

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must take necessary steps to safeguard and promote the welfare of children.

Safeguarding children

1.2 Safeguarding children and child protection

(Including managing allegations of abuse against a member of staff)

Policy statement

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our safeguarding policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe	2.1 Respecting each other 2.2 Parents as partners	3.4 The wider context	4.4 Personal, social and emotional development

Procedures

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy.

Key commitment 1

The Alliance is committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of its service delivery.

Staff and volunteers

- Our designated person (a member of staff) who co-ordinates child protection issues is:

Anne Marie Smith

- We ensure all staff and parents are made aware of our safeguarding policies and procedures.
- We provide adequate and appropriate staffing resources to meet the needs of children.

- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Criminal Records Bureau before posts can be confirmed.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect of references and Criminal Record Bureau checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Volunteers do not work unsupervised.
- We abide by the Protection of Vulnerable Groups Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have lead to dismissal for reasons of child protection concern.
- We have procedures for recording the details of visitors to the setting.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
- We take steps to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.

Key commitment 2

The Alliance is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2006).

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
- We take into account factors affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware of other factors that affect children's vulnerability such as abuse of disabled children, fabricated or induced illness, child abuse linked to beliefs in spirit possession, sexual exploitation of children such as through internet abuse and Female Genital Mutilation that may affect or may have affected children and young people using our provision.

- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or maybe victims of child trafficking. While this may be less likely to affect young children in our care we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- Where we believe a child in our care or known to us may be affected by any of these factors we follow the procedure for reporting child protection concerns.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the setting leader or manager who is acting as the 'designated person'. The information is stored on the child's personal file.
- We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation.

NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children's Board.

- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young persons refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

Recording suspicions of abuse and disclosures

- Where a child makes comments to a member of staff that gives cause for concern (disclosure), observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect that member of staff:
 - listens to the child, offers reassurance and gives assurance that she or he will take action;
 - does not question the child;
 - makes a written record that forms an objective record of the observation or disclosure that includes:
 - the date and time of the observation or the disclosure;
 - the exact words spoken by the child as far as possible;
 - the name of the person to whom the concern was reported, with date and time; and
 - the names of any other person present at the time.

- These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.
- Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

Making a referral to the local authority social care team

- The Pre-school Learning Alliance's publication Safeguarding Children contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral. This is based on 'What to do if you are worried a child is being abused'(HMG 2006).
- We keep a copy of this document alongside procedures set down by our Local Safeguarding Children Board the phone number is 0208 901 2690 or out of hours 0208 424 0999.

Informing parents

- Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events unless we feel this may put the child in greater danger.
- We inform parents where we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.
- This will usually be the case where the parent is the likely abuser. In these cases the social workers will inform parents.
- MOBILE PHONES
- GUIDE FOR PARENTS/CARERS
- All parents/carers are advised that the use of mobile phones in the nursery is prohibited. Mobiles **MUST** be kept in their pockets or handbags and **MUST** only be used outside the nursery.
- Parents/carers celebrating a child's birthday in a group setting **MUST** ask for written permission from other parents, before taking their photos or including them in their child's photographs.
- GUIDE FOR STAFF/VOLUNTEERS
- Photographs are to be taken **ONLY** for the following reasons:
 - To capture a moment in the children's learning
 - To record children's development

- To promote good practice e.g., by recording children's learning journey, celebrating events and festivals with families
- Staff working with children MUST not use mobile phones during this time. The nursery phone number must be used during working hours for receiving emergency calls.
- Staff MUST not use their own mobile phones or cameras to take photographs of children within the nursery
- Any photographs taken of children within the nursery MUST not leave the premises or be downloaded onto USB's or DISCS to be taken out of the nursery
- ALL unwanted photographs MUST be shredded
- ALL photographs of children must ONLY be taken with parents/carers written consent.
- Staff have a right to approach and question ANYBODY taking unauthorised photographs within the nursery. This MUST be reported to the Manager/Deputy.

Liaison with other agencies

- We work within the Local Safeguarding Children Board guidelines.
- We have a copy of 'What to do if you're worried a child is being abused' for parents and staff and all staff are familiar with what to do if they have concerns.
- We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and social services to work well together.
- We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the wellbeing of children or where an allegation of abuse is made against a member of staff.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

Allegations against staff

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff, or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.

- We refer any such complaint immediately to the local authority's social care department to investigate. We also report any such alleged incident to Ofsted and what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where the management committee and children's social care agree it is appropriate in the circumstances, the chairperson will suspend the member of staff on full pay, or the volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process.

Disciplinary action

- Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Independent Safeguarding Authority (ISA) of relevant information so that individuals who pose a threat to children (and vulnerable groups), can be identified and barred from working with these groups.

Key commitment 3

The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be strong, resilient and listened to.

Training

- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
- We ensure that all staff know the procedures for reporting and recording their concerns in the setting.

Planning

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

Curriculum

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be *strong, resilient and listened to* and that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

Confidentiality

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

Support to families

- We believe in building trusting and supportive relationships with families, staff and volunteers in the group.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.

Legal framework

Primary legislation

- Children Act (1989 s47)
- Protection of Children Act (1999)
- Data Protection Act (1998)
- The Children Act (Every Child Matters) (2004)
- Safeguarding Vulnerable Groups Act (2006)

Secondary legislation

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equalities Act (2010)
- Data Protection Act (1998) Non Statutory Guidance

Further Guidance

- Working Together to Safeguard Children (revised HMG 2010)
- What to do if you are Worried a Child is Being Abused (HMG 2006)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Guidance for Practitioners and Managers (HMG 2008)
- Independent Safeguarding Authority: www.isa.gov.org.uk

This policy was adopted at a meeting of	<u>Regent Nursery School</u>	name of setting
Held on	<u>Tuesday</u>	March 2013
Date to be reviewed	<u></u>	March 2014
Signed on behalf of the management committee	<u></u>	
Name of signatory	<u></u>	
Role of signatory (e.g. chair/owner)	<u></u>	

APPENDIX 1

1. Types of Child Abuse and Symptoms:

Child abuse manifests itself in a wide variety of ways and can be categorised into four distinct types:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

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 or carer fabricates symptoms of, or deliberately induces, illness in a child” (*Working Together to Safeguard Children 2013*) Typical signs of Physical Abuse are:

- Bruises and abrasions – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child’s explanation does not match the nature of injury or when it appears frequently.
- Slap marks – these may be visible on cheeks or buttocks.
- Twin bruises on either side of the mouth or cheeks – can be caused by pinching or grabbing, sometimes to force a child to eat or to stop a child from talking.
- Bruising on either sides of the ear – this is often caused by grabbing a child who is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- Grip marks on arms or trunk – found on babies who are handled roughly or held down in a violent way. Gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child, a brain haemorrhage. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- Black eyes – are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B. A heavy bang on the nose however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.

- Damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- Bite marks
- Fractures – especially in children under the age of 2.
- Poisoning and other drug misuse – e.g. overuse of sedatives.
- Burns and/or scalds – a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as ‘dipping scalds’ are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a cup of tea. In contrast a child who has been deliberately ‘dipped’ in a hot bath will not have splash marks.
- Unexplained injuries or refusal to discuss them
- Fear of medical treatment
- Self-destructive tendencies
- Unexplained patterns of absence that could be in order to hide injuries
- Female genital mutilation (FGM) – all procedures that involve partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical reasons. It is performed a few days after birth to age 15, and occasionally in adulthood. It is practised in 28 countries in western, eastern and north-eastern Africa, particularly in Egypt and Ethiopia, and in parts of Asia and the Middle East. There are numerous serious short and long term physical health consequences, in addition to the psychological and mental health consequences.

Sexual Abuse:

“Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware what is happening. It may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. It may include non-contact activities such as involving children in looking at, or in the production of, pornographic materials, or watching sexual activities or encouraging children to behave in sexually inappropriate ways.”
(Working Together to Safeguard Children 2013)

The key elements in any definition of child sexual abuse are:

- Betrayal of trust and responsibility
- Abuse of power for the sexual gratification of the abuser
- Inability of child to consent.

Typical signs of Sexual Abuse are:

- A detailed sexual knowledge inappropriate to the age of the child
- Behaviour that is excessively affectionate or sexual towards other children or adults
- Lack of trust in adults (particularly any marked fear of men)
- Attempts to inform by making a disclosure about sexual abuse often begins by the initial sharing of limited information with one adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality

A fear of medical examinations

- A fear of being alone – this applies to friends, families, neighbours, baby-sitters, etc.
- A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa
- Excessive masturbation is especially worrying when it takes place in public
- Promiscuity
- Unusually explicit or detailed sex play in younger children
- Sexual approaches or assaults – on other children or adults
- Pregnancy, urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified
- Bruising to the breasts, buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place
- Discomfort or pain particularly in the genital areas
- The drawing of pornographic or sexually explicit images

Emotional Abuse:

According to “*Working Together to Safeguard Children 2013*”, Emotional abuse is:

- The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.
- It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may feature age or developmentally inappropriate expectations being imposed 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.
- It may involve seeing or hearing ill-treatment of another.

- It may involve serious bullying causing children frequently to feel frightened or in danger or the exploitation or corruption of children.
- Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect:

According to “*Working Together to Safeguard Children 2013*”, 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.
- The failure of a parent or carer to provide adequate food and clothing, or shelter (including exclusion from the home or abandonment).
- Failure to protect a child from physical and emotional harm or danger.
- Failure to ensure adequate supervision.
- Failure to ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Typical signs of Physical Neglect are:

Underweight – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.

Inadequately clad – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.

2. Symptoms of Stress and Distress:

When a child is suffering from any one or more of the previous four ‘categories of abuse’, or if that child is ‘at risk’, he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in school performance.
- Extreme passivity or aggressive/hostile behaviour.
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences.
- Difficulties in relationships with peers.
- Regression to more immature forms of behaviour, e.g. thumb sucking, bed-wetting.
- Self-harming or suicidal behaviour.
- Low self-esteem.
- Wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual/physical abuse;
- Disturbed sleep/tiredness;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- Fear of medical treatment;
- Unexplained patterns of absence to hide injuries;
- 'Chronic' medical problems (stomach pains/headaches);
- Drug/solvent abuse;
- Telling of a 'friend with a problem of abuse';
- Anorexic/bulimic;
- Excessive fear of certain situations or people
- A sudden change in school performance.

3. Parental Signs of Child Abuse:

Particular forms of parental behaviour that could raise or reinforce concerns are:

- Implausible explanations of injuries.
- Unwillingness to seek appropriate medical treatment for injuries.
- Injured child kept away from school until injuries have healed without adequate reason.
- A high level of expressed hostility to the child.
- Grossly unrealistic assumptions about child development.
- General dislike of child-like behaviour.
- Inappropriate labelling of child's behaviour as bad or naughty.
- Leaving children unsupervised when they are too young to be left unattended.

Other forms of abuse also include:

Bullying - any persistent and uninvited behaviour which insults, hurts or intimidates someone including cyber-bullying. (see School Policy for details)

Missing Child - a child going missing from School is a potential indicator of abuse or neglect. Staff must follow the School's guidance found in the Missing Person's Policy. (see School Policy for details)

Female Genital Mutilation (FGM) – professionals in all agencies, and individuals and groups, need to be alert to the possibility of a girl being at risk of FGM, or having already suffered FGM. Victims of FGM are likely to come from a community that is known to practise FGM. (see Appendix 4 for details/descriptions).

Child Sexual Exploitation (CSE) – involves exploitive situations, contexts and relationships where young people receive something (for example food accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. What marks out exploitation is an imbalance of power in the relationship. (see Appendix 3 for details/descriptions)

Forced Marriage – a form of Domestic Abuse. It should be recognised as a human rights abuse – and should always invoke child protection procedures within the school. (see Appendix 5 for details/descriptions)

APPENDIX 2

CHILD SEXUAL EXPLOITATION – CSE

This involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. 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 cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)

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

injuries from physical assault, physical restraint, sexual assault.

APPENDIX 3

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