



Child Protection and Safeguarding Policy

We are committed to reviewing this policy annually Latest Review: December 2016

Agreed by Governors:.....Chair of Governors

Agreed by Head of School:.....Head of School

Our Child Protection and Safeguarding Policy:

This policy applies to all staff (including temporary staff), governors, volunteers, students and anyone working on the behalf of Withington C of E Primary School. This policy is read annually following updates by all staff, volunteers and workers and adopted by the governing body.

The purpose of this policy:

To protect the children who belong to Withington C of E Primary School and to provide the staff and volunteers with the overarching principles that guide our approach to Child Protection and Safeguarding.

Withington C of E Primary School believes that a child or young person should never experience abuse of any kind. We have responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

Legal Framework:

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004

- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability code of practice: 0 to 25 years – statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to safeguarding children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015
- Keeping Children Safe in Education September 2016

This policy should be read alongside our policies and procedures on:

- *Safer recruitment*
- *Role of the designated Safeguarding Lead*
- *Induction Handbooks for staff and volunteers*
- *Curriculum*
- *Teaching and Learning*
- *E-safety (Including staff use of mobile phones) and Acceptable Users Policy*
- *Drugs Education*
- *First Aid (including administration of medicines)*
- *Anti-bullying - Our policy on anti-bullying acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms eg. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents.*
- *Complaints procedure*
- *Whistleblowing (duty of staff to raise concerns)*
- *Health and Safety (Guidance for safer working, and risk assessment) within the school environment (and extended services), and when away from the school and when undertaking school trips and visits.*
- *Training and support*
- *Lone working policy and procedure*
- *Intimate Care*
- *Attendance*
- *Behaviour*
- *Physical contact/restraint*
- *PSHE*
- *Outings and Transport - School Trips*
- *Sex and Relationships Education*
- *SEND and Inclusion*
- *Racist incidents - Our policy on racist incidents 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.*

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues

- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.
- There are also risks of peer on peer abuse and we must remain vigilant for signs of this.

We will seek to keep children and young people safe by:

- Valuing them, listening to and respecting them
- Appointing a Designated Safeguarding Lead (DSL) for children and young people, a deputy and a Governing Body Lead for Safeguarding.
- Inter-Agency training is undertaken upon appointment to the role, repeated every 2 years and updated at least **annually**. One of the DSLs is available at all times that the school is open for staff to discuss concern
- A complete safeguarding induction is provided where all staff and volunteers are provided with child protection awareness information at induction, (in their arrival pack), the school safeguarding statement (listing the DSLs) so that they know who to discuss a concern with.
- All other staff have **annual** child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse
- Adopting child protection and safeguarding practices through the procedures and a code of conduct for staff and volunteers (Staff induction handbook).
- Developing and implementing an effective e-safety policy (including sexting) and related procedures. Appropriate filters (SWGfL) and monitoring systems are in place to protect learners from harmful online material
- All staff are trained in and receive regular updates in e-safety and reporting concerns
- Providing effective management for staff and volunteers through support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are made (following all safer recruitment procedures – ensuring at least one person of every recruitment panel has completed their Safer Recruitment Training. This training is updated every 5 years)
- 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 (that teachers are not prohibited from teaching), and a satisfactory DBS check and a central record is kept for audit. We include section 128 prohibition checks to be recorded on the single central record
- We are aware of and adhere to the strengthened requirement for checks on individuals who have lived or worked outside the UK
- We are aware of the need for enhanced DBS checks on governors
- Any checks carried out on volunteers are recorded on the single central record
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, prospectus, website, one-to-one discussions etc
- Using our child protection and safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Using our procedures to manage allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measures in place

- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- All staff understand the mandatory duty to report known cases of female genital mutilation (online FGM training is provided)
- ‘Prevent’ duty guidance for schools and colleges is followed and online training undertaken by all staff (evidence is recorded in personnel files and in main safeguarding file)
- An awareness of the factual note published by the Department for Education about the scope of regulated activity (activities which people on the barred list should not undertake)
- All matters relating to child protection are confidential. The Head teacher/DSLs will disclose any information about a child to other members of staff on a need to know basis only. However, we have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff are 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 Children’s helpdesk on this point.
- The school has procedures for dealing with allegations of abuse against staff and volunteers (Guidance for safer working) 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 member of the Governing Body, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher.
- Child Protection policies and procedures are reviewed annually and the Child Protection policy is available on the school website or on request from the school office.
- 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) and/or through sex and relationship education (SRE). The school is signed up to the PINK curriculum and it is taught across the whole school as the basis of our PSHE curriculum.
- 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.
- Community users organising activities for children are aware of the school’s child protection guidelines and procedures.
- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO¹ for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service

1 LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

(DBS)² for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

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.

Our school will support all children by:

- Offering **Early Help** to all children following the graduated pathway.
- 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.

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.

² Contact the LADO for guidance in any case

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 or parents to be conducted in view of other adults.
- All Staff should be aware of GCC Guidance on Behaviour Issues, and the school's own Behaviour Management policy.
- Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction
- 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 Headteacher³.
- The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)
- If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult with the LADO without notifying the Headteacher first.
- Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Personnel Consultant in making this decision.
- In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice from the LADO.

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:

³ or Chair of Governors in the event of an allegation against the Headteacher

- 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, participation in anti-bullying week, 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.

Responsibilities of the DSL:

- 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. Referrals should be made in writing, following a telephone call using the Multi Agency Referral Form (MARF)
- 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.
- Ensuring that an indication of the existence of the additional file above is marked on the pupil records.
- 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 which has been shared with the parents.
- Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
- Organising child protection induction and update training for all school staff.
- Providing an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)

Monitoring and Evaluation

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

- Governing Body visits to the school
- SMT '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
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaire

Contact Details:

Designated Safeguarding Lead: Mrs Sonia Beames

Deputy Safeguarding Lead: Mrs Helen Dyer

Designated Safeguarding Governor: Mrs Jacque Dent

Appendix one

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, 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

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/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
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 two

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**.