



# Ark All Saints Academy Safeguarding Guidance

## 1 INTRODUCTION

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This is a summary for Supply and Visiting Staff to Ark All Saints Academy of our Safeguarding/Child Protection Policy. It covers what you should do if a scholar tells you something to cause you to be concerned about their wellbeing, (physically, emotionally or developmentally) and what to do if you have a concern.

All adults working in this academy (including visiting staff, volunteers and scholars on placement) are required to report instances of actual or suspected child abuse or neglect to the Assistant Principal Karen Bruce.

If you suspect or are told something by a scholar (about themselves or another scholar) you are to report what they have said or what you suspect and why as soon as possible to Karen Bruce. Please email Ms Bruce and cc in Ms Frame. Please also make a note of when your suspicions were raised, what happened just before and how they were after they had told you. **Please report only facts not your opinion.**

**NEVER PROMISE NOT TO TELL ANYONE ELSE WHAT THE SCHOLAR HAS TOLD YOU.**

## 2 KEY POINTS FROM THE SAFEGUARDING (CP) POLICY

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- Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in the Academy's Behaviour Management Policy.
- Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children, staff are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be misconstrued, this will be appropriately recorded and reported to the Principal and parents.

- For their own safety and protection, staff should exercise caution in situations where they are alone with scholars. If you are in a one-to-one situation with a scholar we request that you have the door open. Where this is not practicable because of the need for confidentiality, you should ask another member of staff to be nearby or the room will be easily seen into from outside and a record will be kept of the circumstances of the meeting.
- Ark All Saints Academy takes seriously all complaints made against members of staff. Procedures are in place for scholars, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of the Principal (or Vice Principal), in order that they may activate the appropriate procedures. If the allegation concerns alleged minor physical mishandling or verbal abuse, this will normally be dealt with under the Academy's Complaints Procedure.
- Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual scholars. This information may be shared with other agencies as appropriate.
- No internal doors to classrooms will be locked whilst scholars are present in these areas.



Specialist Crime and Operations

## **FEMALE GENITAL MUTILATION (FGM)**

### **Guidance for schools**

#### **World Health Organisation definition**

All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non - medical reasons.

#### **Procedures**

Female genital mutilation is classified into four major types.

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

## **FGM is child abuse**

FGM is recognized by the United Nations as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors (between infancy and age 15) and is a violation of the rights of children. It is illegal in the UK and it is child abuse. FGM is under reported in this country. Over 24,000 girls under the age of 15 years in England and Wales are at risk from undergoing FGM either in this country or abroad. The summer holidays are the period when girls are mostly at risk of FGM. With your help we can identify those at risk and together we can protect girls from undergoing FGM.

## **No health benefits, only harm**

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue

## **Long term consequences can include:**

- ❖ recurrent bladder and urinary tract infections;
- ❖ cysts;
- ❖ infertility;
- ❖ an increased risk of childbirth complications and newborn deaths;

- ❖ A need for further surgery. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing and repeated both immediate and long-term risks.

## **Who is at risk of FGM ?**

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

## **FGM indicators**

- ❖ The girl may confide that she is to have a “special procedure “ which will make her a woman or talk of a ceremony taking place for her or other siblings. There may be talk of vaccinations or talk of absence from school. Girls are more at risk of FGM during school summer holidays
- ❖ A girl or her family may talk about a long holiday to her country of origin or to a country where the practice is prevalent This is not enough on its own but might be significant when added to other concerns.

- ❖ A mother or an older sibling had already undergone FGM

### Signs that FGM may have occurred

- ❖ Prolonged absence from school with a noticeable change in behaviour on return
- ❖ Finding it difficult to sit still and appears to be experiencing discomfort or pain
- ❖ Spending a long time away from class for toilet breaks
- ❖ Asking to be excused from PE or swimming
- ❖ Suddenly visiting the school nurse more frequently
- ❖ A sudden change in dress

### Prevention & Reporting

- ❖ School staff can play a key role in protecting girls from FGM.
- ❖ If you think a girl is at risk of FGM or that FGM may have taken place you **must report it immediately** as you would any other form of child abuse.
  - ❖ 1) You **must** inform your Child Protection Advisor
  - ❖ 2) A referral **must** be completed to children's social care
  - ❖ 3) In urgent cases, contact children's social care or police direct.
- ❖ It is essential that the young person's parents **are not** spoken to before a referral is sent to children's social care.
- ❖ A full risk assessment will be conducted and any decision to contact the young person's parents will be made jointly by children's social care and police.
- ❖ It is essential that all professionals within education are aware of this

heinous crime and follow the above safeguarding procedures.

### For additional support ;

See contact details below:

**Project Azure, Metropolitan Police**  
Tel 020 71612888

### **Dr Comfort Momoh (MBE) FGM Specialist**

Phone: 020 7188 6872

Mobile: 07956 542 576

E-mail:

[comfort.momoh@gstt.nhs.uk](mailto:comfort.momoh@gstt.nhs.uk)

### **FORWARD**

Phone: 020 89604000

E-mail: [naana@fowarduk.org.uk](mailto:naana@fowarduk.org.uk)

### **Daughters of Eve**

Mobile: 07983 030 488

07961797173

E-mail (via website):

[www.dofeve.org/](http://www.dofeve.org/)

### **IKWRO**

Phone: 0207 920 6460

E-mail: [www.ikwro.org.uk/](http://www.ikwro.org.uk/)

**Declan Goddard**  
**Detective Sergeant**

### **SCO5 - Southwark CAIT.**

**Camberwell Police Station,**  
**9 Wren Road,**  
**Camberwell,**  
**London,**  
**SE5 8QP**

☎ Metphone: 26360

☎ Phone: +44 (0)207 232 6360

☎ Fax: 0207 232 6351

☎ E-mail:

[Declan.goddard@met.police.uk](mailto:Declan.goddard@met.police.uk)

## Recognising signs of child abuse

### 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.

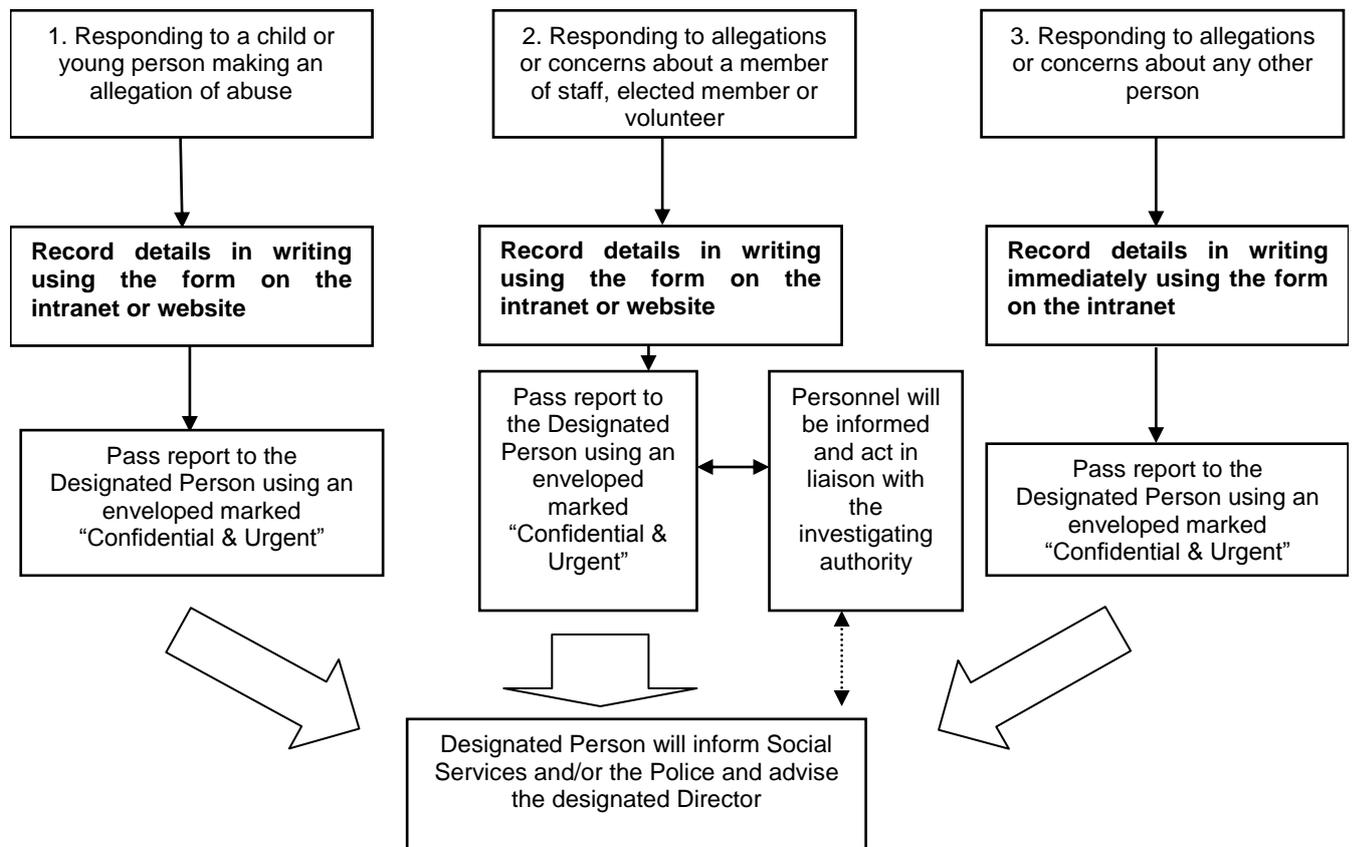
### Recognising Physical Abuse

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

**Basic response procedures and actions**



**In the case of an emergency where a child is in danger please phone 999 immediately before filing a report**

**Please note:** It is not the place of any officer of the Council to investigate allegations therefore all allegations will involve investigating authorities as soon as possible to protect both those making allegations and those who may be the subject to those allegations.

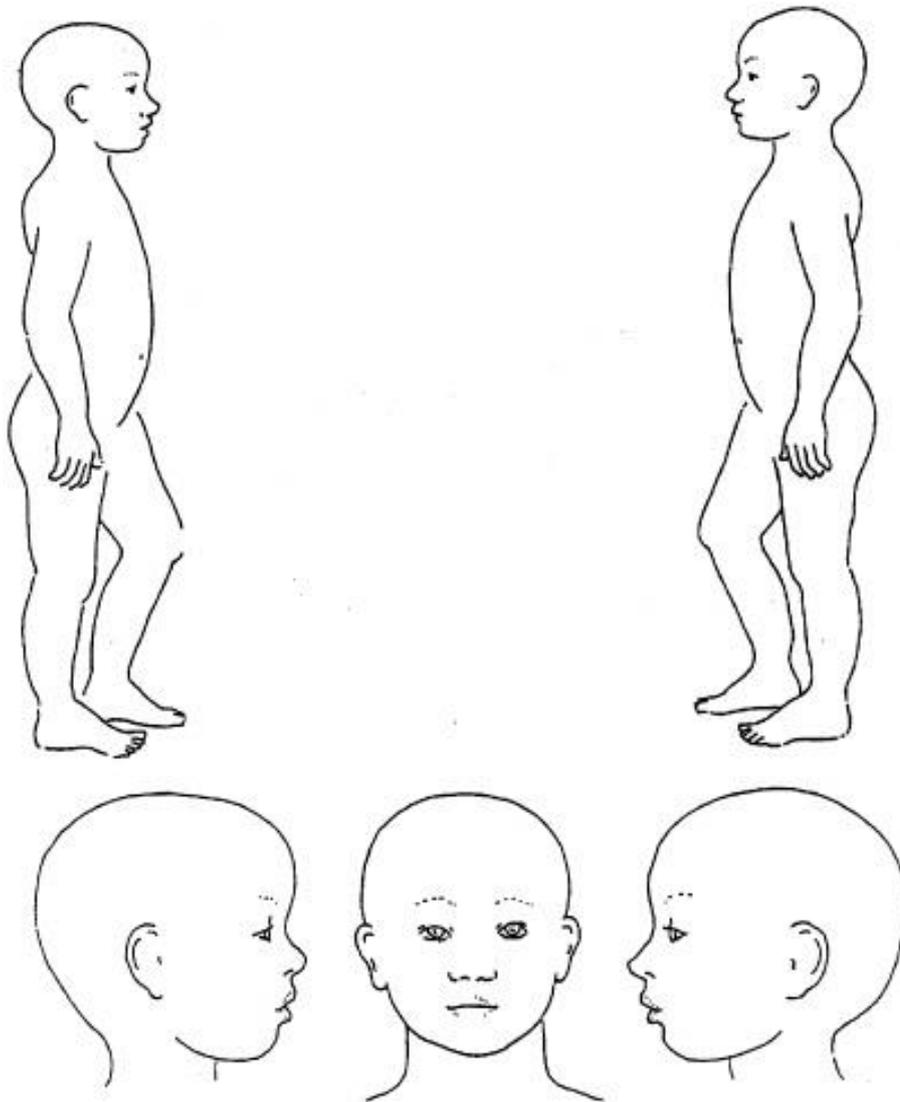
## Physical Injury Charts

Indicate position on body of marks or injuries, note colour of injury, whether is skin broken anything else

### SKIN MAPS

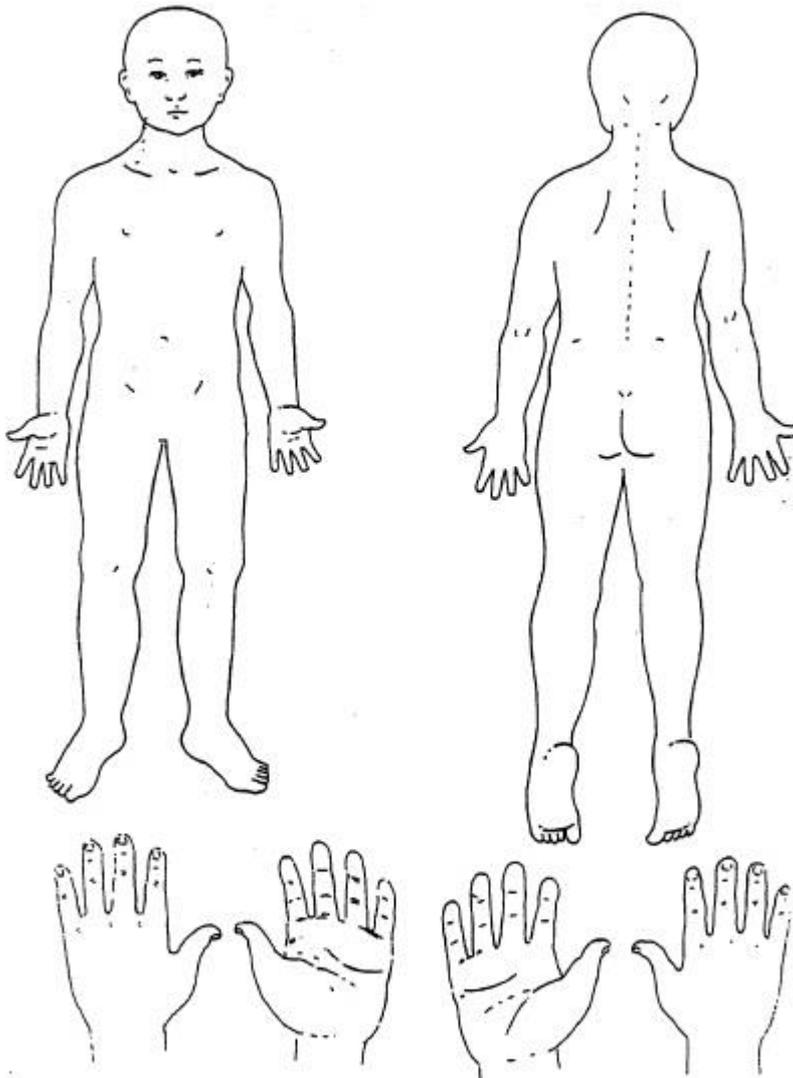
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Name: ..... DoB: .....



Signature: ..... date: .....

Name: ..... DoB: .....



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### **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 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

## **Recognising Signs of Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and a 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 irresponsible 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

### **Forced marriage (FM)**

Staff are aware of FM practices and the need to look for signs symptoms and other indicators of FM.

In forced marriage one or both spouses do not consent to the marriage. Duress can include physical, psychological, sexual, financial and emotional pressure.

Signs that may indicate a child may be facing a FM:

- Absence and persistent absence
- Request for extended leave of absence and failure to return from the country of origin
- Fear about forthcoming school holidays
- Surveillance by siblings/cousins at school
- Decline in behaviour, engagement, performance or punctuality
- Being withdrawn from school by those with parental responsibility

- Removal from day centre of a person with a disability
- Not allowed to attend extra-curricular activities
- Sudden announcement of engagement to a stranger
- Prevented from going on to higher/further education
- Disclosure by primary school child of older, school age, sibling getting married