have a thorough understanding of, and positive approach to, the beliefs and values that under-pin modern British society [and our distinctive nature as a Church of England school], is a “Golden Thread” running through our approach to all teaching and learning. To ensure pupils remain safe and are not put at risk by the promotion of violent and/or extremist views, the study of democratic principles and the right of all individuals to equality of opportunity is an integral part of our school’s curriculum, including RE and Collective Worship and the development of pupils’ spiritual, moral, social and cultural skills and awareness.
  2. Ensure other school policies have explicit links with our school’s Safeguarding Policy to ensure that all aspects of the Prevent Agenda and all aspects of our Chid Protection strategies are reinforced through the school’s curriculum and our approach to teaching and learning wherever possible.

1. **Procedures**

2.1 We will follow the procedures set out by the (name)shire Safeguarding Children Board (WSCB) and take account of guidance issued by the Department for Education (DfE).

* 1. The school will:
* Ensure it has a senior leader nominated as Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role;
* Ensure it has a member of staff who will act in the absence of the DSL (deputy DSL);
* Ensure it has a nominated governor responsible for safeguarding children;
* Ensure every member of staff (including temporary and supply staff and volunteers) and the governing body knows the name of the DSL and understands their role;
* Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and neglect and maintain an attitude of 'it could happen here';
* Ensure all staff and volunteers understand their responsibility for referring any concerns to the DSL or Principal and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not been listened to or acted upon.
* Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus and publishing its policy on the school website;
* Operate a lettings policy which ensures the suitability of adults working with children on school sites at any time;
* Ensure that community users organising activities for children are aware of, and understand the need for compliance with, the school's child protection guidelines and procedures;
* Ensure that the duty of care towards its pupils and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice;
* Be aware of and follow procedures set out by the DfE and the Local SCB where an allegation is made against a member of staff or volunteer, including making a referral to the DBS and/or National College for Teaching and Leadership if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned;
* Operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.
  1. Our procedures will be regularly reviewed and updated.

**3. Training**

3.1 When staff join our school they will be informed of the safeguarding children arrangements in place. They will be given a copy of this policy, the school's code of conduct and the leaflet 'Safer Working Practice for Staff in Education Settings' and told who the DSL is and who acts in their absence.

3.2 All staff will receive induction in safeguarding children. The induction programme will include basic child protection information relating to signs and symptoms of abuse, how to manage a disclosure from a child, when and how to record a concern about the welfare of a child and advice on safe working practice.

3.3 All volunteers, supply staff and regular visitors to our school will be told where our policy is kept, given the name of the DSL and informed of the school's procedures in reporting concerns.

3.4 All staff will receive training in child protection and safe working practice, updated every three years, in line with LSCB guidance.

3.5 Staff with specific responsibility for safeguarding children will undertake both single and inter-agency training at a level suitable to their role and responsibilities, updated every two years.

1. **Responsibilities**
   1. The Governing Body will nominate a member to be responsible for safeguarding children and liaise with the DSL and or Headteacher in matters relating to safeguarding. It will ensure that:

* safeguarding policies and procedures are in place, available to parents on the school website or by other means and reviewed annually;
* an annual report on the effectiveness of the school's safeguarding procedures is presented to the governing body and returned to the Local Authority;
* any weaknesses brought to its attention relating to safeguarding are remedied without delay.

4.2 The Headteacher will ensure that the Safeguarding policies and procedures are fully implemented and followed by all staff and that sufficient resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection.

4.3 The DSL will co-ordinate action on safeguarding and promoting the welfare of children within the school setting. The DSL is responsible for:

* Organising child protection induction training for all newly appointed staff and whole staff training, refreshed every 3 years;
* Undertaking, in conjunction with the Principal and Safeguarding Governor, an annual audit of safeguarding procedures, using the County safeguarding checklist.
* Referring a child to the Early Help Hub or Children's Social Care as appropriate, when there are concerns about possible abuse and neglect.
* Keeping written records of concerns about children, including the use of body maps, even where there is no need to refer the matter immediately;
* Ensuring all child protection records are kept securely, separate from the main pupil file, and in locked locations;
* Ensuring that all child protection files are transferred in a safe and timely manner when a child moves settings, both between and across phases, within and out of county;
* Notifying the key worker if there is an unexplained absence of more than two days of a pupil who is subject to a child protection plan;
* Monitoring unauthorised absence, particularly where children go missing on repeated occasions, reporting concerns in line with 'missing children' procedures;
* Developing effective links with relevant agencies and other professionals and co-operate as required with their enquiries regarding safeguarding matters including co-operation with serious case reviews, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings;
* Contributing to assessments and providing a report to initial and review conferences which has been shared with parents first.

5. Managing a Disclosure

5.1 Teachers and other staff in schools are in a unique position to observe children’s behaviour over time and often develop close and trusting relationships with pupils. If a child discloses directly to a member of staff, the following procedures will be followed:

# Listen carefully to what is said;

# Ask only open questions such as:

'Tell me what happened.'

'Please explain what you mean when you say …..'

'Can you describe the person?' or 'Can you describe the place?'

* Do not ask questions which may be considered to suggest what might have happened, or who has perpetrated the abuse, e.g. ‘Did your Dad hit you?’
* Do not force the child to repeat what he/she said in front of another person;
* Do not begin an investigation – for example by asking the child to record what happened in writing or taking a photograph of any injuries;
* Report immediately to the DSL and complete a hand-written record as soon after the disclosure as possible and in any case within 24 hours, using the child's words as far as possible. Use body maps to record any observed injuries.

5.2 Where a child discloses safeguarding allegations against another pupil in the same setting, the DSL should refer to the local procedures on the WSCB website (section 4.3) and seek advice from the Access Centre before commencing its own investigation or contacting parents.

6. Information Sharing & Confidentiality

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

6.2 The Headteacher or DSL will disclose any information about a pupil to other members of staff on a need to know basis only.

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

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

**7. Communication with Parents**

7.1 We recognise that good communication with parents is crucial in order to safeguard and promote the welfare of children effectively.

7.2 We will always undertake appropriate discussion with parents prior to involvement of another agency **unless to do so would place the child or an adult at further risk of harm or would impede a criminal investigation**.

7.3 We will ensure that parents have an understanding of the responsibilities placed on the school and staff to safeguard children and their duty to co-operate with other agencies in this respect.

8. Record Keeping

8.1 Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible) writing down exactly what was said, using the child’s own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. Concerns will be recorded using the school’s safeguarding children recording system.

8.2 All records of a child protection nature will be passed to the DSL including case conference or core group minutes and written records of any concerns. Child protection records are kept securely and transferred in a safe and timely manner when a child moves school.

8.3 The DSL will maintain and regularly audit the school's child protection records and ensure that each stand-alone file includes a chronology of significant events.

**9. Supporting Children**

9.1 We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame.

9.2 We acknowledge that school may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.

* 1. We are aware that research shows that at school their behaviour may be challenging and defiant or they may be withdrawn.
  2. The school will endeavour to support all children by:
* Encouraging self-esteem and self-assertiveness through the curriculum, as well as promoting respectful relationships, challenging bullying and humiliating behaviour;
* Promoting a positive, supportive and secure environment giving pupils a sense of being valued;
* A consistently applied school behaviour policy which is aimed at supporting vulnerable pupils.  The school will ensure that the pupil knows that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred;
* Liaising with other agencies that support the pupil such as Children’s Social Care Services, Child and Adult Mental Health Service (CAMHS), Educational Psychology Service and those agencies involved in the safeguarding of children;
* The use of Early Help Services, through the Early Help Hub, or local equivalent services, when appropriate;
* Notifying Children’s Social Care Services immediately there is a significant concern;
* Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the child’s new setting.

**10. Supporting and Supervision of Staff**

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

10.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support such as counselling or regular supervision, as appropriate.

10.3 We will enable supervision for the DSL through network meetings, direct consultation with the Senior Adviser or advanced social work practitioners in order to promote best practice and challenge unsatisfactory or poor practice.

10.4 In order to reduce the risk of allegations being made against staff, and ensure that staff are competent, confident and safe to work with children, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

1. **Safer Recruitment and Selection of Staff**
   1. The school has a written recruitment and selection policy statement and procedures linking explicitly to this policy. The statement is included in all job advertisements, publicity material, recruitment websites, and candidate information packs.
   2. The recruitment process is robust in seeking to establish the commitment of candidates to support the school’s measures to safeguard children and to identify, deter or reject people who might pose a risk of harm to children or are otherwise unsuited to work with them.
   3. All staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications and a satisfactory barred list check, enhanced DBS check and a right to work in the UK.
   4. Our governors are subject to an enhanced DBS check without barred list check, in line with local recommendation.
   5. The school maintains a single central record of recruitment checks for audit purposes.
   6. Any member of staff working in regulated activity prior to receipt of a satisfactory DBS check will not be left unsupervised and will be subject to a risk assessment.
   7. Volunteers who are not working in regulated activity, will be supervised at all times.
2. **Allegations against staff** 
   1. We acknowledge that a pupil may make an allegation against a member of staff.
   2. If such an allegation is made, which meets the criteria as identified in Part 4 of Keeping Children Safe in Education, the member of staff receiving the allegation will immediately inform the DSL and the Headteacher, unless the allegation concerns the Principal, in which case the Chair of Governors will be informed immediately.
   3. The Principal (or Chair of Governors) on all such occasions will discuss the content of the allegation with the LA’s Senior Adviser for Safeguarding Children in Education or the Local Authority Designated Officer (LADO), prior to undertaking any investigation.
   4. The school will follow the DfE and LA procedures for managing allegations against staff, a copy of which is readily available in the school.
   5. The case manager will be guided by the Senior Adviser and/or LADO in all matters relating to the case, including suspension, sharing of information and any follow up investigation.
3. **Whistleblowing** 
   1. We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
   2. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using the school's confidential reporting (whistleblowing) policy.
   3. Whistleblowing concerns about the Principal should be raised with the Chair of Governors.

#### **Complaints or Concerns expressed by Pupils, Parents, Staff or Volunteers**

* 1. We recognise that listening to children is an important and essential part of safeguarding them against abuse and neglect. To this end, any expression of dissatisfaction or disquiet in relation to an individual child will be listened to and acted upon in order to safeguard his/her welfare.
  2. We will also seek to ensure that the child or adult who makes a complaint is informed not only about the action the school will take but also the length of time that will be required to resolve the complaint. The school will also endeavour to keep the child or adult regularly informed as to the progress of his/her complaint. The school's complaints procedures are readily available.

1. **Positive Physical Intervention**

15.1 Our policy on positive handling is set out in our behaviour policy and acknowledges 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 or damage to property.

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

15.3 Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach technique, or equivalent.

15.4 All incidences of physical intervention will be recorded in accordance with the Team Teach recommended procedures.

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

1. **Abuse of Position of Trust**
   1. We recognise that as adults working in the school, we are in a relationship of trust with the pupils in our care and acknowledge that it could be considered a criminal offence to abuse that trust.
   2. We acknowledge that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies irrespective of sexual orientation: neither homosexual nor heterosexual relationships are acceptable within a position of trust.
   3. We recognise that the legislation is intended to protect young people in education who are over the age of consent but under 18 years of age.

1. **Racist Incidents**

17.1 Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We maintain a log of racist incidents in school.

1. **Anti-Bullying** 
   1. Our policy on anti-bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. All incidences of bullying, including cyber-bullying, racist, homophobic and gender related bullying, will be dealt with in accordance with our anti-bullying policy. We recognise that children with special needs and/or disabilities are more susceptible to being bullied. We maintain a log of bullying incidents in school.

# **E-safety**

20.1 All members of staff are trained in and receive regular updates in e-safety and recognising and reporting concerns.

20.2 Our Acceptable Use policy recognises that internet safety is a whole school responsibility (staff, pupils, parents).

20.3 Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.

20.4 We therefore recognise our responsibility to educate our pupils, teaching them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.

1. **Photography and use of images**

21.1 The welfare and protection of our children is paramount and consideration should always be given to whether the use of photography will place our children at risk. Images may be used to harm children, for example as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.

21.2 For this reason consent is always sought when photographing children and additional consideration given to photographing vulnerable children, particularly Looked After Children or those known to be fleeing domestic violence. Consent must be sought from those with parental responsibility (this may include the Local Authority in the case of Looked After Children).

1. **Health & Safety**

22.1 Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the safeguarding of our children both within the school environment and when away from the school, for example when undertaking school trips and visits.

1. **Safe Environment**

23.1 The school undertakes appropriate risk assessments and checks in respect of all equipment and of the building and grounds in line with local and national guidance and regulations concerning health and safety.

23.2 The school has adequate security arrangements in place in respect of the use of its grounds and buildings by visitors both in and out of school hours.

1. **Challenge and Escalation**
   1. We recognise that professional disagreements may arise between any agencies and resolvingproblems is an integral part of co-operation and joint working to safeguard children.
   2. As part of our responsibility for safeguarding children, we acknowledge that we must be prepared to challenge each other if we feel that responses to concerns, assessments or the way in which plans are implemented are not safeguarding the child and promoting their welfare.
   3. We are aware of the LSCB escalation procedures for raising concerns in respect of poor practice and recognise our responsibility to utilise these as and when necessary, in the interests of safeguarding and promoting the welfare of children.

**25. Monitoring and Evaluation**

25.1 Our Safeguarding Children policy and procedures will be monitored and evaluated by:

* Completion of the annual safeguarding audit;
* Completion and return to the LA of the annual safeguarding report to the Governing Body;
* Pupil surveys and questionnaires;
* Discussions with children and staff;
* Scrutiny of data and risk assessments;
* Scrutiny of the school's single central record of recruitment checks;
* Scrutiny of Governing Body minutes;
* Monitoring of logs of bullying/racist/behaviour incidents and PPI records;
* Supervision of staff involved in child protection;
* Case file audits undertaken by the DSL.

1. **Other Relevant Policies**

26.1 The Governing Body’s statutory responsibility for safeguarding the welfare of children goes beyond basic child protection procedures.

26.2 The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, for instance:

* Allegations of Abuse against Teachers and other Staff
* Complaints Procedure
* Behaviour Policy
* Anti-Bullying, including cyber-bullying
* Special Educational Needs
* Off-site educational visits
* Work experience and extended work placements
* First aid and the administration of medicines
* Health and Safety
* Sex and Relationships Education
* Safe and Appropriate Use of Images
* Equal Opportunities
* E-safety and Acceptable Internet Use
* Whistleblowing (Confidential Reporting)

26.3 The above list is not exhaustive but when undertaking development or planning of any kind the school will need to consider safeguarding matters.

**Contacts**

**Internal**

##### Vivienne Stone-Fewings

##### Designated Safeguarding Lead for Child Protection

Francesca Griffiths

Deputy Designated Safeguarding Lead(s)

Reverend Beverly Watson

Governor responsible for safeguarding children

Reverend Beverly Watson

Chair of Governors

**Exte**

Children’s Services Access Centre (Professional number) (local no.)

(Public number) (local no.)

(by e-mail) (local email)

Out of Hours Emergency Duty Team (local no.)

Police Public Protection Unit:

24hrs non-emergency 101

Emergency 999

NSPCC Helpline 0808 800 5000

Senior Adviser for Safeguarding Children in Education (local no.)

Local Authority Designated Officer (LADO) (local no.)

**ANNEX 1**

# **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

## **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
* 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 e.g. belt marks, hand prints or a hair brush
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

### **Bite Marks**

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

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

### **Burns and Scalds**

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

* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* Linear burns from hot metal rods or electrical fire elements
* Burns of uniform depth over a large area
* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
* Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

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

### **Fractures**

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

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

### **Scars**

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

## **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 no attachment
* Aggressive behaviour towards others
* Scape-goated within the family
* Frozen watchfulness, particularly in pre-school children
* Low self-esteem and lack of confidence
* Withdrawn or seen as a “loner” – difficulty relating to others

## **Recognising 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 e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

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

### **Sexual Abuse by Young People**

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

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

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

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

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

## **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 irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from school
* Child left with adults who are intoxicated or violent
* Child abandoned or left alone for excessive periods

## **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.

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/sim cards 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 / anti-social groups / with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with school, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault.

All schools should ensure that there is a dedicated lead person with responsibility for implementing local guidance in respect of child sexual exploitation. This would normally be the DSL.

The DSL must ensure they are aware of the guidance on Child Sexual Exploitation on the LSCB website: [http://www.(name)shire.gov.uk/cms/safeguarding-our-children/child-sexual-exploitation.aspx](http://www.worcestershire.gov.uk/cms/safeguarding-our-children/child-sexual-exploitation.aspx)

The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection concerns. The DSL must follow the local Pathway for dealing with issues of CSE, including completion of the screening tool.

### **ANNEX 2**

### **Effects of domestic abuse on children and young people**

**The impact of domestic abuse on the quality of a child’s or young person’s life is very significant. Children and young people who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life.**

The impact of domestic abuse on children and young people can be wide-ranging and may include effects in any or all of the following areas:

**Physical:** Children and young people can be hurt either by trying to intervene and stopping the violence or by being injured themselves by the abuser. They may develop self-harming behaviour, or eating disorders. Their health could be affected, as they may not be being cared for appropriately. They may have suicidal thoughts or try to escape or blank out the abuse by using drugs, alcohol or by running away.

**Sexual:** There is a high risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, and situations are not discussed, an atmosphere of secrecy develops and this creates a climate in which sexual abuse could occur. In addition to this, children and young people may sometimes be forced to watch the sexual abuse of their mother/carer. This can have long-lasting effects on the sexual and emotional development of the child/young person.

**Economic:** The parent or carer of the child or young person may have limited control over the family finances. Therefore, there might be little or no money available for extracurricular activities, clothing or even food, impacting on their health and development.

**Emotional:** Children and young people will often be very confused about their feelings – for example, loving both parents/carers but not wanting the abuse to continue. They may be given negative messages about their own worth, which may lead to them developing low self-esteem. Many children and young people feel guilty, believing that the abuse is their fault. They are often pessimistic about their basic needs being met and can develop suicidal thoughts. Some children and young people may internalise feelings and appear passive and withdrawn or externalise their feelings in a disruptive manner.

**Isolation:** Children and young people may become withdrawn and isolated; they may not be allowed out to play; and if there is abuse in the home they are less likely to invite their friends round. Schooling may be disrupted in many ways, and this may contribute to their growing isolation. They may frequently be absent from school as they may be too scared to leave their mother alone. They may have to move away from existing friends and family – e.g. into a refuge or other safe or temporary accommodation.

**Threats:** Children and young people are likely to have heard threats to harm their mother/father. They may have been directly threatened with harm or heard threats to harm their pet. They also live under the constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

This clearly highlights that living with domestic abuse has a significant impact on a child’s ability to achieve the five outcomes as outlined in the *Every Child Matters* agenda:

• be healthy;

• stay safe;

• enjoy and achieve;

• make a positive contribution;

• achieve economic well being.

# **What you might see in school**

• Unexplained absences or lateness – either from staying at home to protect their parent or hide their injuries, or because they are prevented from attending school;

• Children and young people attending school when ill rather than staying at home;

• Children and young people not completing their homework, or making constant excuses, because of what is happening at home;

• Children and young people who are constantly tired, on edge and unable to concentrate through disturbed sleep or worrying about what is happening at home;

• Children and young people displaying difficulties in their cognitive and school performance;

• Children and young people whose behaviour and personality changes dramatically;

• Children and young people who become quiet and withdrawn and have difficulty in developing positive peer relations;

• Children and young people displaying disruptive behaviour or acting out violent thoughts with little empathy for victims;

• Children and young people who are no trouble at all.

This list is not exhaustive – this is intended to give you an idea of some of the types of behaviour that could be presented.

#### **What schools can do**

**Schools can create an environment which both promotes their belief and commitment that domestic abuse is not acceptable, and that they are willing to discuss and challenge it.**

For many victims, the school might be the one place that they visit without their abusive partner.

It would help if schools displayed posters or had cards/pens available with information about domestic abuse and contact details for useful agencies: for example, NSPCC **0808 800 5000** and ChildLine **0800 11 11**; Parentline **0808 800 2222;** (insert relevant local numbers/contacts here).

Research shows that the repeated use of physical, sexual, psychological and financial abuse is one of the ways in which male power is used to control women. The underlying attitudes which legitimate and perpetuate violence against women should be challenged by schools as part of the whole school ethos.

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**Schools can support individual children and young people by:**

• Introducing a **whole-school philosophy** that domestic abuse is unacceptable;

• **Responding to disclosures** and potential child protection concerns; recognising that domestic abuse and forced marriage may be a child protection concern; policies and procedures must include domestic abuse;

• **Giving emotional support** – the child or young person might need referral to a more specialist service or need additional support to complete coursework, exams etc;

• **Facilitating a peer support network** – children and young people can become isolated but often welcome talking to friends about their problems;

• **Offering practical support** – if children or young people are new to the school they may not yet have a uniform, they may also need financial help with extra-curricular activities, or they may be unfamiliar with the syllabus, the area, where to hang out, etc;

• **Providing somewhere safe and quiet** to do their homework or just to sit and think;

• **Improving the self esteem and confidence** of children and young people by:

- offering them opportunities to take on new roles and responsibilities;

- offering tasks which are achievable and giving praise and encouragement;

- monitoring their behaviour and setting clear limits;

- criticising the action, not the person;

- helping them to feel a sense of control in their school lives;

- involving them in decision making;

- helping them to be more assertive;

- respecting them as individuals;

- encouraging involvement in extra-curricular activities.

## **From The Expect Respect Education Toolkit – Women’s Aid**

**Advice for schools on receiving notification of a Domestic Abuse incident**

**Background**

Following a call to a domestic abuse incident where children are involved, Police notify Social Care and Health. The Access Centre will sort the notifications into low, medium and high risk, depending on the perceived level of risk to the children. For those cases that are classified medium or high, the school DSL will usually receive an e-mail via their secure e-mail link from the Access Centre informing them that an incident has taken place and giving them a copy of the Police log. For high risk cases, they will also be contacted by telephone and asked whether they have any concerns about the children at school. Social Care will also write to parents informing them that the school's DSL has been notified of the incident and reassuring them that the information will be treated confidentially.

**School action**

On receiving this information, the DSL should**:**

* Log the information and keep the record alongside other information/concerns that the school has on this child/family, with all other confidential CP records in a secure place. This will allow the school to recognise any pattern and/or frequency of notifications and take appropriate action. **Please note that school may receive further communication about this same incident, once further assessment of the situation has been undertaken by Police – be careful not to log this as a separate incident.**
* Inform any staff of notification on a ‘need to know’ only basis – e.g. class teacher/form tutor.
* Alert all staff who teach pupil/student with minimum of information – e.g. ‘This pupil/student may need extra support / may need extra time to complete homework’.
* Monitor pupil/student behaviour in school (including attendance) and should concerns arise which may be attributed to the impact of the incident, consult with Social Care through the Access Centre as the concerns may be significant and lead to new safeguarding action, or to seek advice on how to proceed.
* Provide appropriate support for child, **if required** – do not question pupil/student about the incident. Respect the child's decision on whether or not they wish to discuss the situation.
* Provide appropriate support for adult, **if asked** – e.g. helpline number (0800 980 3331) or website address: (insert)

**Bear in mind**

* Victim of incident may be anxious that the information will be shared inappropriately.
* Notification may not give details as to which parent is the perpetrator/victim – any disclosure to the ‘wrong’ parent could heighten risk.
* Need to be aware who is ‘connected’ to the child – e.g. TA/lunchtime supervisor may be child’s relative / friend of the family.
* **Inappropriate sharing of information could heighten the risk for the victim and/or the child.**

**If in doubt, consult with either the Access Centre (number) or the Senior Adviser for Safeguarding Children in Education (number).**

**ANNEX 3**

Forced Marriage – a form of Domestic Abuse

Forced Marriage should be recognised as a human rights abuse – and should always invoke child protection procedures within the school.

A forced marriage is a marriage conducted without the full consent of both parties, and one where duress is a factor. A forced marriage is not the same as an arranged marriage – in an arranged marriage the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

**Warning signs**

Warning signs can include a sudden drop in performance, truancy from lessons and conflicts with parents over continuation of the student's education.  
There may be excessive parental restrictions and control, a history of domestic abuse within the family, or extended absence through sickness or overseas commitments. Students may also show signs of depression or self-harming, and there may be a history of older siblings leaving education early to get married.

**The justifications**

Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon — there have been cases involving families from East Asia, the Middle East, Europe and Africa.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas, or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong.

Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

**Culture**

Often parents believe that they are upholding the cultural traditions of their home countries, when in fact practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

**The law**

Although there is no specific criminal offence of 'forcing someone to marry' within England and Wales, forced marriage may involve criminal offences. Perpetrators — usually parents or family members — could be prosecuted for offences including: threatening behaviour, assault, kidnap, abduction, imprisonment and in the worse cases murder.

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant. **What to do if a student seeks help**

* The student should be seen immediately in a private place, where the conversation cannot be overheard.
* The student should be seen on her own, even if she attends with others.
* Develop a safety plan in case the student is seen i.e. prepare another reason why you are meeting.
* Explain all options to the student and recognise and respect her wishes. If the student does not want to be referred to Children's Services, you will need to consider whether to respect the student's wishes — or whether the student's safety requires further action to be taken. If you take action against the student's wishes you must inform the student.
* Establish whether there is a family history of forced marriage — i.e. siblings forced to marry.
* Advise the student not to travel overseas and discuss the difficulties she may face.
* Seek advice from the Forced Marriage Unit.
* Liaise with Police and Children's Services to establish if any incidents concerning the family have been reported.
* Refer to the local Police Child Protection Unit if there is any suspicion that there has been a crime or that one may be committed.
* Refer the student with her consent to the appropriate local and national support groups, and counselling services.

**What to do if the student is going abroad imminently**

The Forced Marriage Unit advises education professionals to gather the following information if at all possible — it will help the unit to locate the student and to repatriate her:

* a photocopy of the student's passport for retention — encourage her to keep details of her passport number and the place and date of issue
* as much information as possible about the family (this may need to be gathered discretely)
* full name and date of birth of student under threat
* student's father's name
* any addresses where the student may be staying overseas
* potential spouse's name
* date of the proposed wedding
* the name of the potential spouse's father if known
* addresses of the extended family in the UK and overseas

***Specific information***

It is also useful to take information that only the student would know, as this may be helpful during any interview at an embassy or British High Commission — in case another person of the same age is produced pretending to be the student.

Professionals should also take details of any travel plans and people likely to accompany the student. Note also the names and addresses of any close relatives remaining in the UK and a safe means to contact the student — a secret mobile telephone, for example, that will function abroad.   
  
**Forced marriage: what educators should not do**

* treat such allegations merely as domestic issues and send the student back to the family home
* ignore what the student has told you or dismiss the need for immediate protection
* approach the student's family or those with influence within the community, without the express consent of the student, as this will alert them to your concern and may place the student in danger
* contact the family in advance of any enquires by the Police, Children's Services or the Forced Marriage Unit, either by telephone or letter
* share information outside child protection information sharing protocols without the express consent of the student
* breach confidentiality except where necessary in order to ensure the student’s safety
* attempt to be a mediator

Further guidance is available from The Forced Marriage Unit:

**Tel:** (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

**Emergency Duty Officer** (out of hours): (+44) (0)20 7008 1500

**E-mail:** [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)

**Website:** [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage)

FMU publication: '*Multi-Agency Practice Guidelines:* *Handling Cases of Forced Marriage' June 09*

See also: *'The Right to Choose – Multi-Agency Guidance in relation to Forced Marriage' Government Office - November 2008* and Interagency Guidance on Forced Marriage on the WSCB website.

**ANNEX 4**

**Female Genital Mutilation (FGM) – a form of Human Rights Abuse**

**What is FGM?**

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.

There are four known types of FGM, all of which have been found in the UK:

**Type 1** – clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)

**Type 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)

**Type 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

**Type 4** – other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterising the genital area.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for this practice, including ‘sunna’.

**Why is FGM carried out?**

It is believed that:

* + It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
  + It preserves a girl’s virginity/chastity.
  + It is part of being a woman as a rite of passage.
  + It upholds the family honour.
  + It cleanses and purifies the girl.
  + It gives the girl and her family a sense of belonging to the community.
  + It fulfils a religious requirement believed to exist.
  + It perpetuates a custom/tradition.
  + It helps girls and women to be clean and hygienic.
  + It is cosmetically desirable.
  + It is mistakenly believed to make childbirth safer for the infant.

Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM, and some women have been told that having FGM will make them ‘a better Muslim’. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

**Within which communities is FGM known to be practised?**

According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leoni, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

**Is FGM harmful?**

FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long term effects on physical and psychological health.

FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment.

Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl’s own mother will take the girl to be cut open before the wedding night.

Repeat urinal tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity and some groups will practise complete removal to ensure chastity.

**Is it illegal?**

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:

The act makes it illegal to:

* + practise FGM in the UK
  + take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
  + aid and abet, counsel or procure the carrying out of FGM abroad.

The offence carries a penalty of up to 14 years in prison, and/or a fine.

**Signs, symptoms and indicators**

The following list of possible signs and indicators are not diagnostic, but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM.

Things that may point to FGM happening:

* + a child talking about getting ready for a special ceremony
  + a family arranging a long break abroad
  + a child’s family being from one of the ‘at-risk’ communities for FGM (see above)
  + knowledge that an older sibling has undergone FGM
  + a young person talks of going abroad to be 'cut', or get ready for marriage.

Things that may indicate a child has undergone FGM:

* + prolonged absence from school or other activities
  + behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
  + bladder or menstrual problems
  + finding it difficult to sit still, and looking uncomfortable
  + complaining about pain between their 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.

**What should schools do?**

Where schools have a concern about a child, they should contact Children's Social Care Services. If the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – schools should make a child protection referral. Schools should not:

* contact the parents before seeking advice from children's social care;
* make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM as a form of abuse; however, they may be under a great deal of pressure from their community and or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM may help to make parents feel stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM.

**The ‘one chance’ rule**

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance', of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.