

**Designated Safeguarding Lead (DSL): Anne O’Doherty: Principal and proprietor**  
**Deputy Safeguarding Lead (deputy DSL): Marie McGill: Teacher**

## Introduction

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 Independent School Standards’ 2014

[http://www.legislation.gov.uk/ukxi/2014/3283/pdfs/ukxi\\_20143283\\_en.pdf](http://www.legislation.gov.uk/ukxi/2014/3283/pdfs/ukxi_20143283_en.pdf)

‘Working Together to Safeguard Children’ 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf),

‘What to do if You are Worried a Child is Being Abused’ 2015

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2> .

The guidance reflects, ‘Keeping Children Safe in Education’ September 2016.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)

The Principal takes seriously the responsibility to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

All staff, including temporary staff<sup>1</sup>, have a responsibility in safeguarding and promoting the welfare of children. Everyone who comes into contact with our pupils has a role in protecting our pupils from harm; the child’s welfare is our paramount concern.

The Dominie aims to provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child. At all times the staff must consider what is in the best interests of the child

The aims of this policy are:

- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- To support the child’s development in ways that will foster security, confidence and independence.
- To ensure that teaching and non-teaching staff are aware of their role in safeguarding children and of their responsibilities in identifying and reporting possible cases of abuse

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<sup>1</sup> Wherever the word “staff” is used, it covers ALL staff on site, including ancillary supply and self employed staff, contractors, volunteers working with children etc,

- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- To provide a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse (see appendix 1 and 2). Any suspicions should immediately be reported to the lead DSL (designated safeguarding lead) or in absence of that person the deputy
- To emphasise the need for good levels of communication between all members of staff.
- To establish the awareness and promote effective working relationships with other agencies, especially the Police and Social Care.
- To provide procedures that ensure all staff working in the school who have substantial access to children have been checked as to their suitability (according to Dfe guidance) and that a single central record is kept as an audit of this

## Safe School, Safe Staff

The school will ensure that:

- there is a 'Safeguarding and Children Protection Policy' in place which, with procedures is reviewed annually
- there is a staff code of conduct in the staff handbook
- the school operates safe recruitment procedures (see recruitment policy) ensuring that at least one member of the recruitment panel has completed 'Safe Recruitment' training to be renewed every 5 years
- the school will follow procedures for dealing with allegations of abuse against staff ( appendix 1 and 2) working with the LADO
- the school will make a referral to the DBS if a person in regulated activity has been dismissed or removed due to staff guarding concerns
- a senior leader is designated safeguarding lead (DSL) and deputy
- that the names of the DSL and deputy will be displayed at the start of this policy
- that the DSL and deputy DSL undertake training starting with 'New to Role' and then updating biannually
- any weakness identified in regard to safeguarding or Child Protection are remedied immediately
- all staff have safeguarding training at least annually with updates from the DSL when necessary and are provided with a copy of this policy as well as 'Keeping Children Safe in Education Part 1'
- all staff undertake on line Prevent awareness training
- safeguarding and child protection awareness form part of induction for all new staff including this policy so they are aware of the procedures and who to share a concern with
- there are mechanisms in place to ensure staff understanding of their roles and responsibilities in safeguarding and child protection
- all staff members are aware of their role in e-safety including monitoring use and reporting concerns
- parents and carers are aware of this policy through the parent handbook and the school website
- the policy is published on the school website
- the policy is shared with providers of school activities for pupils

## Responsibilities

The Designated Safeguarding Leads are responsible for:

- acting as a focal point for staff to discuss any concerns

- referring a child if there are concerns of possible abuse to the Local Safeguarding Authority Officer (LADO). Referrals should be made in writing following a phone call to Wandsworth safeguarding board: 020 8871 7401; [wscb@wscb.org.uk](mailto:wscb@wscb.org.uk)
- keeping written records of concerns about a child even if there is no need to make an immediate referral
- ensuring that all such records are kept confidentially and securely and are separate from pupil records
- ensuring where a child leaves the school the child protection file is transferred to the new school separately with secure transit and that a confirmation of receipt is obtained.
- referring cases to the Channel programme where there is a radicalisation concern
- supporting staff who raise concerns and make referrals to either social care or Channel programme
- referring cases to the police where a crime may have been committed
- liaise with other relevant agencies
- ensure that any cases where a person is dismissed or had left due to risk/harm to a child are referred to the Disclosure and Barring Service
- ensure all staff receive safeguarding and child protection training including training on the Prevent duty
- ensuring all staff read 'Keeping Children Safe In Education part 1'
- ensuring that 'Keeping Children Safe In Education part 1' is displayed on the staff room notice board
- to ensure that there are mechanisms in place to check staff understanding of training
- ensuring that this policy is published on the school web-site
- that this policy and procedures are reviewed annually
- that any other policies or documents relevant to safeguarding are in place and reviewed e.g. staff code of conduct, Anti-bully policy, e-safety and ICT policy
- that there is provision to teach pupils about safeguarding at an appropriate times and with regard to the maturity of understanding and SEN of each pupil
- that there is always the DSL or their deputy available during school hours and on the occasion of an out of hours activity
- ensuring that there are procedures in place to check on the absence of any child from school and inform safeguarding board where a child is 'missing from education'
- ensuring staff have information in regards to the SEN of pupils

All staff are responsible for:

- safeguarding pupils
- providing good role models for pupils
- reading this policy and 'Keeping Children Safe in Education part 1' 2016  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550499/Keeping\\_children\\_safe\\_in\\_education\\_Part\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf)
- reporting any concern to the DSL or in the absence of the DSL the deputy
- following school procedures if a child makes a disclosure or there is a concern in regard to safeguarding or Child Protection is raised (appendix 1 and 2)
- following up any reported concern with the DSL if they have received no feedback
- following up any reported concern with the LADO if they feel the concern has not been adequately investigated and addressed (see appendix 1 and 2).
- reporting any case of FGM to the police
- teaching children safeguarding at appropriate times and pupil maturity including e-safety
- working to develop pupils self-confidence and self esteem
- ensuring that e-safety and behaviour policy are followed
- being aware of pupils SEN

## Supporting Children

The school recognises that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and may find it difficult to develop and maintain a sense of self-worth.

The school is aware that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be aggressive or withdrawn.

The school is aware that it may provide the only stability in the lives of some children.

The school is aware that all its pupils have SEN and that this may result in additional challenges in regard to safeguarding.

The Dominie will support children by:

- encouraging self-esteem and self-confidence through the curriculum and our relationships
- establishing a safe and secure environment where children know they can talk to adults in school, be given time and listened to
- promoting a caring, safe and positive environment within the school
- providing a broad and balanced curriculum that addresses teaching about, and for, safeguarding at appropriate times and through appropriate resources for the pupils
- working together to identify emerging problems so that early help can be put into place
- working closely as a staff team
- providing continuing support for a child about there have been concerns
- being aware of the SEN of the pupils and what difficulties this may cause in their ability to communicate worries or concerns; and be aware of other signs that may be indicators for pupils
- be aware that pupils with SEN may present as being different that may make them vulnerable

## Confidentiality

- The school recognises that matters relating to child protection are confidential and that the DSL will decide who should be informed on a 'need to know basis' within the school community
- All staff must be aware that they have a professional responsibility to share information with relevant agencies in order to safe guard children including the PREVE|NT duty
- All staff must be aware that they cannot promise a child to keep secrets that may compromise the child's safety or well being
- The school undertakes to share an intention to refer a child to social care with their parents/cares unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If the school is in doubt they will consult with the LADO on this point.

## Supporting Staff

- The school recognises that staff who have become involved with a child who has suffered harm, or appears likely to be suffering harm may find the situation stressful and upsetting
- The school will support any such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate

## Allegations against Staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is advisable for individual work with a child or parents to be conducted in the view of other adults or at least where the member of staff can be seen through a window.
- All staff must be aware of the school behaviour policy, E-safety and ICT policy, staff code of conduct

- Staff should be aware of the guidance of the use of mobile phones by staff is in the staff hand book
- If an allegation is made against a member of staff, or information is received which suggests that a person may be unsuitable to work with children, the DSL must be informed immediately
- The DSL will on all such occasions discuss the content of the allegation with the Local authority safeguarding lead (LADO)
- If the allegation concerns the Principal the person receiving the allegation will immediately inform the deputy DSL who will then consult with the LADO without informing the Principal first
- The school will follow the Wandsworth safeguarding board procedures for managing allegations against staff, Under no circumstances will a child be sent home pending such an investigation, unless this advice is given exceptionally, as a result of consultation with the LADO.
- Suspension of the member of staff, excluding the Principal, against whom an allegation has been made, needs careful consideration and the Principal will seek the advice of the LADO and personnel Consultant in making this decision
- In the event of an allegation against the Principal, the decision to suspend will be made by the LADO
- The school has a procedure for managing the suspension of the contract of an external education provider in the event of an allegation arising in that context

## Whistle Blowing

- The school recognises that children cannot be expected to raise concerns in an environment where staff fail to do so
- All staff must be aware of their duty to raise concerns about the management of safeguarding and Child Protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside of the school they should speak in the first instance to the LADO.
- Whistle blowing re the Principal should be made to the deputy DSL
- Whistle blowing advice and information is in the staff handbook and available on the NSPCC whistle blowing helpline 0800 028 0285 or [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

## Physical Intervention

- The school acknowledge 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 harm to the child or another person. See 'Physical Intervention and Positive Handling Policy'
- The school understands that physical intervention of a nature that cause harm or distress to a child may be considered under child protection or disciplinary procedures
- The school recognise that touch is appropriate in the context of working with children and all staff are given 'safe practice' guidance to ensure they are clear about their professional boundaries

## Anti-Bullying

- The school 'Anti-Bullying' policy is set out in a separate document
- To allow or condone bullying may lead to consideration under children protection procedures; this includes all forms of bullying e.g cyber, racist, homophobic and gender related
- A record is kept of any incidents of bullying

## E-safety

- The school e-safety and ICT policy is set out in a separate document
- E-safety is taught at appropriate times in the curriculum including in regard to cyber bullying
- The school has internet filters in place that block sites of concern whilst also enabling them to access the internet as a tool for learning

- Staff must monitor use of the internet by pupils both in classrooms and through any discussions with children or report any concerns
- Relationship and sex education includes safeguarding education about sharing inappropriate text or images (sexting)

## Racist Incidents

- The school policy to racism is set out separately
- Repeated racist incidents or a single serious racist incident may lead to consideration under child protection procedures
- A record is kept of any racist incidents

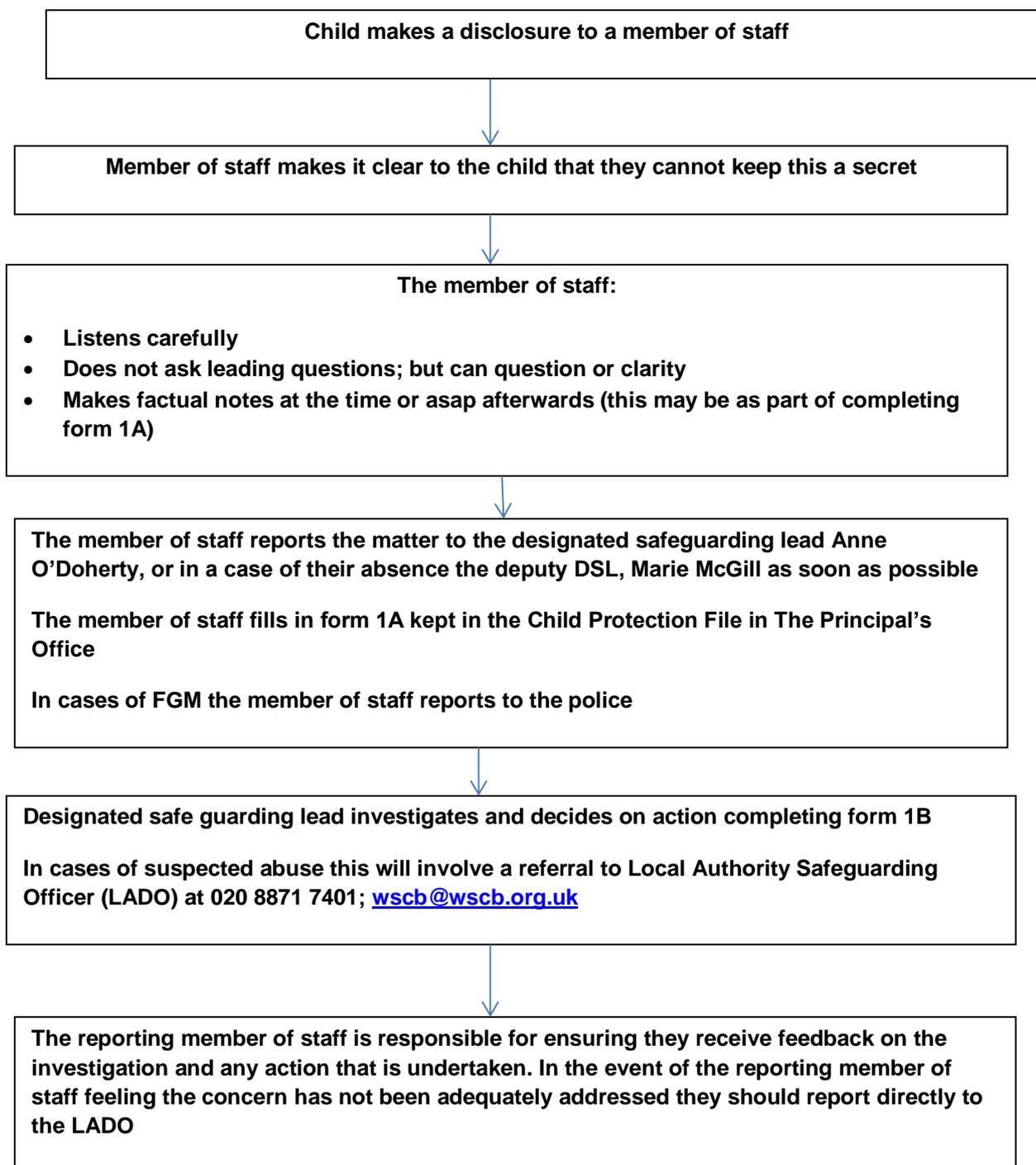
## Health and Safety

- The school health and safety policy is set out in a separate document
- The policy reflects the consideration and procedures we undertake to give protection to pupils within the school environment and when away from the school on trips or visits

**This policy should be read in conjunction with other school policies**

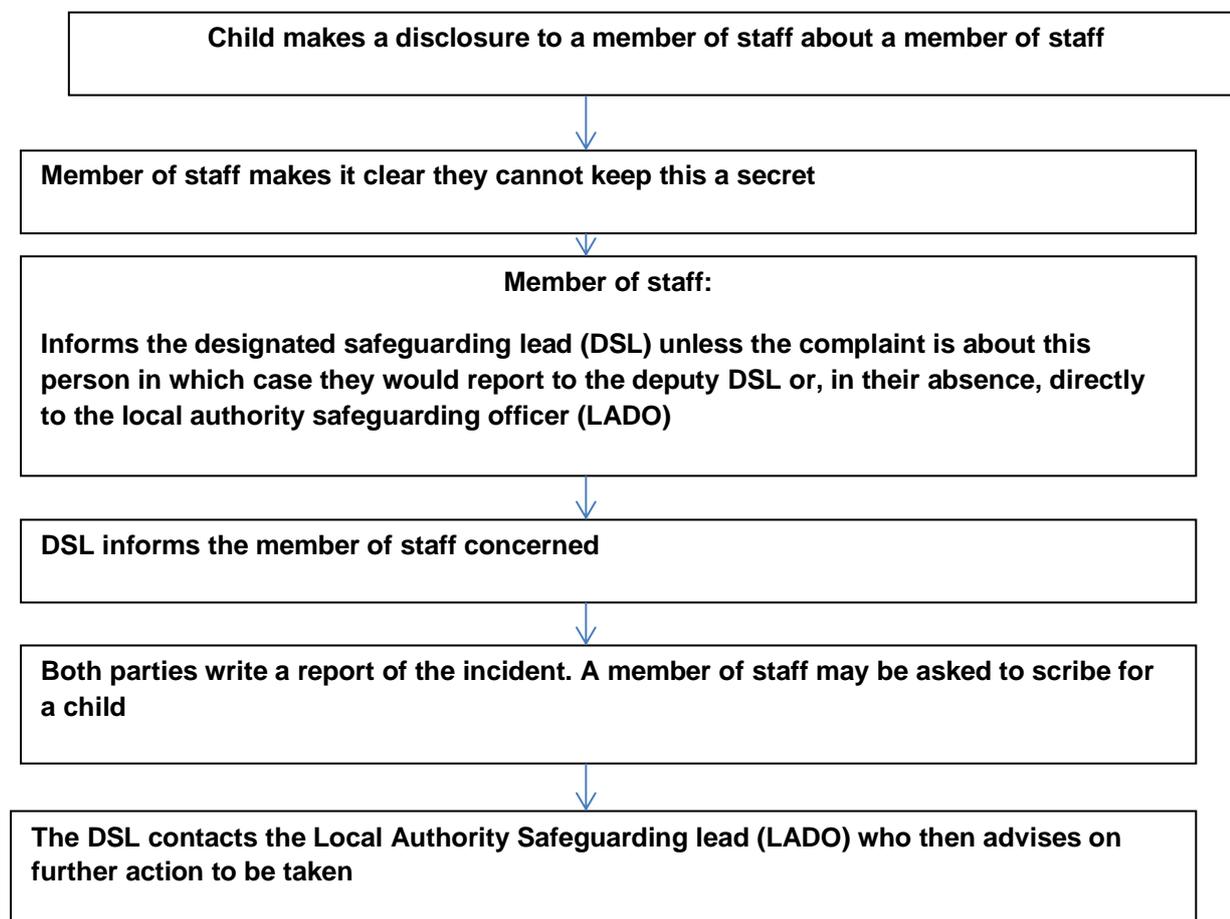
## Appendix One

Procedures to be followed if a pupil makes a disclosure to a member of staff



## Appendix Two

Procedures to be followed if a pupil makes a disclosure to a member of staff about a member of staff



# Appendix three

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## Recognising signs of child abuse

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### Categories of Abuse:

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

## Signs of Abuse in Children:

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The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

## Risk Indicators

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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.

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## Recognising Physical Abuse

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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.

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## Recognising Emotional Abuse

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Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- 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

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## Recognising Signs of Sexual Abuse

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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.

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## 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.

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## Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

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## 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 and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress

- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

# Appendix four

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## Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

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## Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

### **4 types of procedure:**

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

### **Why is it carried out?**

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

## Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

## Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

## Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

## The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**