



# CHILD PROTECTION POLICY

Company Name: Tender Years Nursery Ltd  
Setting Name: Little Jems Childcare Services  
Policy Date: 16<sup>th</sup> June 2023 Next Review Date: 14<sup>th</sup> June 2024

## Part A: Purpose

Little Jems Childcare Services considers it the duty of staff and volunteers to protect children and young people who they meet from abuse. The Governing Body will work closely with staff to ensure effective implementation of this Child Protection Policy and Procedures, thus ensuring the safety of children. This is part of our Safeguarding children procedure.

## Definitions

Child Protection is defined as: ‘Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.’ Working Together to Safeguard Children 2018

We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002.

‘Working Together to Safeguard Children’ (2018) recognises 4 categories of abuse: Physical Abuse. Sexual Abuse. Emotional Abuse. Neglect.

Abuse can be defined as:

(i) 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, Fabricated and Induced Illness Syndrome (FIIS). Physical abuse also includes Female Genital Mutilation (FGM) – see (ii) Sexual Abuse Includes forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse need not necessarily involve a high level of violence, nor is solely perpetrated by adult males. Sexual abuse Includes grooming by the Internet.

(iii) Emotional Abuse; The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It involves conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious bullying (includes cyber bullying); seeing or hearing the ill treatment of another person, not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate.

(iv) Neglect; The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter, and clothing; or neglect of, or unresponsiveness to, a child's basic emotional needs. Includes the impact on the unborn child of maternal substance abuse and failure to ensure adequate supervision including the use of inadequate caregivers.



**How to recognise child abuse** – Signs and Symptoms Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse.

Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child in our care. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff at the School and Children's Centre keep an open mind and consider what they know about the child and the child's circumstances.

Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

#### **(i) Physical Abuse**

Unexplained recurrent injuries or burns, Improbable excuses, or refusal to explain injuries. Wearing clothes to cover injuries, even in hot weather. Refusal to undress for appropriate activities e.g. changing wet clothes, Bald patches, Chronic running away Fear of medical help or examination . Self-destructive tendencies. Aggression towards others. Fear of physical contact – shrinking back if touched. Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen'. Fear of suspected abuser being contacted Bruising in a baby who has no independent mobility is very uncommon and it may be an indicator of physical abuse.



## (ii) **Sexual Abuse**

Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age. Medical problems such as chronic itching, pain in the genital, venereal diseases. Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia Personality changes such as becoming insecure or clinging

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys - Sudden loss of appetite or compulsive eating - Being isolated or withdrawn - Inability to concentrate - Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder - Starting to wet again, day or night/nightmares - Become worried about clothing being removed - Suddenly drawing sexually explicit pictures - Trying to be 'ultra-good' or perfect; overreacting to criticism

## (iii) **Emotional Abuse**

Physical, mental, and emotional development lags. Sudden speech disorders. Continual self-depreciation (I'm stupid, ugly etc.) Overreaction to mistakes. Extreme fear of new situations- Inappropriate response to pain ('I deserve this') Neurotic behaviour (rocking, hair twisting, self-mutilation) Extremes of passivity or aggression

## (iv) **Neglect**

Constant hunger, Poor personal hygiene, Constant tiredness, Poor state of clothing, Emaciation, Untreated medical problems, No social relationships, Compulsive scavenging, Destructive tendencies

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening



from everyone.

Staff need to be sensitive to signs of abuse, particularly in children with limited or non-verbal communication. Statistically disabled children and children with behavioural difficulties are more vulnerable to significant harm. Staff should be especially vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.

The quality of relationships staff develop with children is vital in helping to understand unexplained changes in behaviour and /or personality. Small as well as more obvious unexplained changes may indicate a cause for concern. Staff should be made aware of any children who have a social worker and be extra vigilant. Children with a Child Protection Plan who have two days of two consecutive absences without a satisfactory explanation need to report this to the safeguarding lead.

## **Part B**

### **Allegations against a member of staff, volunteer, or students**

Staff, volunteers, or students may also be subject to allegations of abusing children. While support will be offered, the staff and management will ensure that the investigating agency concerned is given all assistance in pursuing any investigation. The Little Jems Childcare Services Disciplinary Procedure may be implemented.

The following signs and symptoms may mean that staff, volunteers, or students are involved in abuse:

- Paying an excessive amount of attention to a child or groups of children.
- Providing presents, money or having favourites.
- Seeking out vulnerable children, e.g.: disabled children.



- Trying to spend time alone with a particular child or group of children on a regular basis.
- Making inappropriate sexual comments.
- Sharing inappropriate images.
- Being vague about where they have worked or when they have been employed. Encouraging secretiveness

If it appears that a member of staff, volunteer or student has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may have indicated that he or she is unsuitable to work with children, then the following procedures must be followed:

Concerns must be recorded and reported to the safeguarding lead. They will then take steps to ensure that during the remainder of the working day that the person concerned is not left in sole charge of the children or any child.

At the earliest opportunity, the Designated Safeguarding Person should contact The Royal Bexley Local Authority Designated Officer (LADO) to ask for advice and how to proceed and to give details of concern. The Designated Person may make contact directly with the Royal Bexley Designated Officer or the LADO, as appropriate, unless that is the person about whom there is an allegation. If this is the case, concerns should be reported to an alternative senior manager. The safeguarding lead should make a signed and dated written record of their concerns, observations or the information they have received to pass on to the Designated Senior Officer and maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols.



The setting should then follow the LADO's advice on how to deal with allegations against staff.

OFSTED should be informed of any allegations of abuse against a member of staff or volunteer, or any abuse that is alleged to have taken place on the premises or during a visiting or outing. While support should be offered to the involved, the staff and management will ensure that the agencies concerned are given all assistance in pursuing any investigation.

If it appears that the management staff responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the Royal Bexley Designated Officer or the LADO directly.

If appropriate, Social Services and/or the Police will be informed by the LADO. Relevant evidence and information will be given by the Nursery and Centre if required. Proven allegations may be deemed as gross professional misconduct and **Safeguarding Disciplinary Procedures** could lead to immediate termination of employment.

Little Jems Childcare Services will fully support all members of staff, student, or volunteer in following this procedure following an allegation or investigation. While support will be offered to the person where an allegation has been made, the Leadership Team will ensure that the agencies concerned are given all assistance in pursuing any investigation.

Designated Senior Officer for Early Years: Sharon Pearson Tel: 02089213930

Sharon.pearson@royalBexley.gov.uk



Local Authority Designated Officer (LADO) for Royal Bexley is: Winsome Collins

Tel: 02089213930 Email- [childrens-LADO@royalBexley.gov.uk](mailto:childrens-LADO@royalBexley.gov.uk)

**Confidentiality** and appropriate disclosure of information Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and confidential between those concerned. Access will be limited to the appropriate staff, management, and relevant agencies. In the event of an investigation, it is essential that no information on Child Protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation. Parents/carers have the right to see any records kept on their child. This might not always be possible and should not put the child or staff at risk. It is very important that only those who need to know, know, to avoid rumour and gossip that could affect the child, parents/carers, and the setting.

### **Dealing with an Emergency**

In some instances, staff or volunteers may be the first people to recognise that the child may need immediate attention resulting from child abuse. This may need to be your first action. Depending on the circumstances you may need to:

- Telephone for an ambulance or the police (dial 999) - Ask a doctor to call; -
- Ask the parent to take the child to the doctor or the hospital at once.

It is important to remember that the child is the legal responsibility of the



parents/carers, and that person (identified on child's membership forms) must be involved in the matter as soon as practicable, and **IF IT IS BELIEVED THAT DOING SO PUTS THE CHILD AT NO FURTHER RISK.**

Having taken the necessary emergency action, any suspected abuse must be reported to the safeguarding lead as soon as practicable. If the abuse implicates the Manager, the concerns should be discussed with the next tier of line management - the Proprietor –Joy Abbe is responsible for Child Protection. If necessary, report the disclosure yourself to the LADO and OFSTED.

A record of an account of the emergency must be written retrospectively when it is possible to do so.

#### **4.5 What to do if abuse is disclosed**

When a child discloses abuse, the member of staff should take the following action: - Stay calm. - Listen to what the child / young person is saying. - Reassure them that they have done the right thing by telling you. Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people. - Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies. Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape, and colour. - Record as soon as possible and use the actual words used by the child.

Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely. Do



not interrogate the child or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child / young person to repeat what they have told you, for another worker or manager. Discuss your concerns with the safeguarding lead. If the allegations implicate the manager, the concerns should be discussed with the next tier of line management – the next named Designated Safeguarding staff member responsible for Child Protection. If necessary, report the disclosure yourself to the LADO and OFSTED. The person to whom the disclosure was made should ensure that the child's parent who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect.

There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

4.6 Recording -Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time, and location.

Records should be clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded.

Your records should cover these basic facts: What you saw: when and where



(this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)

What you said: when, where and who to, What was said to you: when, where and who by, What you thought and why you thought it, What you did; and, Any other relevant information

Find out (if possible) if there have been any previous concerns. It is important to compile an up-to-date case record of important events (a chronology) and to monitor (and record if appropriate) the child's behaviour for as long as necessary.

All handwritten records will be retained, even if they are subsequently typed up in a more formal report.

Written records of concerns about children should be kept, even when there is no need to make a referral immediately. All records must be seen by the child protection lead before being filed.

All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis.

Parents/carers must submit a written request to access their child's file/records.

**4.7 Reporting -Abuse** It is appropriate to seek support from the Child Protection lead of the organisation, as to how to deal with situations and confirm appropriate action to take. Any member of staff or volunteer receiving disclosure of abuse or noticing possible abuse must therefore report their concerns to the safeguarding lead. If the abuse implicates the Designated Person or manager, the concerns should be discussed with the next tier of line



management - the Governor responsible for Safeguarding and Child Protection.

If necessary, staff should report the disclosure themselves to the LADO and OFSTED.

Staff should discuss the appropriate action to be taken with the safeguarding lead. The discussion should explore any known reasons/factors which may have caused a change in the child's behaviour (i.e., change in the family set-up, death of a family member etc), or other factors surrounding the direct disclosure (if relevant).

The safeguarding lead may need: Accurate factual description of the child's behaviour and/or appearance without comment or interpretation. Body maps – if recording marks/bruises that have been noticed. Two people need to view marks/bruises, then agree and sign these maps. Annotate the maps with brief descriptions, positioning and sizes. Exact words spoken by parent/carer if asked to explain child's behaviour/appearance. Any observation must be objective and factual, and disclosures offered by the child listened to and recorded without verbal or physical intervention or assumptions and judgements made by staff members.

**Possible options for action could be:**

A. Carry on recording incidents and take no further action at the present time.

If it is decided that a referral should not be made, it is important to monitor the child's behaviour closely and carefully record any concerns. Concerns may also be discussed with Safeguarding Duty Desk Officer or with other agencies as appropriate.

B. Discuss with parents/carers

The child's parents/carers should be seen at the earliest opportunity to ascertain



if there is a known reason for a change in behaviour (e.g., a change in family make-up, death of family member, pet). Staff should remember that if abuse is taking place, it is often not the parents/carers but other family members or friends who are causing it. Parents/carers are often the last to know. Staff should aim to ask the parents/carers for an explanation in most cases.

Staff need take no further action in terms of referring unless the discussion throws up more concerns. They do need to record the discussion, including why they are not referring further.

If staff have concerns that either the child or the parent/carer needs more support, but concerns do not reach Child Protection thresholds, they must decide to provide the parent/carers with extra support and inform them they are doing so. If necessary, Early Help (see 3. Early Help) can be sought.

If, after discussion with the parents/carers, staff feel that the child needs Child Protection, the following options can be pursued.

C. Inform parents/carers that you will be referring to MASH (Multi-Agency Safeguarding Hub) or Social Care if they already have a social worker, because you believe the child to be at risk **IF STAFF BELIEVE DOING SO PUTS THE CHILD OR THEM AT NO FURTHER RISK**. Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) to MASH (or Social Care if they already have a social worker) can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to



make the parents/carers understand that there is a Safeguarding Policy in place which must be followed. Tell the parent/carer that the Safeguarding Policy is designed to provide protection for children and help for parents.

D. Discuss with the Duty Social Worker (or Social Care if they already have a social worker), without informing the parent/carers, IF STAFF BELIEVE DISCUSSING WITH A PARENT/CARER WILL PUT A CHILD OR THEM AT FURTHER RISK.

Staff may also contact the Duty Social Worker and discuss the family without giving contact details of the family. This is called an ‘Anonymized Referral’. Any member of staff or volunteer can contact refer to an outside agency to discuss any concerns they have and seek guidance before reporting any Child Protection issues. They will be required to identify themselves as professionals. During a call, you may be asked to supply identifying information of the family to keep a child safe.

E. Contact the Emergency Services

Staff may feel, after discussion, at this stage it is appropriate to contact the emergency services.

Whatever the course of action decided upon on reporting a concern, staff must record the details of the meeting and any action agreed.

**Referring;** Referral means sharing information about concerns with outside agencies. If staff are concerned about the welfare of the child, information must be passed on to the appropriate agency. It is important to remember that if you report concerns, you are not reporting the parents/carers – you are reporting to protect the welfare of the child. A child can be referred to MASH, (Multi-Agency Safeguarding Hub) or the emergency services, or to other services.



Inform parents/carers that you are going to report your concerns (see 4.7 Reporting above). This might not always be possible and should not put the child or yourself at risk. When you report an incident, agencies will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why.

If the child has an allocated Social Worker (the details of which will be recorded on the child's membership form) the suspected abuse/information should be directed to them.

Where the referral focuses on disability issues, the Disabled Children Duty Social Worker should be contacted.

If the child is placed for adoption, all enquiries or new information should be directed to the child's allocated Social Worker and, in their absence, if the matter is urgent, to the Duty Social Worker for their team. The procedure for managing allegations against foster carers applies in full.

Early Help Team should be telephoned on the same day staff have the concern on 02089214590. Staff should have the following details to hand:

Name and job title of the staff member, and reasons for the call. Name, date of birth, address of nursery and children's centre, language spoken, any disability, present whereabouts, siblings of child. Name, address, phone number and present whereabouts of parents/carers.

All available information about the incident or situation, which has led to the concern: whether it is emotional/physical/sexual abuse or neglect, or any combination of these.

Details of any account given by the child or any other persons. Details of the family GP, or any other professionals known to be working with the family,



such as a Social Worker, Physiotherapist or Health Visitor. Details of any members of the child's extended family or community who are significant to the child. Details of any other person known to be living in or a regular visitor to the child's home.

Information about any previous incidents or causes for concern that are relevant to this referral. Any discussion about the concerns with the parent/carers, if appropriate. Any discussion with the child, if appropriate. The explanation or comment the child or his/her parent/carer may have made. If staff haven't discussed with parents/carers, why not? Who else has concerns? How long the concerns have been going on. What staff think could be happening to the child. What action has been taken already, and why it hasn't worked. Any other information. Staff should make a note of who they spoke to, and date and time.

Royal Bexley Children's Services should use the answers to help them fill in a 'Request for Help' form. They should formally acknowledge the referral within 1 working day and let you know what they have decided to do as a result. If you have not heard anything after 3 working days, take the referral to a higher authority within the MASH Team and tell the social worker what you are doing.

Out of hours referrals should be made to the Emergency Duty Team on 02088548888

It may be appropriate to contact the Police directly.

**Support to Staff, volunteers, or students** - As a result of dealing with disclosure or reporting your concerns, you may feel angry or upset. It is important that you can work this through. The management fully support all members of staff in following this procedure and if you wish, you should talk to the Designated Person responsible for Safeguarding and Child Protection. In addition, any of the appropriate agencies listed (below Appendix A. Key



contacts) will be able to provide support.

## **Domestic Abuse (DA)**

Domestic Abuse (DA) is the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional, financial, or psychological. Both men and women can be abused or abusers. It occurs in all groups and sections of society and may be experienced differently to, and compounded by racism, sexuality, disability, age, religion, culture, or class. The current government definition describes Domestic Abuse (AB) as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.’

Source: Home Office, Domestic Violence: A National Report, 18/9/12.

Staff may be working with children experiencing violence at home. Children experiencing abuse may be affected in several different ways. Staff will need to treat them sensitively, record their concerns and consider informing

Safeguarding Duty Desk

We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DA on them. Children are always affected by living or witnessing DA. It is estimated that 90% of children are in the same or next room when the abuse occurs. Children may:

- Witness the outcome after the event, by seeing or hearing the violence.
- Be used by the perpetrator to intimidate/blackmail the victim.
- Think that they have triggered the violence.
- Be affected by the physical and emotional effects on the victim.
- Get drawn into violence towards the victim.
- Be physically, emotionally or sexually abused or neglected.



We are committed to taking positive action against DA and to actively support victims and protect children. Staff will be trained in DA and Hidden Harm (the effect of DA on children), and one member of staff will be appointed a DA link for the setting.

We will create an environment that raises awareness of DA and communicates to all parents/carers that it is a safe place to ask for help. Public information posters, leaflets, and stickers on DA, with key telephone numbers and the name of the link contact staff member, will be displayed in communal areas, toilets, and other places.

Staff should be able to recognise the signs of DA, which include:

Victim tries to hide injuries, or minimises their extent or cause, appears frightened, overly anxious or depressed and/or is submissive or afraid to speak in front of the partner. Partner always attends unnecessarily and may refuse to leave, and/or may be aggressive or dominant. Children showing the signs and symptoms of physical, emotional, sexual abuse and/or neglect.

If they suspect DA, staff should take the initiative to ask direct open-ended questions to suspected victims and not assume someone else will ask about it. They should not expect there will be a hostile response, as victims say they were glad when someone asked them about their relationships. Staff must always be guided by the need to keep a victim and their children safe, and the fact that everyone who is being abused by someone close to them is the subject of a crime.

Staff should never ask about DA when anybody else is present; this includes partners, children, and other family members. The only exception is when they may need to have a professional interpreter or colleague present. Children or other family members should never be used as interpreters. When using a



professional interpreter, staff should check that the specific person is acceptable to the client. Staff should never accept culture or religion as an excuse for DA.

Staff should think of the DVA conversation as the start of the process, not a one-off event, as not all victims are going to open up the first time, they realise that staff think they are being abused. A victim might deny or play down DA as part of a coping mechanism. Staff should ask questions in a sensitive supporting manner. It's important to take time to put a victim at ease before asking direct questions.

Staff should be supportive and express concern, and not accuse or patronize. If they think a victim's injury is inconsistent with their explanation, they should say why they are concerned. Staff should be aware that even if someone is being abused, they may deny it. They should accept 'no' as an answer and continue to be supportive, and discreetly offer a DA card or leaflet with helpline numbers. They should be prepared to ask again in the future.

The conversation should be recorded and reported to the safeguarding lead. If they have serious concerns about a victim's situation, they should refer the case to the MASH (Multi-Agency Safeguarding Hub). If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

To email the MASH (OUT of Hours): [children-out-of-hours@royalBexley.gov.uk](mailto:children-out-of-hours@royalBexley.gov.uk)

**FGM Female Genital Mutilation (FGM)** is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. FGM is



defined by the World Health Organisation as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”. FGM has no health benefits for girls and women and procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth.

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. It was made illegal to practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether it is lawful in that country; and aid, abet, counsel, or procure the carrying out of FGM abroad.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first pregnancy. However, in most cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk.

In our Local Community Royal Borough of Bexley, we have several affected communities that come from areas where FGM is practiced, these include Somalia, Sudan, South Sudan, Eritrea and Gambia, this is not an exhaustive list but highlights the affected communities that have been working with professionals in Bristol to eradicate FGM and raise awareness of the health risk to those who have had FGM or may be considering it.

The sign that children may be at risk of FGM are as follows: Child is female, from a culture where FGM is practised, and parents request an extended summer holiday to the country of origin.

If staff are concerned that a child is at risk of FGM, they must tell the safeguarding lead. The safeguarding lead must request to meet parents in



private and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. If the safeguarding lead is dissatisfied with their response and has real concerns that FGM may be imminent, they should refer the matter to Safeguarding Duty Desk or to the Police. The parents should be told about the referral only if it is felt that it will not bring further risk to the child.

### **Child Sexual Exploitation (CSE)**

Child sexual exploitation is where a young person (or a third person or persons) receives “something” (food, gifts, money, affection) because of them performing, and /or another or others performing on them, sexual activities. Risk indicators include Disclosure of older boyfriends. Gang affiliation, Receiving gifts/drugs/money. Missing and truanting, Coercive relationships. Trafficking Chatting to strangers online. Found in risky locations

If a member of staff feels any children, older siblings or young parents are at risk of CSE then child protection procedures should be followed, and a referral made to Duty Desk.

### **The Prevent Duty**

We have a duty to keep children safe from the dangers of radicalisation and extremism. The EYFS focuses on children’s personal, social and emotional development and supports children in age-appropriate ways to learn right from wrong, mix, and share with other children and value others views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes. Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff should receive prevent awareness training.



## **Communicating Child protection with Children**

We introduce key elements of child protection in our curriculum programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop understanding of why and how to keep safe.

### **Useful Contact Details.**

#### **The LADO in Bexley is:**

Sharon Ackbersingh

Lado and Safer Organisation Advisor

Bexley Council

Civic Offices

2 Watling Street

Bexleyheath

Kent DA6 7AT

### **Useful Telephone numbers & Emails**

<b>LADO Team</b>	<b>02030453436</b>
<b>Business Support</b>	<b>02030455645</b>
<b>MASH</b>	<b>02030455440</b>



<b>Email:</b>	<a href="mailto:LADO@bexley.gov.uk"><u>LADO@bexley.gov.uk</u></a>
<b>Email:</b>	<a href="mailto:Childrens.triageteam@bexley.cjsm.net"><u>Childrens.triageteam@bexley.cjsm.net</u></a>

**Additional information:**

If you are unable to contact the LADO Business support, or LADO directly, please call through to the MASH. The social worker on duty will be able to give you advice or will forward a message to the LADO. Alternatively, please email [LADO@bexley.gov.uk](mailto:LADO@bexley.gov.uk) and they will endeavour to respond.

Policy updated 06/07/2022

This Policy will be reviewed annually.