



## Southview School

### **Safeguarding Policy**

Trustee: Susanna Frost  
Governor Lead: David Beardwell

Learning  
Respect  
Compassion  
Responsibility

Nominated Lead Members of Staff:      Julian Cochrane (Head Teacher)  
Fiona Read (Class Teacher)  
Carol Park (Deputy Head)  
Carolynne Keating (Personal Assistance Manager)  
Gary Smith (CEO Hope Trust)

Approved by Governing Body: January 2022  
Next Review Date: Annually.

### **Introduction:**

What is the difference between Safeguarding and Child Protection?

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's and learners' health or development;
- ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

Child Protection is a part of Safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

**This policy is to be read in conjunction with the school's Child Protection Policy and in line with the latest versions, published by the DfE of:**

- **Working Together to Safeguard Children.**
- **Keeping Children Safe in Education.**

The Governing Body and Trustees, take seriously their responsibility under section 175 of the Education Act 2002 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, or potentially suffering, harm. We recognise that all adults, including temporary staff, volunteers, Governors and Trustees,

have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

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, and governors/trustees.

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

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

- To support the child's development in ways that will foster security, confidence and independence.
- 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 raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting all possible cases of abuse.
- 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 emphasise the need for good levels of communication between all members of staff.
- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
- To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance) and a central record is kept for audit.

### **Safe School, Safe Staff**

We will ensure that:

All members of the governing body and the designated Trustee understand and fulfil their responsibilities, namely to ensure that:

- There is a Child Protection Policy together with a staff behaviour (Code of Conduct) Policy
- The school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training.

- The school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- A senior leader has Lead Designated Child Protection Officer responsibility (currently the Head Teacher. the Deputy Heads and the Personal Assistance Manager take on the role of Assistant Designated Lead) (Designated Safeguarding Leads “DSLs”).
- On appointment, the DSLs undertake training and also undertake an update course every 2 years
- All other staff have Safeguarding training updated as appropriate. All members of staff and volunteers are provided with child protection awareness information at induction and the school safeguarding protocols, so that they know who to discuss a concern with.
- Staff and governors, have child protection awareness training, updated by the DSL (or external bodies) as appropriate, to maintain their understanding of the signs and indicators of abuse.
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through safeguarding training.
- A member of the Governing Body, usually the Chair, is nominated to liaise with the LA on Child Protection issues in the event of an allegation of abuse made against the Head Teacher.
- Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on the school website or by other means.
- The Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE), on line safety and SRE.
- The school supports parents to keep themselves and their children safe whilst using technology.
- That enhanced DBS checks are in place for all Governors
- The DSLs who are involved in recruitment will also complete Safer Recruitment training.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school’s Child Protection Policy on the school’s website.
- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO (Local Authority Designated Officer) for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- The school premises themselves are regularly inspected to ensure the environment is as safe as possible.
- The school has regular fire alarm drills and there is a protocol in place for the school lock down.

The name of the designated members of staff for Child Protection, the Designated Child Protection Officers are clearly advertised in the school and pamphlets outlining

safeguarding/child protection procedures are given to visitors when they sign in at Reception.

All new members of staff will be given a copy of our child protection procedures, Child Protection Policy, with the DSLs names clearly displayed, as part of their induction into the school.

The policy is available publicly either on the school website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school website.

### **Responsibilities**

The designated DSLs are responsible for:

- Referring a child if there are concerns about possible abuse, to the Local Authority, and acting as a focal point for staff to discuss concerns.
- 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, until the child's 25th birthday, and are copied on to the child's next school or college.
- Liaising with other agencies and professionals.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report where appropriate.
- Organising child protection induction, and update training every year for all school staff.

### **Supporting Children**

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

We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Southview School will support all children by:

- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

- Notifying Social Care as soon as there is a significant concern.
- Providing continuing support to a child about whom there have been concerns, who leaves the school, by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

### **Confidentiality:**

We recognise that all matters relating to child protection are confidential. The Head Teacher or DSLs will disclose any information about a child to other members of staff or governors on a need to know basis only

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

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

We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with Essex Safeguarding Children Board

### **Supporting Staff**

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

### **Allegations against staff**

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children to be conducted in view of other adults wherever this is practically possible.

We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Head Teacher. The Head Teacher on all such occasions will discuss the content of the allegation with the LADO. If the allegation made to a member of staff concerns the Head Teacher, the person receiving the allegation will immediately inform the Chair of Governors (or Whistle Blowing Governor) who will consult as above, without notifying the Head Teacher first.

Suspension of the member of staff, excluding the Head Teacher, against whom an allegation has been made, needs careful consideration, and the Head Teacher will seek the advice of the LADO and Personnel Consultant in making this decision.

In the event of an allegation against the Head Teacher, the decision to suspend will be made by the Executive Head with advice as above.

### **Safer Recruitment**

We are committed to recruiting safely and all new members of staff undergo a rigorous recruitment process, including an enhanced DBS check. We always ensure that there is always at least one person on the interviewing panel who has been safer recruitment trained. Furthermore, in line with current recommendations, potential new staff will be subject to a 'digital screening' process prior to interview and being offered a position within the school.

### **Whistle-blowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistle Blowing Policy.

Whistle-blowing re the Head Teacher should be made to the Chair of the Governing Body whose contact details are readily available to staff.

Yellow forms are available for staff to report low level concerns and staff have had appropriate training on how to report concerns.

### **Physical Intervention / Positive Handling**

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person. Such events will be recorded in the 'Bound and Numbered Book' and will be reviewed by the Head Teacher as part of the child protection protocols. Key staff have been appropriately trained. We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

### **Anti-Bullying**

Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or

differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

### **Racist Incidents**

Our policy on racist incidents is set out separately, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

### **Prevention**

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

The school community will therefore:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through safety questionnaires, asking children to report whether they have had happy/sad lunchtimes/playtimes.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include safeguarding opportunities across the curriculum, including PSHE, which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety and independent living where appropriate.

### **Health & Safety**

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

### **Monitoring and Evaluation**

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Governing Body visits to the school including termly checks of The Single Central Record.
- SLT 'drop ins' and discussions with children and staff.
- Pupil surveys and questionnaires.
- Scrutiny of Attendance data.
- Scrutiny of range of risk assessments.
- Scrutiny of GB minutes.

- Scrutiny of accident/injury data.
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor.
- Review of parental concerns and parent questionnaires.
- CEO, Trustee and external bodies regular monitoring.

### **Peer on peer abuse**

All staff should recognise that children are capable of abusing their peers. All staff should be clear about their school's or college's policy and procedures with regard to peer on peer abuse.

Southview School ensures that their procedures include:

- procedures to minimise the risk of peer on peer abuse;
- how allegations of peer on peer abuse will be recorded, investigated and dealt with;
- clear processes as to how victims, perpetrators and any other child affected by peer on peer abuse will be supported;
- a clear statement that abuse is abuse and should never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up";
- recognition of the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously; and
- the different forms peer on peer abuse can take, such as:
  - sexual violence and sexual harassment. Part five of this guidance sets out how schools and colleges should respond to reports of sexual violence and sexual harassment;
  - physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
  - sexting (also known as youth produced sexual imagery): the policy should include the school's or college's approach to it. The department provides [Searching Screening and Confiscation Advice](#) for schools. The UK Council for Child Internet Safety (UKCCIS) Education Group has published [Advice for Schools and Colleges on Responding to Sexting Incidents](#); and
  - initiation/hazing type violence and rituals.
  - 'Catfish' and 'sdfish' type abuse.



## **Recognising signs of child abuse**

### **Categories of Abuse:**

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

### **Signs of Abuse in Children:**

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

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

### **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.
- May require consultation with and / or referral to Children's Services. The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s.
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses.
- Have unrealistic expectations of the child.

- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment).
- Be absent or misusing substances.
- Persistently refuse to allow access on home visits.
- Be involved in domestic abuse.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- The parents/carers are uninterested or undisturbed by an accident or injury.
- Parents are absent without good reason when their child is presented for treatment.
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury).
- Family use of different doctors and A&E departments.
- Reluctance to give information or mention previous injuries.

## **Bruising (see SET guidance)**

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 (but not always) 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.

### **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 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.

### **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.
- Been 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.

### **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.

### **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.

This policy also links to our policies on:

Behaviour, Code of Conduct, Whistle blowing, Anti-bullying, Health & Safety, Attendance, Curriculum, PSHE, Administration of medicines, Bathroom protocols, Sex and Relationships Education, Positive Handling and E-Safety.

**Appendices:**

1. Physical interaction protocol.
2. Bath-room / intimate care procedure.
3. Manual Handling procedures.

Reviewed January 2022

Next review January 2023

## Appendix 1

### **Southview School - Guidelines for Appropriate Physical Contact with Children and Students**

*Guidance to be read in conjunction with positive handling, bathroom and manual handling protocols.*

#### **Physical touch as a communication:**

At Southview School we aim for all children and students to feel valued and cared for at all times. Physical touch can be a way of communicating, and during the normal course of working with children, physical contact is to be expected. However, staff must be aware that Children may respond to touch in different ways.

- We cannot assume that a child will understand a touch that is intended as a friendly gesture.
- Children in our care may have backgrounds where there has been inappropriate physical contact or even abuse. These children may be confused about adult and child contact and may experience it as intrusive. This can have consequences for the child and for any staff member where a touch, meant as a caring gesture, is reported as inappropriate.

#### **Abusers can use caring touch to disguise their behaviour:**

In line with our Child Protection Policies at Southview, we maintain the attitude that child abuse is not only a problem for other institutions, but 'it could happen here'. Our policies on physical contact with children must take into account the need to protect children from the possibility of abuse by carers.

Staff should be role models as children learn to understand the appropriateness of physical contact in different situations.

It is often appropriate for children to be given some physical contact and comfort, but this must always be offered with the following caution:

- Ensure there are other adults around and staff should be prepared to be accountable to them.
- Do not show favour to individual children.
- The area between a child's waist and mid-thigh or near the chest should not be touched in normal circumstances.
- Where a child tries to become physically closer than appropriate, it is important they do not feel rejected, but are gently guided to a more appropriate behaviour by a positive suggestion (a 'high 5' perhaps).
- Cuddles should be short and side by side.
- Never kiss a child, and do not encourage children to kiss adults other than their parents.
- For younger children, particularly in the Sunshine class, there is a greater need for a more nurturing environment where it may be more appropriate for closer physical

contact during some activities. The above cautions still apply, where sitting on a knee, or longer cuddles may be more acceptable.

- Where children require help with changing or toileting, the dignity of the child must be respected. Great care must be taken to ensure that all physical contact is specifically and only for the purpose of the task being carried out.
- Wherever a member of staff feels uncomfortable about the way in which a child or staff member is using or abusing physical contact, even if this concern is small or uncertain, this must be immediately reported using the schools' safeguarding protocols.

Reviewed: January 2022

Next review: January 2023

## Appendix 2

### **Bathrooming Intimate Care Guidelines**

Some pupils may require intimate care for their comfort and dignity.

Intimate care is defined as any care which involves washing, touching or carrying out a bathroom procedure to intimate personal areas. In most cases, such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one, and requires staff to be respectful of the child's needs. The child's dignity will always be preserved with a high level of privacy, choice and control. No child will be supported in a way that causes unnecessary distress or pain.

Southview School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. Our guidance for intimate care aims to provide guidance and reassurance to staff. It safeguards the rights and well-being of pupils, and assures parents/carers that all staff are knowledgeable about intimate care.

Staff who provide intimate care are taught to be aware of best practice, and the need to comply with school policies including:

- Child Protection.
- Health and Safety.
- Health Care Plans, risk assessments and medical details.

Staff will have regard to confidentiality of this information. Sensitive information about a child will only be shared with those who need to know.

Within Phases, staffs have responsibility for effective organisation of hygiene resources in care rooms. Staffs always wear protective gloves and aprons during intimate care routines, and disinfect changing beds after use. Pupils provide their own intimate care hygienic materials. Apparatus may need to be provided for pupils who need special arrangements following assessment from a physiotherapist/occupational therapist as required.

Staff will be responsive to any apprehensions, discomfort or disapproval shown by a pupil. Photographs, symbols and words will be used as a communication tool with pupils who require this additional support.

Staff will work in partnership with parents to ensure consistency of approach. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation. Provision may be amended in the light of individual needs, but we promote each person's right to equality of opportunity in all aspects of school life, including the provision of intimate care.

Staff will be supported and encouraged to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty

and menstruation. The child will be supported to achieve the highest level of autonomy possible, given their age and abilities.

Matters concerning intimate care will not be recorded in the home/school communication diary as it is not a confidential document. Arrangements may be made with parents/carers to report on their children's intimate care.

There will be a high awareness of child protection issues where intimate care is provided. Southview School follow the procedures set out by "Keeping Children Safe in School" – May 2022 and DfES "Safeguarding Children in Education". All staff are trained in Child Protection awareness, and this training is regularly updated. If a member of staff has any concerns about physical changes in a child's presentation, (for example marks, bruises, soreness) she/he will immediately report concerns to the designated person for child protection using the established school procedures.

The monitoring of this policy and its application will be reviewed bi-annually by the Head teacher, Deputy Head teacher, and Personal Assistance Manager

Reviewed: January 2022

Next review: January 2023

## Appendix 3

### Southview School

#### Manual Handling of Learners Policy

##### **Introduction**

This policy has been drawn up with reference to the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1992, the Manual Handling Operations Regulations 1992 and the Manual Handling Operation Regulations 1992 (updated 1998).

This policy outlines the measures that must be taken by all school staff to eliminate or reduce the risk of injuries occurring and sets out guidance for the Moving and Handling of Learners.

##### **Policy Statement**

Southview School recognises its responsibilities to implement so far as is reasonably practicable its duties in respect of the Health and Safety at Work Act 1974 and the Manual Handling Operations Regulations 1992 (updated 1998). Measures to achieve this will include suitable and appropriate ergonomic design of the workplace, operational procedures, training and the provision of mechanical aids.

The overall aim of all moving and handling tasks at Southview School is to move the learner effectively, safely and to eliminate injuries relating to such tasks.

##### **Definition of Terms**

###### **Moving and Handling:**

The transporting or supporting of a learner by one or more members of staff which includes, lifting, putting down, pushing, pulling, carrying or moving by means of hand or bodily force.

###### **Reasonably Practicable:**

Is understood as, weighing out the potential risk of injury to staff and learners versus the cost of supplying equipment to provide a safe working environment. (Lord Justice Asquith).

###### **Introduction to Safer Handling:**

Safer handling requires a risk assessment to be made of all handling tasks, and the risk to either be eliminated or to be reduced to the lowest level that is reasonably practicable, as stated in the Manual Handling Operations Regulations 1992: Guidance on Regulations (1992).

According to this policy, the learner's weight should never be lifted manually except in life threatening situations. They should be encouraged to assist in their own transfers, where appropriate. Appropriate equipment and furniture should be used correctly to reduce the risk of musculo – skeletal injury.

## **Risk Assessments**

By law, the school has a duty to make a suitable and sufficient risk assessment of all hazardous/potentially hazardous moving and handling operations to **eliminate the risk** or reduce the risk as far as reasonably practicable, and these are in place for individual learners and their specific needs. A Risk Assessment must be undertaken to:

- Identify the assumed/real risks.
- Eliminate/control/reduce the risk.
- Provide documentation of the risk assessment undertaken.
- Allow communication to other members of the staff and multidisciplinary team.

## **Individual Pupil Assessments**

It is our policy to carry out a full Moving and Handling Risk Assessment on every pupil admitted to Southview School within the first week of admission.

Individual learner assessments are to be updated as and when the learner's condition changes significantly. The report should be kept in the care plan.

## **Off-site Activities**

This policy will be applied for off-site activities. If an activity cannot be carried out safely at the site identified, then it cannot go ahead. Some learners may need an alternative activity.

## **Monitoring Review and Audit**

This policy will be monitored and updated by the Manual Handling Advisor in consultation with the Head Teacher and will be reviewed at least every 3 years, or earlier in light of any relevant changes.

Reviewed: January 2022

Next review: January 2023