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Agreed by Directors and Available to Staff–

To be Reviewed – Annually (last review Jan 25 – A Moon)

Safeguarding Policy

Principles

We are all responsible for Safeguarding children. Safeguarding is defined by the UK Government as ‘the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully’.

The definition of Safeguarding Activity taken from the Education Department’s ‘Safeguarding Policies – an overview’ (March 2014) is:

Safeguarding activity is universal and based on prevention of harm and the promotion of well-being of all children and young people, while child protection deals with identified risk. Safeguarding therefore covers more than the contribution made to child protection in relation to individual children or young people. It also encompasses issues such as children and young people’s health and safety, strategies to address bullying, the needs of children with medical conditions, providing first aid, school security, alcohol and substance misuse and other conditions.

At St. George’s Preparatory School, we believe that it is our responsibility to ensure that students are protected from maltreatment and that there should be no impairment to their health or development. We should ensure that students are provided with safe, effective care and thus able to excel, belong and make a positive contribution to the whole school and prepare for independence.

In Jersey ‘The Children and Young People’s strategic framework’ identified 6 outcomes for local children, which would enable them to ‘grow up in a safe, supportive Island community in which they achieve their potential and lead happy, healthy lives.’ The outcomes are summarised as wanting children to:

- be healthy
- be safe
- achieve and do
- grow confidently

- be responsible and respected
- have a voice and be heard

Aims

- To give clear direction to staff, directors, volunteers, visitors and parents about our legal responsibility to safeguard and promote the welfare of all students at St George's.
- To ensure we promote an ethos of prevention, protection and support.
- Our policy applies to all pupils, staff, parents, directors, volunteers and visitors.
- To exist as an 'umbrella policy' to the following whole school policies:
 - (i) Child Protection Policy
 - (ii) Anti-bullying Policy
 - (iii) Health & Safety Policy
 - (iv) Attendance Policy
 - (v) Online safety Policy/Acceptable Use Policy
 - (vi) Behaviour and Discipline Policy
 - (vii) Educational Visits Policy
 - (viii) Critical Incident Management Plan
 - (ix) Whistleblowing Policy
- To exist in conjunction with the Education Department's policies/guidelines.

Objectives

- To ensure that everyone knows that Safeguarding is everyone's business and responsibility. Everyone is vigilant. Everyone is responsible.
- To ensure that we all are committed to keeping children safe, and where necessary, take the appropriate action and precaution to ensure that they are safe in school, and as far as staff can know, safe at home.

St George's Safeguarding responsibilities

Headteacher

The Headteacher will:

- Be responsible for the safeguarding of young people and adults in their care.
- Support all staff, directors and volunteers to meet their safeguarding responsibilities.
- Facilitate safeguarding training for staff, directors and volunteers where appropriate, including allocating necessary resources and time.
- Implement the child protection policy and other Safeguarding policies.
- Ensure appropriate site security arrangements are in place.
- Ensure school representation at Departmental and Safeguarding Board briefings

Staff and Volunteers

St George's will ensure staff and volunteers:

- Are recruited via the official safe recruitment process.
- Are aware of their responsibilities to be alert to signs of abuse and neglect and are aware of the correct process regarding how to escalate those concerns.
- Receive training to enable them to meet their responsibilities.
- Are provided with the name and contact of the school's senior Designated Safeguarding Lead (and their designate in case of absence).

Designated Safeguarding Lead (DSL)

St George's will ensure that this individual:

- Is a member of the Senior Management Team with the mandate to manage child protection issues and allocate resources.
- Receives training in child protection, inter-agency co-operation and online safety, updated at two yearly intervals, and additional training as appropriate.
- Keeps up to date with changing legislation, departmental policies and guidance.
- Manages cases, supports pupils and staff and refers cases to relevant agencies where appropriate, including MASH enquiries.
- Keeps thorough child protection logs and records.
- Ensures that the Child Protection Policy is available to all staff in school.

Deputy Designated Safeguarding Lead responsibilities

St George's Prep will ensure that this individual:

- A Deputy DSL is a member of the school's senior leadership with the status and authority to carry out the duties of the posts of Deputy DSL.
- A Deputy DSL will be trained to the same standards as the DSL.
- A Deputy DSL will act as DSL in their absence, and otherwise will carry out safeguarding tasks & duties as specified by the DSL.

The Directors

The Directors will:

- Promote awareness of the Child Protection Policy.
- Monitor the school's compliance with safeguarding requirements and policies and remedies any weakness without delay.
- Maintain clear and timely records and minutes of meetings.
- Be aware of the procedure for managing allegations against staff.
- Directors should attend basic child protection training regularly.
- Ensure that Directors on recruiting panels have up to date safe recruitment training.

Pupil Awareness

St George's will:

- Ensure that children are aware of their right to be safe and have the opportunity to raise any concerns
- Ensure that children have details of external support and receive equal protection and information if they have additional and individual needs
- Engender an environment where students treat all members of the school community with respect.

Data Protection

St George's will:

- Register with the Information Commissioner annually as a data controller.
- Ensure that all staff are aware of the Data Protection Law and ensure that all personal and sensitive personal data is processed securely and within the Law.
- Not publish a picture of a child without written permission from a parent.
- Not transfer personal data to a third party (including web based companies such as Google) without completing a risk assessment.

Records Management

St George's will:

- Transfer ALL school records (including child protection records and other sensitive records) to the destination school in a secure manner.
- Will seek and obtain school records from the previous school of a transferring pupil.
- Adhere to the retention schedules for storing and destroying data and will not destroy data until the retention period has expired.
- Ensure that a pupil/student's school record remains at the last educational establishment they attended (including Highlands College) until they reach 25 years of age.

Online Safety

St George's will:

- Oversee and monitor the safe use of technology when children are in their care and take action immediately if they are concerned about wellbeing.
- Ensure that all staff receive appropriate online safety training that is relevant and regularly updated.
- Ensure there are mechanisms in place to support young people and staff facing online safety issues.
- Implement online safety policies and acceptable use policies, which are clear, understood and respected by all.

- Educate young people, parents and the school community to build knowledge, skills and capability in online safety.

Children missing from education

St George's will:

- Monitor attendance and follow up unexplained or unauthorised absence speedily and rigorously.
- Refer all cases of concern to the school's Designated Safeguarding Lead – who will escalate as necessary.

Health and Safety

St George's will:

- Have a designated individual responsible for health and safety within the school.
- Be aware of and disseminate relevant Education Department Health and Safety Policies and critical incident guidance.
- Ensure that staff and volunteers are competent and trained to an appropriate level.
- Ensure that premises and accommodation are maintained to a high standard.
- Ensure that ALL staff know how to cope with critical incidents or emergencies such as fire.
- Undertake appropriate hazard identification and risk assessments to cover the school's premises, equipment, on-site and off-site activities.
- Keep thorough records of health and safety incidents and issues.

Promoting safeguarding via learning

St George's will:

- Use a range of strategies to promote safeguarding, e.g. teaching children how to stay safe, how to keep themselves from harm and how to take responsibility for their own and others' safety.
- Teach children and young people to recognise dangers and harmful situations and to know the preventative actions they can take to keep themselves safe.

Parents and carers

Parents and carers should:

- Work in partnership with St George's to ensure the wellbeing of their child and others.
- Be vigilant and raise any concerns they may have about a child's safety with the school and appropriate agencies.

Pupils

Pupils should:

- Help to create an environment where others are respected and valued in the school community and the community in general.
- Raise any concerns they may have for their own or peer's welfare with a trusted adult.

Procedures for Raising a Concern

Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children (Jersey) Law 2002 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives statutory agencies such as the Children's service and the Police a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

The Children (Jersey) Law 2002 Part 4 enshrines the concept of **Significant Harm**.

Article 24 (2): The court may only make a care order or supervision order if it is satisfied:

- a. That the child concerned is suffering, or is likely to suffer, significant harm; and
- b. That the harm, or likelihood of harm, is attributable to:
 - i. The care given to the child, or likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give the child; or
 - ii. The child's being beyond parental control.

Article 24 (6):

- 'Harm' means ill-treatment or the impairment of health or development;
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people

IF YOU SUSPECT A CHILD IS AT RISK OF SIGNICANT HARM YOU MUST FOLLOW THE PROCEDURES DETAILED IN THE SCHOOL'S CHILD PROTECTION POLICY.

Early Help

You should use the Early Help Assessment when a child or young person (from conception to 18 years) has additional needs that might require more support than one agency can provide.

These needs can occur because of a wide range of life events, eg:

- physical illness
- mental health needs
- job loss
- relationship breakdown
- bereavement

If you believe a child may benefit from an Early Help assessment please contact the DSL.

Allegations Against a Member of Staff

St George's has adopted the procedures set out in the Jersey Safeguarding Partnership Board's Core Procedures Manual

http://jerseyscb.proceduresonline.com/chapters/p_alleg_against_staff.html

Record Keeping

Good record keeping is essential so that agencies are able to demonstrate that decisions were taken lawfully. Documentation in relation to Safeguarding process can be central in providing supporting evidence when making referrals to the Disclosure and Barring Service Barred List, criminal cases, the Royal Court, disciplinary hearings and complaints. Record keeping is an integral part of professional practice and should support decision making. Decisions and action taken should be supported by evidence and rationale so that intentions are clear.

Each agency must keep comprehensive records of any work which it undertakes under the Safeguarding process.

What to Record

- All entries must provide factual information, e.g. times, dates, names of people contacted.
- Avoid expressions of opinion (remember that the person you are writing about may have the right to read what you have said).
- There should be a clear link between evidence recorded and actions planned/recommended.
- All contact with the Child/Adult at Risk and the person alleged to have caused harm used.
- All consultations with and decisions made by a Manager and/or Senior Manager must be appropriately recorded.
- When contacting other agencies the questions asked and information received must be recorded.
- If a decision is made not to contact the Police, or raise an alert, the details of why and how this decision was made must be recorded.
- All telephone calls, those received and made in relation to the alleged abuse, must be documented even if there was no reply to outgoing calls.
- The decisions taken at all meetings must be recorded.
- All entries to be completed with name of person making entry printed, signed and dated.
- Use Body Maps (see [Body Maps-Male and Female with Guidance Notes](#)) to illustrate physical injuries.

When to Record

- Records must be kept from the time that a concern, allegation or disclosure is made.
- Each entry must be dated and timed.
- The name of the person recording the information must be written in full. Do not use initials.

How to Record

- All records should be typed not handwritten and should be recorded using the school's Child Protection Online Management System (CPOMS)
- All records made prior to the introduction of CPOMS (Sept 21) concerned with Safeguarding are confidential kept securely in the child's safeguarding file on the K drive.

Storing and Filing Information

- All records or files must be stored in accordance with each St George's own policies and with regard to the [Data Protection \(Jersey\) Law 2005](#).

Definitions and Possible Indicators of Child Abuse and Neglect

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child.

Possible indicators of physical abuse and factors that should increase concern include:

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises e.g. fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears, the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g. linear bruising (stick), parallel bruising (belt), marks of a buckle.
- Bite marks.
- Deliberate burning may also be indicated by the pattern of an instrument or object e.g. electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*.
- Untreated injuries.
- Recurrent injuries, burns or bald patches.
- Having broken bones or unexplained bruising, burns or welts in different stages of healing.
- Being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable.

In the social context of school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury
- The explanation uses words or phrases that do not match the vocabulary of the child (adults words).
- No explanation is forthcoming.
- The child (or the parent/carer) is secretive or evasive or the injury is accompanied by allegations of abuse or assault.

We become concerned if the child:

- Is reluctant to have parents/carers contacted.
- Runs away or shows fear of going home.
- Is aggressive towards themselves or others.
- Flinches when approached or touched.
- Is reluctant to undress to change clothing for sport.
- Wears long sleeves during hot weather.
- Is unnaturally compliant in the presence of parents/carers
- Has a fear of medical help or attention or admits to a punishment that appears excessive.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse.
- Serious bullying, causing children frequently to feel frightened or in danger.
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Possible Indicators of Emotional Abuse

Developmental issues include delays in physical, mental and emotional development; poor school performance and speech disorders, particularly sudden disorders or changes.

Behaviour: acceptance of punishment which appears excessive; over-reaction to mistakes; continual self-deprecation (I'm stupid, ugly, worthless etc.); neurotic behaviour (such as rocking, hair-twisting, thumb sucking); self-harm or self-mutilation; suicide attempts; drug/solvent abuse; running away; compulsive stealing, scavenging; acting out; poor trust in significant adults; regressive behaviour –

e.g. wetting; eating disorders; destructive tendencies; neurotic behaviour; arriving early at school, leaving late.

Social issues: withdrawal from physical contact or from social interaction; over-compliant behaviour or insecure, clinging behaviour; poor social relationships.

Emotional responses: extreme fear of new situations; inappropriate emotional responses to painful situations ("I deserve this"); fear of parents being contacted; self-disgust; unusually fearful with adults; lack of concentration, restlessness, aimlessness; extremes of passivity or aggression.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation.

Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, partners is not usual. However, where a child is under the age of 13 it is classified as rape.

Possible behavioural observations include:

- Sexual knowledge inappropriate for age.
- Sexualised behaviour or affection inappropriate for age.
- Sexually provocative behaviour/promiscuity.
- Inexplicable decline in school performance.
- Depression or other sudden apparent changes in personality as becoming insecure, or clinging, lack of concentration, restlessness, aimlessness.
- Socially isolated or withdrawn, overly-compliant behaviour.
- Acting out or aggressive behaviour
- Poor trust or fear concerning significant adults.
- Regressive behaviour e.g. Onset of wetting, by day or night
- Onset of insecure, clinging behaviour.
- Arriving early at school, leaving late, running away from home, suicide attempts, self-mutilation, self-disgust.
- Suddenly drawing sexually explicit pictures.
- Eating disorders or sudden loss of appetite or compulsive eating.
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Become worried about clothing being removed.
- Trying to be 'ultra-good' or perfect.
- Overreacting to criticism.

Grooming is a subtle, gradual, and escalating process of building trust with a child. It is deliberate and purposeful. It may take place over weeks, months, or even years before any sexual abuse actually takes place. It may happen via the internet or social media, or in person. It usually begins with behaviours that may not even seem to be inappropriate.

Grooming may include strategies such as:

- Identifying with the child.
- The abuser may appear to be the only one who understands him/her.
- Displaying common interests in sports, music, movies, video games, television shows, etc.
- Recognizing and filling the child's need for affection and attention.
- Giving gifts or special privileges to the child.
- Allowing or encouraging the child to break rules (e.g., smoking, drinking, using drugs, viewing pornography).
- Communicating with the child outside of the person's role (e.g., teacher, or coach). This could include, for example, texting or emailing the young person without the parents' knowledge.

- Grooming is often involved in Child Sexual Exploitation but grooming may occur for reasons other than sexual, e.g. radicalisation.

Child Sexual Exploitation (CSE) and its indicators

Children can also be subject to Child Sexual Exploitation (CSE). Most people who sexually abuse children are men, but some women sexually abuse too, as can other children. CSE involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, money or affection) as a result of engaging in sexual activities. CSE can range from 'consensual' to serious organized crime by gangs. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming. However, it is also important to recognize that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Some young people do not exhibit any external signs of abuse. However, others may exhibit one or more of some of the possible indicators set down below:

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

Again, this list is not inclusive of all possible indicators.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);

- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.

Possible Indicators of neglect

The following is a summary of some of the possible indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. **Don't keep it to yourself.**

Physical indicators of neglect include:

constant hunger and stealing food; poor personal hygiene; unkempt, dirty or smelly; being underweight; wearing dress unsuitable for weather; poor state of clothing; illness or injury untreated and looking sad, false smiles.

Behavioural indicators of neglect include: constant tiredness; frequent absence from school or lateness; missing medical appointments; becoming isolated among peers; being frequently unsupervised; stealing.

Domestic Violence

Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;

- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Other specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues.

For example NSPCC offers information for schools on its website www.nspcc.org.uk/preventing

Schools can also access broad government guidance on the issues listed here via the GOV.UK website: child sexual exploitation (CSE); bullying including cyber-bullying; domestic violence; drugs; fabricated or induced illness; faith abuse; female genital mutilation (FGM); forced marriage; gangs and youth violence; gender-based violence/violence against women and girls (VAWG); mental health; private fostering; radicalization; sexting; teenage relationship abuse; trafficking.

Radicalisation

Radicalisation is defined in the government's Prevent strategy as "the process by which a person comes to support terrorism and forms of extremism leading to terrorism". It is a social process but also a deeply personal experience.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer.

The internet and the use of social media in particular has become a major factor in the radicalisation of young people. The school responds to pupils who may be targeted or influenced to participate in radicalism or extremism.

Honour-Based Violence (HBV) and Female Genital Mutilation (FGM)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed supposedly to protect or defend the honour of the family and/or community, including FGM, forced marriage and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM, or indeed any form of HBV. There is a range of potential indicators that a child or young person may be at risk of FGM or of a forced marriage, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. It is mandatory for St George's to report to the police cases where we suspect or discover that an act of FGM appears to have been carried out.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the age of 5 and puberty (typically 8 upwards but sometimes younger) and therefore girls within that age bracket are at a higher risk.

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

There can also be clearer signs when FGM is imminent:

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

It is important that professionals look out for signs that FGM has already taken place so that:

- The girl or woman affected can be supported to deal with the consequences of FGM.
- Enquiries can be made about other female family members who may need to be safeguarded from harm.
- Criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

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

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Note that the lists above are not inclusive of all possible factors.

Self harm

Self-harm can take lots of physical forms, including cutting, burning, bruising, scratching, hair-pulling, poisoning and overdosing. There are many reasons why children and young people try to hurt themselves. And once they start, it can become a compulsion. That's why it's so important to spot it as soon as possible and do everything you can to help. Self-harm isn't usually a suicide attempt or a cry for attention. Instead, it's often a way for young people to release overwhelming emotions. It's a way of coping. So whatever the reason, it should be taken seriously.

There are links between depression and self-harm. See for example: <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/mental-health-suicidal-thoughts-children/>

Quite often a child or young person who is self-harming is being emotionally abused, under too much pressure to do well at school, being bullied (which may itself amount to emotional abuse), grieving or having relationship problems with family or friends.

The feelings that these issues bring up can include:

- low self-esteem and low confidence
- loneliness
- sadness

- anger
- numbness
- lack of control over their lives

Often, the physical pain of self-harm might feel easier to deal with than the emotional pain that's behind it. It can also make a young person feel they're in control of at least one part of their lives. Sometimes it can also be a way for them to punish themselves for something they've done or have been accused of doing.

Physical signs of self-harm

These are commonly on the head, wrists, arms, thighs and chest and include: cuts, bruises, burns, bald patches from pulling out hair.

Young people who self-harm are also very likely to keep themselves covered up in long-sleeved clothes even when it's really hot.

Emotional signs of self-harm

The emotional signs are harder to spot and don't necessarily mean that a young person is self-harming. But if you see any of these as well as any of the physical signs then there may be cause for concern:

- Depression, tearfulness and low motivation.
- Becoming withdrawn and isolated, for example wanting to be alone in their bedroom for long periods.
- Unusual eating habits; sudden weight loss or gain.
- Low self-esteem and self-blame.
- Drinking or taking drugs.

Bullying

Whilst bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable distress and/or anxiety. Indeed, in some cases bullying is potentially abuse (emotional and/or physical) and must be regarded in this light. Please refer to our Anti-Bullying policy for further information. Bullying behaviour can raise safeguarding concerns, and when it does so procedures in this policy will be followed.