



Child Protection Policy & Procedures

Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

The policy was reviewed and agreed by the Governing Body on

It is due for review on

Signature

Date

Head Teacher

Signature Date

Chair of Governors

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1. INTRODUCTION

At Lady Nafisa School, safeguarding children is of paramount importance. It is a responsibility upon all adults within the school to ensure children are safe at school and protected. Children in our care are an *amanah* (trust) to us and must be given the best environment to grow and learn in.

Safeguarding is defined as

- Protecting children from maltreatment,
- Preventing impairment of health and/or development,
- Ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy and Mobile Phone Usage Policy.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

London Safeguarding Children Board

The school follows the procedures established by the London Safeguarding Children Board; a guide to procedure and practice for all agencies in London working with children and their families.

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.
All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Senior Person to deliver an annual update.
Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person.

Mission Statement

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and

volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.

- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- Include opportunities in the PSHE curriculum (Life Skills lessons and tutorials) for children to develop the skills they need to recognise and stay safe from abuse.
- Contribute to the five outcomes which are key to children's wellbeing: be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic wellbeing.

**Implementation,
Monitoring and Review
of the Child Protection
Policy**

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. STATUTORY FRAMEWORK – WHAT WE MUST DO

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- London Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Working Together to Safeguard Children (DfE 2013)
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)

Working Together to Safeguard Children (DfE 2013) requires all schools to follow the procedures for protecting children from abuse which are established by the London Safeguarding Children Board.

Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the London Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states:

“All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child’s welfare.”

3. THE DESIGNATED SENIOR PERSON

The Designated Senior Person (DSP) for Child Protection in this school is:

NAME: MARYAM SUSAN HURST

A Deputy DSP should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Senior Person for Child Protection in this school is:

NAME: KINZA IZOUKAREN (pending training)

It is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school’s arrangements for safeguarding children within 7 working days of their commencement of work.

- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the HSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Head Teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility. The nominated governor for child protection is:

NAME: DR RIDHWAN SALEEM

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

As a member of staff, if you have any concerns about a child, it is your duty to log your concern in a clear, precise, factual manner and to inform the Designated Senior Person.

Do not delay in recording your concerns – you will forget!

The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see **Appendix 1 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of ‘boundaries’, lack stranger awareness
- Appear wary of adults and display ‘frozen watchfulness’

7. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children’s Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify

- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

10. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (pro-forma kept in the school office)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child

- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

11. CHILD MISSING FROM EDUCATION (CME)

A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. The Head will monitor unauthorised absence, particularly where children go missing on repeated occasions. We follow the DfE legal requirements for schools in respect of recording and reporting of children who leave school without any known destination.

Where a pupil has 10 consecutive school days of unexplained absence and all reasonable steps have been taken by the school to establish their whereabouts without success, the school will make an immediate referral to Council's Children Missing Education (CME) [Sandra Weir Children Missing Education Officer Hounslow Borough](#) sandra.weir@hounslow.gov.uk 020 8583 2768 07854 223 012

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

See separate policy

Contact Details for Hounslow LSCB:

The Civic Centre, Lampton Road, Hounslow, Middlesex, TW3 4DN

Tel: 020 8583 3066

LADO: Lyn Wilson

LSCB Independent Chair: Donald McPhail, dmcpcconsult@aol.com

LSCB Development Officer: Janet Johnson, janet.johnson@hounslow.gov.uk

Head of Safeguarding: Sally Phillips, sally.phillips@hounslow.gov.uk

LSCB Manager: Melissa Neilson-Rai, Melissa.Neilson-Rai@hounslow.gov.uk

APPENDIX 1 - INDICATORS OF HARM

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 the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders

- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, 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. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, 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.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

EMOTIONAL ABUSE

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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

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 the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated 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

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
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

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

APPENDIX 2 - Female Genital Mutilation (FGM)

Definition

The school uses the World Health Organisation definition of FGM:

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

It must be stated clearly that Islamic Law has explicitly prohibited all such kinds of procedures. It is considered a crime in Islamic Law and UK Law to practise FGM.

Guidance

The UK Government has issued advice and guidance on FGM that states:

“FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”
“Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure.

Many girls may not be aware that they may be at risk of undergoing FGM. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.”

We have a large number of Somali and Pakistani students and must be aware of the risk of FGM and be vigilant to prevent it taking place. We must:

1. Provide FGM training for Child Protection leads and disseminated training for all staff dealing with children;
2. Closely monitor attendance to ensure no extended absences
3. Make parents aware of the illegality of FGM
4. Fully inform our students about FGM

Indicators of FGM

- Prolonged absence from school with noticeable behaviour change –especially after a return from holiday;
- Spending long periods of time away from the class during the day;

A child who has undergone FGM should be seen as a child protection issue. Medical assessment and therapeutic services should be considered at the Strategy Meeting.

Indicators that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM -especially if there are elderly women present;
- In conversation a child may talk about FGM;
- A child may express anxiety about a special ceremony;
- The child may talk or have anxieties about forthcoming holidays to their country of origin;

If you suspect a child has had FGM or may be taken away to get it done, speak to the Child Protection Officer immediately.

Record any disclosures made by students and hand over to the Child Protection Officer.

APPENDIX 3: FORCED MARRIAGE

Islam prohibits forced marriages. The prophet (saws) said: "The widow and the divorced woman shall not be married until her order is obtained, and the virgin girl shall not be married until her permission is obtained." (Bukhari, 67:42).

No one, male or female should be forced into a relationship they do not want. Recent statistics show females especially from the sub-continent are the largest recorded group to be compelled into such marriages. (see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412667/FMU_Stats_2014.pdf)

What is Forced Marriage?

There is a clear distinction between a 'forced' marriage and an 'arranged' marriage. In arranging marriages, the families of both spouses take a leading role in arranging the marriage, but the choice whether or not to accept the marriage remains with the prospective spouses.

A 'forced' marriage is a marriage in which one or both spouses do not and/or cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Duress can not be justified on religious or cultural grounds.

Motives Prompting Forced Marriage

Parents who force their children into marriage may often justify their behaviour as protecting the child, building stronger families and preserving cultural or religious traditions. They often do not see anything wrong with their actions, however, forced marriage cannot be justified on religious grounds.

Some parents may also come under significant pressure from their extended family or community to ensure their children marry; some agreements of marriage may have been made when a child is only an infant.

Some key motives which have been identified are:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity, or being lesbian, gay, bisexual or transgender) – particularly the behaviour and sexuality of women
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in what is perceived to be a 'westernised manner'
- Preventing 'unsuitable' relationships e.g. outside the ethnic, cultural, religious or caste group
- Protecting family honour or 'izzat'
- Responding to peer group or financial pressure
- Attempting to strengthen family links
- Achieving financial gain
- Ensuring land, property and wealth remain within the family

- Protecting perceived cultural ideals
- Protecting perceived religious ideals which are misguided
- Ensuring care for a child or adult with special needs when parents or existing carers are unable to fulfill that role
- Assisting claims for UK residence and citizenship
- Long standing family commitments

(Source – FCO, Multi Agency Practice Guidelines: Handling Cases of Forced Marriage)

Forced marriage is a crime. It form of child/ adult/ domestic abuse and has to be treated as such; ignoring the needs of victims should never be an option. Forced marriage cases should always be addressed using all of our existing structures, policies and procedures designed to safeguard children.

Legislation on Forced Marriage

[The Anti-social Behaviour, Crime and Policing Act 2014](#) makes it a criminal offence to force someone to marry This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted
- Details of the new law can be found on the [Legislation website](#)

Forcing someone to marry can result in a sentence of up to 7 years in prison

Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison

If you have a concern about a child, it is your duty to log that concern and inform the DCP.

The DCP will ensure

- Awareness of forced marriage amongst school staff
- Make referrals including, where appropriate, with police, social care services, health and the Forced Marriage Unit.
- Staff understand the importance of sharing information with other agencies at the earliest opportunity.