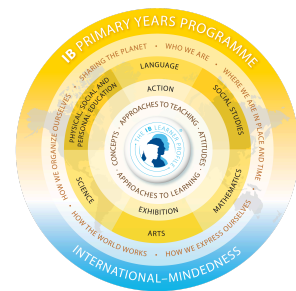
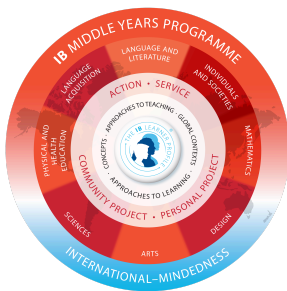




Trondheim International School Child Protection Policy



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THIS Vision

Building Global Citizens

THIS Mission Statements

- THIS is an IB world school that creates independent, knowledgeable and caring individuals.
- THIS fosters lifelong learners in a safe and supportive environment.
- THIS provides academic excellence through a high quality education.
- THIS develops values and skills for the world of tomorrow.
- THIS inspires actions and contributes to the local, national and international communities.

School Values

Trondheim International School has its own set of guiding values: Respect, Care, Share, Learn. All members of the school community are made aware of and expected to uphold these key expectations.

Rationale / Purpose for the Policy

This policy applies to all adults, including volunteers and contractors, working in or on behalf of Trondheim International School (THIS). Child protection and safeguarding describes the actions taken to promote children's welfare and protect them from harm. It means to:

- Protect children from abuse or maltreatment.
- Prevent harm to children's health or development.
- Ensure that children grow up in a safe environment with effective care.
- Take action to support children in any situation.
- Educate children about their rights and how to keep safe.

THIS is committed to safeguarding and promoting the welfare of all students. Each student's welfare is of paramount importance. We are all responsible for creating a safe and positive community and environment. We need to be pro-actively alert to the well-being of the students in our care.

'Safeguarding and promoting the welfare of children is all school employee's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.' (Keeping Children Safe in Education, September 2021)

These aims will be achieved by:

- Developing awareness in all staff of the need for child protection and their responsibilities and competency in identifying children at risk.
- Ensuring that all staff are aware of how to respond to disclosures and of the referral procedures within the school.
- Monitoring any students who have been identified as being 'at risk'.

- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are heard.
- Developing open and effective collaboration between school and home.
- Ensuring that outside agencies e.g. BFT, police are involved where appropriate.

Related School Policies and Plans

The following policies are directly linked to child protection and safeguarding. The school ensures all staff have read and are familiar with the following:

- Code of Conduct
- School Absence Plan
- School Environment Plan
- Inclusion Policy
- ICT Security Procedures and the Staff Guidelines for information safety

Safer Recruitment

Robust recruitment practices aid child protection. At THIS we ensure safer recruitment by:

Staff

- Verifying identity, academic or vocational qualifications and employment history.
- Obtaining at least two references, at least one of which should be from their current employer and both of whom can comment on the applicant's suitability for working with children and young people.
- Requiring successful applicants to provide a Police Clearance Certificate (dated within three months prior to the application date) before their employment commences.
- Ensuring all new employees and volunteers undergo an induction programme.
- Requiring all employees to confirm they have read the school's Child Protection Policy.
- Screening trainee/student teachers and verifying police certificates.
- Maintaining a central and updated record of recruitment checks in the HR system.

Volunteers

All Volunteers are required to provide a Police Clearance Certificate (Politiattest) in order to work with children in an unsupervised capacity.

Contractors

Contractors who have not undergone checks will not be allowed to work with children in an unsupervised capacity.

Safe Practice

Staff

Safe working practice ensures that students are safe and relies on all staff:

- Being responsible for their own actions and behaviour.
- Role modeling positive conduct.
- Reading and understanding the school's policies and documents.

- Discussing and/or taking advice from leadership over any incident which may give rise to concern.
- Being alert to changes in students' behaviour and to signs of abuse and neglect and exploitation.
- Reporting and recording any incidents following the school's procedures.
- Treating all students with respect.
- Building relationships that enable students to disclose safeguarding concerns.
- Encouraging positive, respectful and safe behaviour among students.
- Creating a culture of student voice, choice and agency.
- Involving students as appropriate in decisions that affect them.
- Clearly informing of and signposting support available to students both internally and externally.
- Taking appropriate measures when working alone with a child e.g. keeping the door open.
- Following the school's rules regarding communication and relationships with students, including via social media.
- Applying the use of reasonable force (in order to protect a student from harming themselves or others) and physical intervention only as a last resort and in compliance with Norwegian law.
- Referring all concerns about a student's safety and welfare to the Child Protection Officer (CPO) or, if necessary, directly to the Police or the Municipality's Child Protection Agency (Barneverntjenesten).

Students

Students are enabled to make positive choices in relation their own safety and well-being by:

- Having opportunities to learn about their rights and responsibilities embedded in the curriculum.
- Learning how to identify and manage risk-taking behaviour and make healthy choices e.g. through class time activities and provision from the School Health Services.
- Attending sessions by external providers on specific topics when/if necessary.
- Learning about online safety.
- Being encouraged to speak to a member of staff of their choosing about any worries they may have.
- Having an awareness of the supporting roles within school e.g. contact teacher, subject teacher, Coordinator, CPO, school nurse.
- Being aware of external agencies that can support them e.g. child protection services, police, municipality services, non-profits etc.
- Being informed (as appropriate) of any supportive measures/actions taken on their behalf and why.

Partnership with Parents

THIS is committed to working with parents positively, openly and honestly. Effective home-school collaboration is essential to child protection. We do this by:

- Treating parents with respect and dignity.
- Respecting parents' rights to privacy and confidentiality.
- Setting clear communication guidelines.

- Encouraging parents to discuss any concerns they may have with the relevant member of staff in the first instance.
- Seeking consent ahead of sharing sensitive information unless doing so may place the child at risk of harm.
- Making parents aware of reported concerns relating to their child, unless doing so may place the child at risk of harm.
- Communicating and informing parents effectively and in accordance with the law and/ or agency guidance in cases where we see the need to involve external agencies.
- Making the Child Protection Policy available on the website.

Partnerships with Outside Agencies

The School recognises that it is essential to establish positive and effective working relationships with other agencies and collaborates regularly with:

- Trondheim Municipality School Health Services
- Trondheim Municipality Child and Family Services (Barne- og Familietjenesten) including Child Protection (Barnevernet)
- Trondheim Police Liaison Department

Child Protection and Safeguarding

Child Abuse and Neglect - Reporting Procedures

The following procedures are to be followed by employees in instances where they suspect that a student is at risk of, or may have been abused or neglected by someone in their home, at the School or by others.

1. Employees have a duty of care and a duty to report (Lov om barnevern/ Child Protection Law §13-2) concerns of abuse or neglect concerning a child, to the Child Protection Agency. Duty of care relates to avoiding acts and avoiding omissions where the acts or omissions could result in harm to a child. Duty of care exists in two forms:
 - a. A legal duty of care
 - b. A moral duty of care
2. If there is a suspicion that abuse or neglect has occurred, the employee is obliged to act by reporting this in writing (dated) to the Child Protection Officer (CPO).
3. If the child is at immediate risk - the CPO and/or HoS, will refer the case to The Municipality's Child Protection Agency (Barnevernet) immediately.
4. If the child is not deemed to be at immediate risk, the CPO will instigate an immediate investigation and report to the Head of School.
5. In both instances, a student case file will be created in Visma Sikker Sak.
6. The CPO and HoS will monitor the case closely, ensuring that employees who work with the student have the information they need, while maintaining confidentiality as far as possible.
7. The CPO may consult the School Nurse, Child Protection Agency (Barnevernet) or other external agencies for advice and/or support.
8. Information on the case will be shared on a 'need to know' basis and the appropriate staff will be involved as needed. All information and documentation pertaining to the case must be stored in the relevant file in Visma Sikker Sak.

9. In all cases where the child is under 18 years of age, the parents will be informed if a student has been referred to the CPO except in cases where doing so could place the child at risk. The parents/carers will be invited for a meeting with the CPO, HoS and Contact Teacher to discuss the matter.
10. If the meeting with the parents does not prove to be satisfactory, they should be informed (if it is deemed safe to do so) that the matter will be referred to the Municipality's Child Protection Agency (Barnevernet).
11. If the decision is made not to make a referral at this stage, it may be:
 - Decided that further monitoring is necessary;
 - Decided that it is appropriate to undertake assessments and/or make a referral for other services such as to family support or mental health services.
12. As all employees have a duty to report under Norwegian law, the employee who holds the initial suspicion of a child at risk is responsible for ensuring a concern is submitted to the Child Protection Agency. This can be done as an individual. To best support the child and the employee, the school strongly recommends collaborating with the CPO and the leadership team. Should an employee be dissatisfied with a decision not to submit a concern to the Child Protection Agency, they should submit a concern themselves. Cases can be discussed anonymously with the Child Protection Agency to gather advice and determine whether a concern should be submitted.
13. The Chair of the Board will be informed of open Child Protection/Safeguarding cases as required, by the HoS.

Staff must immediately share:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings, writings or play).
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any concerns that a child is presenting signs or symptoms of abuse or neglect.
- Any significant changes in a child's presentation, including non-attendance.
- Any hint or disclosure of abuse from any person.
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present).

Responding to Disclosure

- Disclosures or information may be received from students, parents or other members of the public. This recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak.
- All staff will handle disclosures with sensitivity. Such information cannot remain confidential and staff will immediately communicate what they have been told to the CPO and make a contemporaneous record.
- Staff should not discuss child protection/safeguarding matters with any colleagues other than those outlined in this policy.
- Staff will not investigate but will, wherever possible, elicit enough information to pass on to the CPO in order that she/he can make an informed decision of what to do next.

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm.
- At the earliest opportunity, explain sensitively to the person that they have a responsibility to refer the information to the CPO.
- Explain that only those who 'need to know' will be informed.
- Clarify the information by repeating back.
- Keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened next?' rather than 'Did x hit you?'
- Avoid showing signs of shock, horror or surprise.
- Avoid expressing feelings or judgements regarding any person alleged to have harmed the child.
- Reassure and support the person as far as possible.
- Explain to the person what will happen next and that they will be involved as appropriate.
- Record a detailed and factual written account of the disclosure including the date of the disclosure.
- Avoid using any opinion or assumption.
- Share the disclosure with the CPO at the earliest possible time.

Support, Advice and Guidance for Staff

- Staff will be supported by the CPO, their line manager and the Leadership Team.
- Training will be provided regularly and at the request of staff.
- Disclosures can have an emotional impact on those receiving them. THIS will support staff with their processing as part of the follow-up of the case, connecting the Occupational Health Services (Bedriftshelsetjenesten) or other instances, as appropriate.

Appendix 1: Child Protection Services - routines and procedures

Contact our local child protection services (Østbyen) here:

Head of department: Lena Borch Abrahamsen

Email: lena.abrahamsen@trondheim.kommune.no

Telephone 91 16 38 58

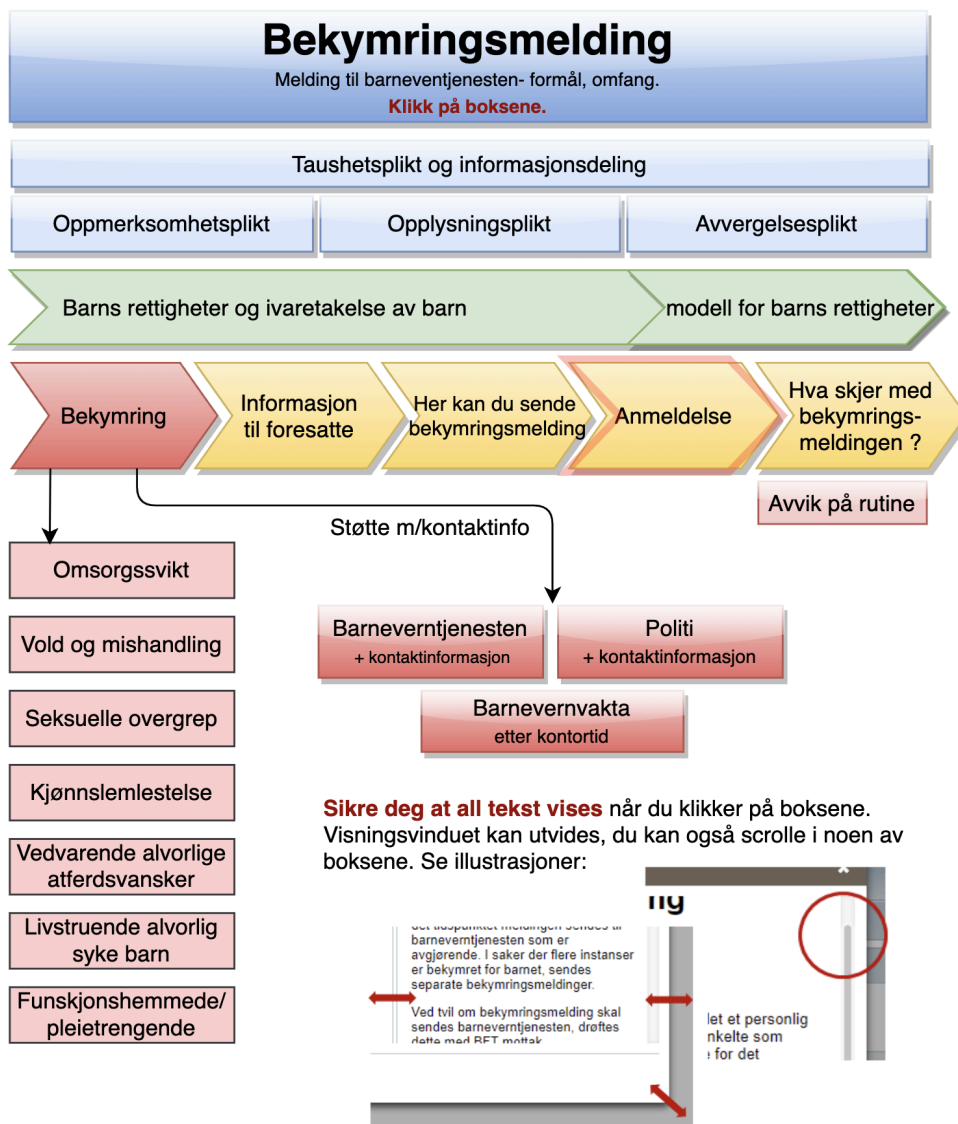
The child protection services phone line is open during regular office hours: 08.00-15.30 on +47 91 11 25 55

Out of hours inquiries are handled by Barnevernvakta:

www.trondheim.kommune.no/barnevernvakta

[Send a concern digitally here](#)

[Access the interactive advice portal pictured below](#)



Forbedringsforslag i forhold til denne rutinen meldes til Fagenhet for oppvekst og utdanning.

Appendix 2: Signs and Symptoms of Abuse and Neglect

It is not always easy to recognise that a child is being hurt or is at risk, so abuse is often undetected. There are indicators (signs, symptoms or clues) that when found, either on their own or in various combinations, can point to possible abuse, neglect or family violence.

Indicators can be:

- Physical – such as bruises or burns and relate to a child's physical condition.
- Behavioural – such as a child cringing or flinching if touched unexpectedly; or a caregiver constantly calling a child derogatory names.
- Behavioural indicators can be displayed by a child or by the alleged abuser.

Indicators do not necessarily prove that a child has been harmed. They alert us that abuse may have occurred and that a child may require help or protection. The presence of indicators suggests when the employee should begin asking questions and seeking help.

Employees must keep in mind that some of these behaviours may occur during times of stress from life events that do not involve abuse, such as: accidental injury; the arrival of a new sibling; divorce; bereavement; problems at school or other anxiety-inducing or traumatic events.

Signs and Symptoms of Physical Child Abuse

Some examples of physical indicators of abuse are:

Unexplained bruises, welts, cuts, abrasions

- Suspicious locations include: face, lips, gums, mouth, eyes, torso, back, buttocks, back of legs, external genitalia.
- Shapes of suspicious injuries include: clustered, forming regular patterns, teeth marks, hand-print, fingertips, a recognizable imprint left by a belt or other item.

Unexplained burns

- Small circular burns particularly on soles of feet, palms of hands, buttocks
- Immersion burns i.e. part of the body had been placed in hot water
- Burns showing a distinct pattern or outline where the child has been held against a hot object i.e. an iron, stove
- Rope burns on arms, neck, legs, torso

Unexplained fractures or dislocations

- Skull, facial bones, spinal fractures, dislocations (particularly of hip or shoulders)
- Multiple fractures at different stages of healing
- Fractures in very young children (i.e. those who are not walking)
- Bald patches on scalp resulting from hair pulling

Changes in a Child's Behaviour that could indicate physical abuse:

- Cannot recall how the injuries occurred or gives inconsistent explanations
- Is wary of adults or of a particular individual
- May cringe or flinch if touched unexpectedly
- May display a vacant stare, or frozen watchfulness
- May be extremely aggressive or extremely withdrawn
- Displays indiscriminate affection-seeking behaviour
- May be compliant or eager to please
- Tries to take care of, or protect the parents or caregiver

- When at play, imitates negative behaviour or language e.g. smacks or yells at a doll
- Frequently behaves in a way that provokes punishment
- Is dressed inappropriately to hide bruises or other injuries
- Runs away from home, or is afraid to go home
- Describes abusive situations
- May regress e.g. bed-wetting
- May indicate a general sadness. May show this in drawing and play.
- Is violent to animals or other children

Changes in an Adult's Behaviour that could indicate physical abuse:

- May be vague about the details of the cause of injury and the account of the injury may change from time to time
- May appear unconcerned about child's well-being
- May blame the accident on a sibling, friend, relative or the injured child
- May provide an explanation which is not believable given the child's age, or the nature of the child's injuries
- If more than one parent or caregiver claims to have been present at the accident or time of injury, there may be disagreement as to how it happened
- May state the child is prone to injuries, or always lies about how injuries occur
- May delay in seeking medical attention for a child
- Shakes an infant
- Threats or attempts to injure the child
- Is aggressive or violent towards other family members
- Is aggressive towards a child in front of others

Signs and Symptoms of Emotional Child Abuse

There may be physical indicators that a child is being emotionally abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhoea
- Appears pale, emaciated, has 'sunken cheeks'
- Body fat ratio is extremely low
- Skin may feel like parchment or paper resulting from dehydration
- Has not attained significant developmental milestones within the child's age range
- Dressed differently from other children in the family
- Has deprived physical living conditions compared with other children in the family
- Child suffers from a condition called non-organic failure to thrive. This occurs when the child (infant or very young child) falls behind in weight, height and development with no medical explanation - this may also be the result of neglect.

Changes in a Child's Behaviour that could indicate emotional abuse:

- Suffers from severe developmental lags (speech, motor, sensory)
- Severe symptoms of depression, anxiety, withdrawal or aggression
- Severe symptoms of self-destructive behaviour – self harming, suicide attempts, engaging in drug or alcohol abuse
- Overly compliant; too well-mannered; too neat and clean
- Displays extreme attention-seeking behaviours or displays extreme inhibition in play

- When at play, behaviour may model or copy negative behaviour and language used at home (e.g. smacking or yelling at a doll)
- Recurring physical complaints without medical cause (e.g. abdominal pain, headaches, sore throat, nausea etc.)
- Runs away from home
- Nightmares, poor sleeping patterns
- Antisocial behaviours. May not cope well in social settings
- Lack of self-esteem
- Obsessive behaviours
- Developing psychotic symptoms
- Appears generally as a 'sad child'
- Initiates that they have witnessed family violence or violence is occurring in their home

Changes in an Adult's Behaviour that could indicate emotional abuse:

- Constantly calls the child names, labels the child or publicly humiliates the child
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one
- Has unrealistic expectations of the child
- Treats the child differently from siblings or peers
- Actively refuses to help the child, or acknowledge the child's request for help
- Locks the child in a closet or room for extended periods of time
- Refuses to allow interactions or relationships with peers or adults outside of the family
- Teaches or reinforces criminal behaviour
- Withholds physical and verbal affection from the child and ignores the child's attempts to interact
- Involves the child in "adult issues", such as separation or access issues
- Keeps the child at home in a role of subservient or surrogate parent

Signs and Symptoms of Child Sexual Abuse

[The Norwegian Directorate for Children, Youth and Family Affairs'](#) (Bufdir) [advice on how to identify the signs and symptoms of Child Sexual Abuse](#)

The following are possible signs of sexual abuse in children's behaviours. It needs to be noted that an individual sign/indicator does not mean that a child is being abused: but the presence of several signs/indicators means that employees will begin asking questions and seeking help.

Behaviour one may see in a child or adolescent experiencing sexual abuse include (but are not limited to):

- Bizarre, sophisticated or unusual sexual knowledge
- Age-inappropriate, sexually explicit drawings or descriptions
- States that they have been abused, or describes activities which are sexually abusive, or hints about such activities
- Has nightmares or other sleep problems without an explanation
- Seems distracted or distant at odd times
- Has a sudden change in eating habits
 - Refuses to eat

- Loses or drastically increases appetite
- Has trouble swallowing.
- Sudden mood swings: rage, fear, insecurity or withdrawal
- Leaves “clues” that seem likely to provoke a discussion about sexual issues
- Writes, draws, plays or dreams of sexual or frightening images
- Refuses to talk about a secret shared with an adult or older child
- Develops new or unusual fear of certain people or places
- Refuses to go home, or to home of relative or friend for no apparent reason
- Talks about a new older friend
- Suddenly has money, toys or other gifts without reason
- Thinks of self or body as repulsive, dirty or bad

Signs more typical of sexual abuse in younger children:

- Age-inappropriate sexual play with toys, self, others e.g. demonstration of explicit sexual acts
- Comments such as “I’ve got a secret”, or “I don’t like Uncle ...”
- Regression to an earlier stage of play or development
- Has new words for private body parts
- Resists removing clothes when appropriate times (bath, bed, toileting, diapering)
- Fire-lighting, particularly by boys

Signs more typical of sexual abuse in adolescents:

- Self-injury (cutting, burning)
- Inadequate personal hygiene
- Recurring physical complaints without physiological basis (abdominal pain, headaches, sore throats, nausea etc.)
- Drug and alcohol abuse
- Sexual promiscuity
- Running away from home
- Depression, withdrawal, anxiety
- Suicide attempts
- Fear of intimacy or closeness
- Compulsive eating or dieting
- Compulsive behaviours (e.g. hand-washing)
- Sudden and pervasive interest in sex
- Acts out or behaves aggressively
- Tries to make self as unattractive as possible
- Sexualized behaviour with younger children e.g. inappropriate touching, games with sexual overtones

Physical warning signs of sexual abuse

Physical signs of sexual abuse are rare. If an employee sees these signs, then the child needs to be seen by a doctor. The employee must contact the Child Protection Officer and their School Principal immediately.

- Unusual or excessive itching, or pain in the genital or anal area
- Torn, stained, or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or stools

- Pain experienced in urination or elimination
- Sexually transmitted disease
- Wetting and soiling accidents unrelated to toilet training
- Pregnancy

There may be indicators in adult behaviour that could indicate sexual abuse. Some examples of this are:

- May be unusually over-protective of the child
- Is jealous of the child's relationship with peers or other adults, or is controlling of the child
- Discourages the child from unsupervised contact with peers
- Accuses the child of being sexually provocative
- Misuses alcohol or drugs
- Invades the child's privacy e.g. during dressing, when in the bathroom etc.
- Demonstrates physical contact or affection to the child which appears sexual in nature, or has sexual overtones
- Displays an inappropriate relationship with the child. For example, treats the child as a 'partner' or 'girlfriend'
- May favour the victim over other children
- Uses the internet, text messages and social media to initiate conversations of a sexual nature with children and/or young people

Signs and Symptoms of Neglect

There may be physical indicators that a child is being neglected. Some examples of this are:

- Inappropriate dress for the weather which could result in recurrent colds, pneumonia, sunburn, frostbite etc.
- Is often extremely dirty or unbathed (not to be confused with the healthy dirtiness of an active child)
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished - may be undersized, have low weight, sallow complexion, lack of body tone
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene
- May be left in the care of an inappropriate caregiver e.g. one that is too young or too old to care for and protect the child
- Does not receive adequate medical or dental care and has unattended dental problems
- Lacks adequate shelter - lives in housing that is unsafe, unheated, or is unsanitary
- Child suffers from a condition called non-organic failure to thrive. This occurs when the child (infant or very young child) falls behind in weight, height and development with no medical explanation - this may also be the result of emotional abuse.

There may also be indicators in a child's behaviour that could indicate neglect. Some examples of this are:

- Suffers from severe developmental lags (speech, motor, sensory) without an obvious physical cause. Children may exhibit global delays
- Demonstrates lack of attachment to parents
- Demonstrates indiscriminate attachment to other adults

- Demonstrates severe lack of attachment to other adults
- Has poor school attendance or school performance
- Has poor social skills
- May steal food
- Is very demanding of affection or attention
- Has no understanding of basic hygiene
- Has frequent unsupervised absences from home, or is left at home alone or unsupervised
- Engages in delinquent acts, or abuses alcohol or drugs
- Discloses that parents are absent, or basic needs are not being met

There may be indicators in adult behaviour that could indicate neglect. Some examples of this are:

- Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care
- Does not provide routine supervision for the child. Is frequently unaware of and has no concern for the child's whereabouts or activities
- Fails to enroll a child in school or permits truancy, or fails to provide for the special educational needs of the child
- Leaves the child alone, unattended or fails to adequately supervise the child, or abandons the child
- Demonstrates little or no involvement in the child's life - does not attend recreation events, school activities etc.
- Is overwhelmed with own problems and puts own needs ahead of the child's needs
- Drug and alcohol abuse

Appendix 3: Child on child sexual violence and sexual harassment

Definition: Sexual violence and sexual harassment can occur between two children of any age and sex, from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable.

Sexual violence:

- Rape
- Assault by penetration
- Sexual assault
- Causing someone to engage in sexual activity without consent

Sexual harassment:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- Sexual “jokes” or taunting
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - Consensual and non-consensual sharing of nude and semi-nude images and/or videos
 - Sharing of unwanted explicit content
 - Upskirting
 - Sexualised online bullying
 - Unwanted sexual comments and messages, including, on social media
- Sexual exploitation; coercion and threats

This list is not exhaustive.

Appendix 4: Radicalism and Extremism

Protecting children from the risk of radicalisation is part of the school's wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Even very young children have been exposed, in rare circumstances, to extremism at home and elsewhere, including online.

During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. The school is committed to preventing students from being radicalised and drawn into any form of extremism or terrorism. The school promotes the values of democracy, the rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs. Students are provided with opportunities to discuss and debate issues of religion, ethnicity and culture.

The school recognises the importance of providing a safe space for children to discuss controversial issues, and building their resilience and the critical thinking skills they need in order to challenge extremist perspectives.

The school expects all staff, volunteers, board members, visiting professionals, contractors and individuals or agencies that hire school premises, to behave in accordance with the school's Code of Conduct, will challenge the expression and/or promotion of extremist views and ideas by any adult on school premises or at school events and, when necessary, will make appropriate referrals in respect of any such adult.

Appendix 5: Female Genital Mutilation (FGM)

Girls living in communities that practise FGM are most at risk. It can happen in Norway or abroad.

Girls and women from certain communities have been identified as being more at risk:

Somali
Kenyan
Ethiopian
Sierra Leonean
Sudanese
Egyptian
Nigerian
Eritrean
Yemeni
Kurdish
Indonesian

Children are also at a higher risk of FGM if it has already happened to their mother, sister or another member of their family.

Signs that FGM might happen:

- A relative or someone known as a cutter visiting from abroad
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'
- A female relative has undergone FGM
- A family arrange a long holiday abroad
- A girl has unexpected and/or lengthy absence from school
- A girl struggles to keep up in school
- A girl runs away or plans to run away from home

Signs that FGM might have taken place:

- Having trouble walking, standing or sitting
- Spending longer in the bathroom or toilet
- Appearing anxious or depressed
- Acting differently after an absence from school
- Reluctance to go to the doctor or have routine medical examinations
- Asking for help although they may not be explicit about the problem due to fear or embarrassment