



Safeguarding and Child Protection Policy and Procedures

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1. Introduction

This policy is informed by the section 3 of the Statutory Framework For The Early Years Foundation Stage and the Pan Sussex Child Protection and Safeguarding Procedures which is based on the statutory guidance under the Children Act (2015) for agencies covered by the duty to cooperate to improve well-being and by the duty to safeguard children and promote welfare. It is further informed by Information Sharing: Advice For Practitioners Providing Safeguarding Services DfE 2018

This policy applies to all children, parents/carers, staff and volunteers. It is the duty of all staff and volunteers working in our nursery to promote the well-being of the children and safeguard them from harm.

'Working Together to Safeguard Children' (2018) defines safeguarding and promoting the welfare of children as:

- ☐ Protecting children from maltreatment
- ☐ Preventing impairment of children's health or development
- ☐ Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- ☐ Taking action to enable all children to have the best outcomes

In addition, Early Years Educators have a role to play in supporting children who have been abused and in working cooperatively with parents and other agencies.

Child Protection is defined as:

- ☐ Aiming to keep children safe where there is serious risk of harm. Serious risk of harm may arise from a single event or a series of concerns over time.

In summary, **safeguarding** is what we do to prevent harm, while **child protection** is the way in which we respond to harm.

This child protection policy sets out how we will meet our statutory duties and refers to the procedures to be followed. Through Brighton and Hove Safeguarding Children Partnership (BHSCP), policies, guidelines and procedures, which in Brighton and Hove can be found at www.bhscp.org.uk. This policy should be read in conjunction with the national guidance 'What to do if you are worried a child is being abused' (2015). Copies of all guidance documents are kept in our head office at 21 Tudor Close, Hove, BN3 7NR.

This policy applies to all children, parents/carers, staff, volunteers and students. It is a duty of all staff and volunteers working at Fizzy Fish Nursery and Fizzy Fish Pre School to promote the well-being of the children and safeguard them from harm. All staff have a responsibility to take action in cases of alleged or suspected child abuse, neglect or bullying and to recognise that any adult or child may inflict abuse, including a member of staff, student or volunteers. This policy and procedure details action that should be taken in respect of this.

2. Aims of the Policy

Fizzy Fish considers the welfare, safety and protection of all children as of paramount importance. We plan to provide an environment which ensures children are safe from harm and potential abuse in line with the Safeguarding Children Partnership procedures, and will respond to any suspicion of potential abuse in a way which respects the child's rights and reinforces the adult's responsibility to the children. We will:



- ☐ Promote a culture of safety in which everyone is protected
- ☐ Promote the child's right to be strong, resilient and listened to by creating an environment in the setting that encourages children to develop a positive, self-image, which includes their heritage, ethnicity, languages spoken at home, their religious self-beliefs, cultural traditions and home background
- ☐ Encourage children to develop a sense of autonomy and independence. To promote positive work with children and develop their assertiveness and well-being; to build self-confidence and teach children the vocabulary to resist inappropriate approaches and help children to establish and sustain positive relationships
- ☐ We keep a record of children and staff that are on the premises each day
- ☐ We monitor and track absences as we are aware that absences could raise safeguarding concerns. For children on a Child in Need Plan, Child Protection Plan or a Looked After Child, the social worker (if appropriate) should be informed of the absence and the reason why by email. This email will be sent on the same day as the absence.
- ☐ We plan the layout of our rooms and garden to ensure that the children are constantly supervised.
- ☐ Promote information sharing and early intervention to ensure that children with additional needs are given the support they require and are protected from suffering and harm, abuse or neglect
- ☐ Promote awareness of child abuse issues through regular training for staff and volunteers
- ☐ Promote child safety through staff awareness of how to identify signs and symptoms of abuse and how to respond to a disclosure
- ☐ Promote safe working practice and consistency of approach to child protection amongst staff
- ☐ Promote positive work with the children at our setting to develop their assertiveness and well-being
- ☐ Enable children to learn skills that will enable them to look after their own safety, such as independence, assertiveness and the judgment of risk
- ☐ Clarify terms and inform parents/carers of the roles and responsibilities of everyone in keeping children safe from harm
- ☐ Ensure all staff and parents are made aware of our safeguarding policies and procedures. This includes our responsibilities under the Prevent Duty. This Safeguarding and Child Protection Policy should be read alongside the Prevent Duty Policy
- ☐ We ensure that all staff are aware that safeguarding is not just about protecting children from deliberate harm, neglect and failure to act but also relates to the broader aspects of care and education to include children's health, safety and wellbeing, including:
 1. Mental health
 2. Meeting the needs of children who have special educational needs and/or disabilities
 3. The use of reasonable force
 4. Meeting the needs children with medical conditions
 5. Providing first aid
 6. Intimate care and emotional well-being
 7. Online safety.
- ☐ Provide a broad and balanced curriculum based on sound child centered principles and practice



- ☐ Ensure applicants are clearly informed that posts are exempt from the Rehabilitation of Offenders Act 1974
- ☐ Ensure references and 'Enhanced Disclosure' checks with the Disclosure and Barring Service are carried out before posts are confirmed. This is to ensure that no disqualified or unsuitable people are employed at the setting or have access to the children
- ☐ Regularly check for changes in suitability to work with children, including disqualification under the Childcare Act 2006 and therefore team members must keep their update service up to date
- ☐ Ensure that volunteers do not work unsupervised and checks carried out on volunteers are recorded on a single central record. Children are supervised at all times
- ☐ Ensure that the details of visitors to the settings are recorded on the Visitors Log
- ☐ Take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children
- ☐ Document every accident and incident that occurs in the setting, informing parents and requesting them to sign to say they have been informed of the details
- ☐ Document incidents of unwanted behaviour that occurs in the setting, informing parents and requesting them to sign to say they have been informed of the details
- ☐ Document any concerns that we have regarding a child in the setting and discuss with the parent unless we felt this would put the child at further risk
- ☐ Document any physical interventions required in the setting, informing parents and requesting them to sign to say they have been informed of the details.
- ☐ We record existing injuries found on children and ask for parents signatures to confirm that the injury didn't occur in the setting (see Procedures for Allegations of Abuse Against A Childcare Professional)
- ☐ Ensure that staff and volunteers are not allowed to use personal mobile phones during working hours. They are stored in a secure location and are only accessible during break periods
- ☐ Ensure the setting's iPads are used throughout the day to record children's activities. They are accounted for and stored in a secure location at the end of each day and are password protected (see Electronic Devices Policy)
- ☐ Ensure that whilst changing nappies or supporting children in the toilet, the door to the area is always open and a second person is in view of the person changing the child.

Fizzy Fish is committed to responding promptly and appropriately to all incidents and concerns of abuse that may occur and to work with statutory agencies in accordance to the procedures that are set out in "Working Together to Safeguard Children" (see appendix for details).

3. Responsibilities and Actions

The directors are responsible for:

- ☐ Appointing the Safeguarding Designated Lead Practitioners
- ☐ Ensuring that there are safe working practices throughout the settings



- Ensuring that there is appropriate supervision and support for staff
- Carrying out regular supervisions/1:1 meetings with staff where matters of safeguarding are an issue. At every supervision meetings, staff will be asked whether any personal circumstances have changed since their last supervision and/or DBS check, which could mean that they are not suitable to work with children. This will include disqualification under the Childcare Act 2006.
- Ensuring that parents are informed of the Safeguarding and Child Protection policy by directing them to the website or by providing them with a copy if they do not have access to the internet.

The Safeguarding Designated Lead Practitioners are Laura Coull and Sian Knight. In their absence, the setting's Deputy Managers will take responsibility for following this procedure.

The role of a Designated Lead is to support colleagues, to recognise the needs of the children and to be responsible for seeing a case through to its natural outcome. A Designated Lead should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively. A Designated Lead should have regular reviews of their own practice to ensure they improve over time and have Safeguarding training on a regular basis.

A Safeguarding Designated Lead Practitioner or Deputy Manager is available at all times. This ensures that staff always have someone to discuss concerns with.

A Safeguarding Designated Lead Practitioner is responsible for:

- Ensuring that they attend face to face safeguarding training every two years and receive regular updates on Safeguarding, which will be annually as a minimum requirement. This includes Prevent Duty training and FGM training and all could be achieved by online courses.
- Ensuring that all staff undertake face to face safeguarding training every three years and receive regular updates on Safeguarding, which will be annually as a minimum requirement. This includes Prevent Duty training and FGM training and all could be achieved by online courses.
- Overseeing an effective and up to date Safeguarding Children and Child Protection Policy and to ensure that all staff fully understand it
- Providing a point of contact for staff who have concerns or information about child protection issues.
- Clearly understanding and communicating the processes for dealing with allegations against people who work with children
- Creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Ensuring that there is appropriate supervision and support for staff
- Ensuring that safer recruitment practices are in place
- Monitoring and providing an induction for new staff, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has concerns about a child's safety or welfare. In addition to this all staff have to read and



understand our Employee Handbook and all our Policies and Procedures. The Employee Handbook covers staff behaviour relating to Safeguarding issues such as Conduct and Standards, Alcohol and Drug Misuse, Computers and Electronic Communications

- ☐ Ensuring that staff sign their induction checklist to say that they have read and understood the Safeguarding Policy
- ☐ Ensuring that records kept about safeguarding issues are rigorous and that all concerns are followed up
- ☐ Monitoring concerns raised about individual children's welfare including existing injuries
- ☐ Ensuring that all staff recognise that children are capable of abusing their peers and that incidences between children are recorded and monitored on an incident. Where required a behaviour management plan will be discussed with parents and staff, introduced at the setting and at home and we ensure a consistent message that peer to peer abuse will not be tolerated is implemented
- ☐ Maintaining up to date knowledge of current issues relating to child protection and safeguarding, disseminating that knowledge as appropriate eg. Female Genital Mutilation
- ☐ Liaising with relevant professionals such as those in Front Door For Families i.e. social workers, health visitors, LADO, the police and other settings.
- ☐ Ensuring that the correct records are kept, that verbal referrals are put into writing as soon as possible and that all records are secure and conform to the Data Protection Act
- ☐ Encouraging preventative work with the children in the nursery
- ☐ Undertaking Prevent Awareness training and being able to provide advice and support to other members of staff on protecting children from the risk of radicalisation
- ☐ Undertaking regular training in order to keep their knowledge up to date and to review the Safeguarding and Child Protection Policy annually or where legislative changes require.

4. Responsibilities of Staff and Volunteers

Staff and volunteers are responsible for:

- ☐ Being alert to the signs of abuse and neglect
- ☐ Following the child protection procedures
- ☐ Reporting serious concerns on the same day
- ☐ Reporting concerns about behaviour of other colleagues or volunteers
- ☐ Recording low level concerns and raising them with parents and carers
- ☐ Keeping accurate records
- ☐ Completing online training as and when required
- ☐ Attending face to face safeguarding training every two or three years depending on job title and undertaking some other form of safeguarding training annually.

5. Signs and Symptoms of Abuse



Staff, through their daily contact with children and knowledge of the families, play an important role in noticing possible signs and symptoms of abuse or neglect and referring those concerns to the appropriate person. Staff and volunteers must be alert to the factors that may indicate a child is being abused. Abuse broadly falls into one of four categories; physical, sexual, emotional and neglect.

Physical Abuse

Physical abuse is deliberately causing physical harm to a child. Signs of possible physical abuse include:

- ☐ Any injuries not consistent with the explanation given for them
- ☐ Injuries which occur to the body in places which are not normally exposed to falls or rough games
- ☐ Injuries which have not received medical attention
- ☐ Reluctance to change for or participate in intimate care routines
- ☐ Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- ☐ The child gives inconsistent accounts for the cause of the injuries.

Emotional Abuse

Emotional abuse is where repeated verbal threats, criticism, ridicule, shouting, lack of love and affection causes a severe adverse effect on a child's emotional development. Signs of possible emotional abuse include:

- ☐ Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy.
- ☐ Use of bad language or making statements inappropriate for the age
- ☐ Obsessions or phobias
- ☐ Sudden underachievement or lack of concentration
- ☐ Seeking adult attention and not mixing well with other children
- ☐ Sleep or speech disorders
- ☐ Negative statements about self
- ☐ Highly aggressive or cruel to others
- ☐ Extreme shyness or passivity
- ☐ Running away, stealing or lying.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities whether or not the child is aware of what is happening. Signs of possible sexual abuse include:

- ☐ Any allegations made by a child concerning sexual abuse
- ☐ The child has an excessive preoccupation with sexual matters and inappropriate knowledge of the adult sexual behaviour for their ages, or regularly engages in sexual

play that is inappropriate for their age

- ☐ Sexual activity through words, play or drawing
- ☐ Repeated urinary infections or unexplained stomach pains
- ☐ The child is sexually provocative or inappropriate with adults
- ☐ Inappropriate bed sharing arrangements at home
- ☐ Severe sleep disturbances with fears, phobias, vivid dreams or nightmare, which sometimes have overt or veiled sexual connotations
- ☐ Eating disorders such as anorexia or bulimia.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child Trafficking

Child trafficking and modern slavery are child abuse. Many children and young people are trafficked into the UK from other countries like Vietnam, Albania and Romania. Children are also trafficked around the UK.

Trafficking is where children and young people are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- ☐ Sexual exploitation
- ☐ Benefit fraud
- ☐ Forced marriage
- ☐ Domestic slavery like cleaning, cooking and childcare
- ☐ Forced labour in factories or agriculture
- ☐ Committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

Traffickers often groom children, families and communities to gain their trust. They may also threaten families with violence or threats. Traffickers often promise children and families that they'll have a better future elsewhere.



Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and experiencing domestic abuse is child abuse. It's important to remember domestic abuse:

- ☐ can happen inside and outside the home
- ☐ can happen over the phone, on the internet and on social networking sites
- ☐ can happen in any relationship and can continue even after the relationship has ended
- ☐ both men and women can be abused or abusers.

FGM (Female Genital Mutilation)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

Some common names for FGM include:

- ☐ female circumcision
- ☐ cutting
- ☐ sunna
- ☐ gudniin
- ☐ halalays
- ☐ tahur
- ☐ megrez
- ☐ khitan.

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

- ☐ there are no medical reasons to carry out FGM
- ☐ it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- ☐ children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- ☐ it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- ☐ when a baby is new-born
- ☐ during childhood or as a teenager
- ☐ just before marriage
- ☐ during pregnancy.

Criminal Exploitation and Gangs

Children and young people involved with gangs and criminal exploitation need help and support. They might be victims of violence or pressured into doing things like stealing or carrying drugs



or weapons. They might be abused, exploited and put into dangerous situations.

Although this may not be applicable to the children in our care, it could effect older or venerable members of their family.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include:

- ☐ Airbnb and short term private rental properties
- ☐ budget hotels
- ☐ the home of a drug user, or other vulnerable person, that is taken over by a criminal gang- this may be referred to as cuckooing.

Abuse Linked to Spiritual and Religious Beliefs

The belief in "possession or "witchcraft" is widespread. It is not confined to particular countries, cultures or religions.

Such abuse generally occurs when a carer views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft" and attempts to exorcise him or her.

A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of "possession" or "witchcraft". These include family stress and/or a change in the family structure.

The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives although it can often occur in church or faith group settings.

Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as "different" and may have been encouraged to participate in the adult activities.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in serious impairment of the child's health or development. Signs of possible neglect include:

- ☐ Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- ☐ Clothing that is dirty, too big or small. Or inappropriate for weather conditions
- ☐ Frequently left unsupervised or alone
- ☐ Frequent diarrhea
- ☐ Frequent tiredness



- ☐ Untreated illnesses or injuries which the parent/carer does not respond to
- ☐ Frequently hungry
- ☐ Overeating junk food
- ☐ Delayed language acquisition and gaps in development.

In addition to the above categories of abuse we make our staff aware that there can be other factors that can make a child vulnerable to abuse and increased risk including:

Additional vulnerabilities and increased risk:

Children with SEN

Children with family members in prison

Substance misuse

Domestic abuse

Homelessness

Mental or physical illness and parent's learning disability

Persistent absences

Child sexual exploitation

Child criminal exploitation

County lines

Private fostering – if we are aware that this is happening then we have a **duty to inform Front Door For Families**

Breast ironing, honour-based violence, peer on peer abuse, bullying, cyberbullying, child abuse linked to faith or belief.

Our staff will attend training on a number of safeguarding issues and those that are relevant to the age of children we care for will take priority, for example but not limited to homelessness, domestic violence, trauma, FGM and child abuse linked to faith or belief including witchcraft and spirit possession (Christian beliefs), the evil eye or djinns (Islamic faith) and dakini (Hindu faith).

6. Definitions

A 'Child in Need' is defined as one who is unlikely to reach or maintain a satisfactory level of health or development without the provision of services by the local authority. In such cases, there will be concerns about a child's welfare, but they will not be suffering from or at risk of suffering from significant harm. Concerns of this kind should be discussed with the Designated Lead or Deputy who will discuss with the parents/carers and consider referral to social care and health or other support services.

A 'Child in Need of Protection' is a child in need as above but who is suffering, or is likely to suffer significant harm i.e. physical, emotional, sexual abuse or neglect.

If staff or volunteers are aware of a child in need of protection, they should immediately inform a Safeguarding Designated Practitioner, who will discuss the concern with the parent/carer unless doing so will compromise the safety of the child. All discussions will be appropriately recorded.

The Safeguarding Designated Lead Practitioner or in their absence a Deputy Lead will ensure that there is a written record of the incident and will consider if there is a need to contact FDFF. This is the co-ordinating agency for child protection and then they will then decide the



best next steps regarding the referral. It is not the role of the setting to investigate the validity of any allegations or concerns raised.

7. Early Help Hub

The Early Help Hub provides support for professionals working with a child, young person or family where the professionals need additional information, advice or support to improve outcomes. The Early Help Hub offers three services to professionals:

- ☐ Information and signposting to services
- ☐ Advice
- ☐ Finding appropriate services and professionals in the city to provide interventions for the child, young person and family.

Staff at the Early Help Hub support professionals in the city to target, coordinate and provide early help interventions to families that do not meet the threshold for the council's social work service. When Child's Social Services are ending their involvement with a family, they may pass the family onto the Early Help Hub for ongoing support. Social Services may also refer families onto the Early Help where they make a decision that a family does not need social work involvement as they do not meet their thresholds. The purpose of Early Help Hub is to prevent problems from becoming more serious, reduce the need for intensive and specialist services and improve outcomes for families at the earliest possible point.

8. Front Door For Families (FDFF) - Merger of Multi Agency Safeguarding Hub (MASH), Early Help Hub and Family Information Service

From 15 May 2017, the Multi Agency Safeguarding Hub (MASH), Early Help Hub and Family Information Service will form the new Brighton & Hove Front Door for Families.

The Front Door For Families (FDFF) service is made up of professionals with different areas of expertise who work together to assess, decide and coordinate how best to support children, young people and their families where there are concerns. The FDFF includes:

- ☐ **Referral Officers** who receive your call, accept emails and online notifications and can provide information, advice and guidance.
- ☐ **Social Workers** assess the needs or concerns raised about a child or young person.
- ☐ **Police Officers** assess information and notifications about children and young people coming to the attention of the Police.
- ☐ **Health Visitors** advise on the developmental needs of children with additional needs that are referred to the FDFF to ensure they receive the most appropriate support.
- ☐ **Education Safeguarding Officers** advise schools where there are safeguarding needs identified for a child.
- ☐ **Family Coaches** triage contacts that meet the threshold for targeted Early Help and Parenting Support and will assist partner agencies in setting up Team Around the Family (TAF) meetings and plans.
- ☐ **Family Information Service** provide information and advice, through their online directory and Family Support Officers about access to childcare, support services and employment.

For more information on the Front Door for Families, please visit www.brighton-hove.gov.uk/content/children-and-education/front-door-families.



Decisions are made on all referrals within 24 hours. Action required is then carried out by the relevant team or service.

More detailed information is contained in the Brighton and Hove Children's Services Threshold document.

9. Early Help/Safeguarding Procedures for staff to follow when supporting families

The following procedures will be followed by staff supporting families working with the Early Help Hub:

- ☐ The Key Person will discuss any low-level concerns with a Safeguarding Designated Lead Practitioner. The concerns will be discussed with families and recorded. Unless we have received instruction from the police or social services, families must always be informed when a written record is made. The Designated Person will refer to the 'Brighton and Hove Children's Services Threshold document' to identify possible level of need.
- ☐ If a concern is identified as a Level 2/3 concern, the Designated Lead will discuss the issues with the family. Consent is needed to discuss with other professionals at this point, The Designated Lead may discuss with the Health Visitor.
- ☐ The Designated Lead or the Health Visitor may then consult with the Early Help Hub after speaking with the parents. If the Early Help Assessment is not initiated or declined, the child and the family will continue to be monitored closely. All conversations should be recorded and placed on the child's file.
- ☐ When an Early Help assessment is completed, an initial Team Around the Family (TAF) meeting will be held within specified timescale.
- ☐ A Lead Professional will be identified. This could be the Safeguarding Designated Lead Practitioner from a school or nursery, the health visitor or another professional. In most other cases, the Lead will be the Health Visitor, if the child is under 5.
- ☐ The nursery's Designated Lead, SENCO or Key Person will attend TAF meetings.
- ☐ If a level 3/4 concern is identified, a referral to FDFP would be required. Consent is not needed at this point, but the parents/carers must be informed unless it is deemed to put the child at further risk.

10. Action to be Taken

A concern about a child or an adult might not immediately warrant a referral to Front Door for Families. If this the case, the details should be recorded on a Low Level Concern form for either a child or an adult. Concerns about an adult might include suspicion of domestic abuse which would cause concerns that the child might be experiencing emotional abuse.

The following procedure should be followed for a Low Level Concern:

- ☐ We will monitor and track low level concerns on a spreadsheet.
- ☐ We will discuss the concern with the parent of the child or the adult we are concerned about.
- ☐ The information will be recorded on a Low Level Concern form.
- ☐ The incidents are also accumulated on a Low Level Concerns spreadsheet.
- ☐ If three or four low level concerns are recorded for a child or adult, thought will then be given about referring the concerns to Front Door for Families after discussion with the parent or adult.

Action will be taken if a child or an adult is suffering or is likely to be suffering some form of abuse or as a response to a child or an adult presenting an injury or mark or talking about a



worrying issue. All concerns should be discussed with the Safeguarding Designated Lead Practitioner. The details must be recorded on a Record of Concern form. This should be shared with the Designated Lead and the parents/carers.

The following procedure should be followed if a child is absent from the setting:

- ☐ We will monitor and track absences on a spreadsheet as we are aware that absences could raise safeguarding concerns.
- ☐ If a child does not arrive for the session and the parent calls or emails in to explain why then the information will be recorded on our absence spreadsheet and will include the name of the child, the date of the absence and the reason.
- ☐ If a child does not arrive for the session within a two-hours of their start time and we have not heard from the parent, we will contact the parents to ask for an explanation of their absence. This information will be recorded on our absence spreadsheet and will include the name of the child, the date of the absence and the reason.
- ☐ If we are concerned about non-attendance, we will arrange a meeting with the parent to discuss such absences and discuss ways in which absences can be avoided in the future. This may require a change of session or flexibility with sessions to ensure that the child attends on a regular basis to eliminate concerns
- ☐ For children on a Child in Need Plan, Child Protection Plan or a Looked After Child, the social worker (if appropriate) should be informed of the absence and the reason why by email. This email will be sent on the same day as the absence.

The following procedure should be followed if a child arrives at the setting with a mark or bruise:

- ☐ A Record of Existing Injury form must be completed by the person who spoke to the parent. This will detail the child's full name, date of birth, a full description of the injury, it's location on the body, the parent/carers explanation of the injury (including circumstances when the injury occurred, the date and the location of when it happened) together with the date when the form was completed.
- ☐ The parent/carers and the person completing the form must both sign the form to confirm the details are correct.
- ☐ If it is suspected that the mark or injury is not accidental, or due to lack of supervision, the Designated Lead must be informed immediately. A Record of Concern form must then be completed which should include a body map.
- ☐ The Designated Lead will provide support and guidance and if appropriate make a referral to Early Help Hub, FDFP or if necessary the Police.
- ☐ Marks or bruises on children with a Child Protection Plan or a Child in Need Plan should be reported to the Designated Lead immediately. They will then complete a Record of Concern form. A copy of the form must then be sent to the child's allocated Social Worker.
- ☐ Completed forms must be filed in the child's personal file.
- ☐ The information from these forms will be input into a database and analysed every term to determine whether subsequent action needs to be taken.

The following procedure should be followed if a child injures themselves at the setting:

- ☐ An Accident or Incident report must be completed on Family by the person witnessing or dealing with the accident or incident. This will detail the circumstances leading up to the accident/incident, whether it was witnessed, a full description of the injury and the



location on the body. The parent will then be notified by Famly and asked to acknowledge the report. It is the Deputy Managers responsibility to ensure that the parent is chased if they don't acknowledge the report. If a parent doesn't acknowledge the report, the manager must make a note of this on the report.

- If the injury needs first aid treatment this should be recorded. If a head injury occurs, the parent must be informed by phone. If not, a text message must be sent to the parent.
- If the child has a Child Protection Plan or a Child in Need Plan, a Safeguarding Designated Lead Practitioner must be made aware of the accident or incident.
- Accident or Incident reports on Famly should be analysed every term to determine whether subsequent action needs to be taken.

The following procedure should be followed if a child injures another child at the setting:

- An Accident or Incident report must be completed on Famly for the victim and an Incident report for the perpetrator. These should be completed by the person witnessing or dealing with the accident or incident. These reports will detail the circumstance leading up to the incident, whether it was witnessed, a full description of the injury and the injury location on the body.
- The information from these reports will be analysed every term to determine whether subsequent action needs to be taken.

When a child chooses to share information about abuse with the setting, the following procedures should be followed:

- Listen to the child and seek information with tact and sympathy. Avoid any direct questioning. Staff should be aware that the way in which they talk to a child can have an effect on the evidence put forward if there are subsequent criminal proceedings. It is important that the child does not have to repeat or elaborate on what they have said e.g. to the Designated Lead.
- Reassure the child that they are believed and are doing the right thing telling you.
- Never stop a child who is freely recalling significant events unless it is necessary to find a more private place or time. In this situation, it is important that the child realises why they have been interrupted.
- Inform a Safeguarding Designated Lead Practitioner as soon as possible. If the Designated Lead is unavailable, the Deputy Lead or the Director should be informed. In cases of suspected or alleged physical abuse, it is important that the Designated Lead is informed immediately as Social Services will need time to assess the case before the child leaves the setting at the end of the session. If the injury is serious, arrangements will be made to transport the child to hospital.
- Make a written record of the discussion on a Record of Concern for a Child form, taking care to record the timing, setting and people present, as well as what was said, as accurately as possible in the child's own words. Try not to do this in front of the child unless you can explain what you are doing. Notes may need to be used in any subsequent case conference and court proceedings.
- Never inform the child's parents before discussing the concern with the Designated Lead. They will contact FDFF for advice as it is not the role of the setting to investigate, or make judgments on the validity of any allegations or concerns raised.



- ☐ Never promise confidentiality or make other promise that you may not be able to keep. However, the child should be assured that the matter will be disclosed only to the people who have to know about it in order to improve the situation.
- ☐ Completed forms must be filed in the child's personal file.

Where persons or other staff see signs that causes them to think a child may be in need of protection, the following procedure should be followed:

- ☐ A Record of Concern form should be completed for every incident. Concerns about the possible neglect of a child may need to be recorded over a period of time.
- ☐ As soon as the member of staff has completed the form it should be given to a Safeguarding Designated Lead Practitioner, who will decide on the action to be taken.
- ☐ The Designated Lead or Director must discuss all concerns with parents.
- ☐ The Record of Concern form must be completed fully and signed and dated.
- ☐ Completed forms must be filed in the child's personal file.

Information should only be shared in the appropriate professional contexts.

11. Making a Referral

A Safeguarding Designated Lead Practitioner will decide whether a referral is appropriate and if in any doubt, they will seek advice from the FDFF. A referral by email is sufficient but if making a referral by telephone to FDFF, ask for the name of the professional you are speaking to.

The information that will be required is as follows:

- ☐ Child's full name
- ☐ Date of birth
- ☐ Home address
- ☐ Ethnic origin
- ☐ Parents' names and contact details
- ☐ Any other children at home
- ☐ Name of the school/pre school/nursery/childminder that the child attends and the school that any siblings attend
- ☐ Names of other professionals involved with the child e.g. GP
- ☐ Description of injuries and the child's explanation for them
- ☐ Anything you have observed or been told by the child or others. Try to be specific and include dates and times
- ☐ Any action you have taken so far
- ☐ What, if anything, you have said to the child's parents
- ☐ Record the referral, include the date and time and any action to be taken on the Record of Concern form
- ☐ If the Designated Lead is not making the referral, then they must be informed as soon as possible by the staff member reporting the incident.

This must be followed up with an email to the FDFF.

12. After the Referral

The investigating agencies at FDFF will decide at a strategy discussion, whether and how to investigate. The Safeguarding Designated Lead Practitioner will be informed of the decision and any action to be taken. This may involve a Social Worker and Police Officer from the Child



Protection Team coming into the setting to interview the parents or the child. In some cases, it will be beneficial to the child to have a supportive member of staff present at this interview but there should be no pressure put upon them if they feel unable to do this or if the child does not wish it. The child is often then taken to see a paediatrician who specialises in child protection at the hospital.

The investigating agencies may decide to take no further action. In this case, it is still important to keep detailed records and to refer again to the Designated Lead if there are continuing or reoccurring concerns.

13. Retention of Child Records

Documents relating to a child's welfare, health and safety (e.g. accident records) should be kept until a child is classed as an adult, regardless of their individual circumstances, which for child protection is 24 years. The Limitation Act states 24 years to enable any allegations in later life or establishments to follow through on information relating to the child when they were younger. Therefore, any records relating to referrals or contacts with social care or Local Authority for 24 years. Other documents relating to the child should be retained for 21 years for the same reasons.

14. Child Protection Conferences

If the investigation finds sufficient cause for concern, a Child Protection Conference will be called within 15 working days. This is a meeting convened by Social Services and involving the professionals who know the family, the parents, the investigators and others who can contribute to the decision making.

The purpose of the conference is to establish whether or not the child is suffering from significant harm and to agree an action plan to protect the child and support the family. If the child is considered to be or is at risk of significant harm, he or she will be made subject to a Child Protection Plan. A Social Worker will then be appointed and a core group team set up to develop and monitor the protection plan for the child. This often includes a nursery representative.

The nursery can provide important information and the presence of an appropriate member of staff is essential at an initial conference. It is important that someone who knows the child well attends the meeting. It is also important that this person is fully prepared and has any information held by other members of the setting's staff. It is important that the same person works with the family and other professionals to provide continuity of care.

An Education Report for Child Protection Conferences should be completed by the child's Key Person and the Safeguarding Designated Lead Practitioner responsible for the case. A copy of this should be sent in advance to the chair of the conference and given to the parents/carers. Reports prepared for Child Protection Conferences should focus on the child's educational progress and achievement, attendance, behaviour, participation relations with other children and, where appropriate, the child's appearance. If relevant, reports should include what is known about the child's relationship with his or her family and the family structure.

Reports should be objective and based on evidence. They should distinguish between fact, observation, allegation and opinion.

The child's Social Worker should inform the setting if a child becomes subject to a Child Protection Plan. When a child on the Child Protection Register leaves the setting, the Social



Worker should be informed by the Designated Lead. The transfer form for the new setting should state the child is subject to a Child Protection Plan and who the social worker is.

15. Monitoring and Supporting Children on Child Protection Plans

The setting should monitor children who are subject to a Child Protection Plan. The plan will set out the role of the child's parents and various agencies in protecting the child. In some cases, the initial case conference may decide only to monitor the situation and the setting can have an important role to play in this. In particular, staff should keep records of the child's attendance. Any unusual behaviour at the setting, deteriorations in appearance or health.

The setting can support a child by providing a secure, stable environment during the stressful time of the investigation, the case conference and afterwards. In some cases, the child's behaviour will indicate a need for additional support. This should be discussed with the Safeguarding Designated Lead Practitioner for the case.

A case review conference will be held three months after a decision is made at the initial conference to put a child on a Child Protection Plan. Further reviews can be at six monthly intervals.

16. Parental Involvement

The setting aims to build trusting and supportive relationships with parents/ carers and have good communication with them through daily face to face contact with their child's Key Person. The setting will reassure parents that the setting is a safe and secure environment. Any concerns about a child's welfare will be discussed openly with the parents/carers unless it is judged that this will further endanger the child. The setting will continue to welcome the child to the setting during the investigation and will support the family whenever possible. The setting will help parents to understand its responsibility for the welfare of all children by making them aware of the setting's policy on Child Protection and the following statement will be on our website:

Parents should be aware that the setting will take any reasonable action to ensure the safety of our children. In cases where the setting has reason to be concerned that a child may be suffering or is at risk of suffering from significant harm we are required to follow the Sussex Child Protection and Safeguarding Procedures and to contact the Council's FDFF (Front Door For Families). The Social Services staff will investigate the concerns and take any action needed to protect the child and support the family.

Intervention from FDFF and Social Services, can be very distressing for parents/carers. It is important to remember the guiding principles of these procedures are that the welfare of the child is absolutely paramount and that parents will be afforded the right to honesty, full information as appropriate and the opportunity to express their views and challenge actions. Details of the setting's policy on Child Protection are available from our main office at 21 Tudor Close, BN3 7NR and on our website.

17. Staff Support

When a child shares information about abuse with a member of staff or when suspected abuse is confirmed, it can be very upsetting. Staff can feel emotionally drained and also have feelings of guilt. It is important that support is given where necessary and staff are aware of the effects of those involved with the incident.



Although details of the incident should remain confidential, it is useful for staff to be able to talk to someone and to express their feelings. It is likely that this support may need to be ongoing, especially if the case goes to court and the member of staff is a witness.

18. Allegations of Abuse by Staff, Volunteers or Visitors to the Setting

We strongly believe that children at our setting are entitled to receive care and protection from harm. We will not accept inappropriate behaviour towards children or staff and will ensure that any concerns or allegations of abuse are dealt with quickly, fairly and sensitively. As Childcare Professionals we may be subject to allegations of abuse being made against us.

The definition of an allegation in **Working together to Safeguard Children 2018** is as follows:
An allegation may relate to a person who works with children who has:

- ☐ Behaved in a way that has harmed a child or adult, may have harmed a child or adult or might lead to a child or adult being harmed
- ☐ Possibly committed or is planning to commit a criminal offence against a child or adult, or
- ☐ Behaved towards a child/ren or adults(s) in a way that indicates s/he is or would be unsuitable to work with children or adults

We will take precautions to protect ourselves from this happening by:

- ☐ Ensuring that all staff and volunteer over 16 are DBS certified. If a DBS check comes back with a **positive disclosure, we will complete a Positive DBS Disclosure Decision Form (Risk Assessment) prior to making a decision about employing the candidate.**
- ☐ Ensuring that all visitors to the setting, sign the visitors book and do not have unsupervised access to the children under any circumstances
- ☐ Documenting every accident and incident that occurs in the setting. Informing parents of the details and requesting them to acknowledge the accident or incident
- ☐ Documenting unwanted behaviour that occurs in the setting. Informing parents of the details and requesting them to sign our records to say they have been told.
- ☐ Documenting any concerns we may have about a child in the setting.
- ☐ Documenting any physical interventions that were required in the setting. Informing parents of the details and requesting them to sign our records to say they have been told.
- ☐ Documenting any existing injuries, a child may have. This could be on arrival or later in the day if the injury isn't clearly visible. If parents haven't informed us of the injury, they could be contacted for an explanation dependent on the severity of the injury. Parents will be asked to sign the Record of Existing Injury form
- ☐ Ensuring the children are supervised at all times
- ☐ Keeping accurate records on each child which are stored in the child's personal file or on their Family account.

However, sometimes allegations are made and this unfortunate situation cannot be avoided. We will then follow the procedure detailed below:

- ☐ Record the details of the allegation on a Record of Complaint form and record the details of the complaint on the Complaints Log. There must be a clear and comprehensive summary of any allegations made, details of how allegations were followed up and resolved, any action taken and decisions reached.



- ☐ Obtain advice from the LADO (Local Authority Designated Officer) - by e-mail at ladoenquiries@brighton-hove.gov.uk
- ☐ Obtain witness statements from other members of staff on the day of the allegation. These to include what was said and by whom, with times and dates.
- ☐ If the allegation requires, a professional investigation would take place whilst the member of staff was suspended during which time no contact would be made with them.
- ☐ An internal investigation would then take place, with guidance from the LADO, which would include discussions with the suspended member of staff. This would result in either the re-instatement or dismissal of the staff member.
- ☐ The allegation must also be reported to Ofsted (0300 123 1231) within 14 days. They may then want to come and review all the paperwork to ensure that the allegation was handled correctly.

Outcomes of investigations of allegations:

- ☐ Substantiated - there is sufficient evidence to prove the allegation
- ☐ Malicious - sufficient evidence to disprove the allegation and there is a deliberate act to deceive
- ☐ False- sufficient evidence to disprove the allegation
- ☐ Unsubstantiated - insufficient evidence to either prove or disprove the allegation. This does not imply guilt or innocence.

Disciplinary action:

- ☐ Where a member of staff is dismissed from the setting because of misconduct related to a child, we will notify the Disclosure and Barring Service so that their name may be included on the Protection of Children and Vulnerable Adults Barred List.

Disqualification:

- ☐ If we become aware of information, which may lead to disqualification of an employee, we will take appropriate action to ensure the safety of the children. In the event of disqualification, the employee will be dismissed. However, if the employee leaves before the investigation is complete, we would refer the matter to the Disclosure and Barring Service.

Retention of Staff Records:

- ☐ If an allegation is made against a member of staff (whether founded or not), the details of such allegation, the action taken and decisions reached will be kept in a person's confidential personnel file and a copy will be given to the individual. Such information will be retained of file, including people who leave, at least until the person reaches normal retirement age or for 10 years if that is longer.

Staff training:

- ☐ We ensure all staff attend Safeguarding training so that they are able to recognise the signs and signals of possible physical, emotional, sexual abuse and neglect. This training is renewed every three years.
- ☐ There is a Safeguarding and Child Protection Body Map - Signs Of Abuse poster in the changing area of both settings that staff can refer to.
- ☐ We ensure that all staff know the procedures for reporting and recording their concerns in the setting.



- If a member of staff suspected the setting's Director, Lead Practitioner or Deputy of abuse, they would report the suspicion directly to the Local Authority Designated Officer (LADO).

The role of the Local Authority Designated Officer (LADO) is to:

Manage and oversee individual cases, capture concerns, allegations or offences and involvement from the initial phase of the allegation through to the conclusion of the case. Providing advice, guidance and help to determine whether the allegation sits within the scope of the procedures to employers, voluntary organisations and community groups. Liaising with the Police, Social Services and other agencies, monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Responsible for ensuring the children's workforce is safe by managing such allegations and making referrals to the relevant professional bodies, or regulators as appropriate. Responsible for raising awareness and understanding of safe working practices and safer recruitment and provide advice and help co-ordinate information sharing with the right people.

19. Child Protection Practices

Keeping children and staff safe:

Our setting offers a supportive environment for children, parents/carers, staff and volunteers. Staff and volunteers need to be aware that recognising abuse, being informed about safeguarding issues or receiving a disclosure is emotionally very challenging and stressful. Confidential systems need to be in place so that staff, including managers, can discuss what support may be required. It is important that support is given where necessary and those colleagues are aware of the effects upon staff of involvement in an incident.

Through our planning we promote personal, Social, Personal and Emotional development of all children, so that they develop an understanding of why and how to keep safe. We ensure that this is carried out in an ages and stage of development appropriate way. No child is left alone with staff or volunteers in a one to one situation without being visible to others.

Visitors to the setting:

- On arrival to the setting all visitors are required to hand in any device that has a camera, including mobile phones and watches. These will be stored safely and returned to them on their departure.
- Visitors must sign in and out in the visitor's book.
- Staff must supervise visitors throughout their time in the setting and must ensure they are never left alone with the children.

Intimate care:

- Intimate care happens when a child is having their nappy changed, receiving medical treatment or being settled for sleep.
- As far as possible, intimate care should always be delivered by the child's key person or a member of staff that cares for that age group of children.
- Children should be changed in warm safe areas. Their dignity and need for privacy must be respected though staff must never change children behind closed doors.



- ☐ When children are ready they should be encouraged to be independent in taking care of their own care needs.
- ☐ Children's individual needs and preferences for intimate care must be considered and accommodated as far as possible.
- ☐ It is always acceptable to offer children comfort and cuddles, but children's rights to refuse that contact must be respected.

Electronic devices within the setting:

Personal mobile phones must not be used during working hours.

- ☐ Personal mobiles must be switched off during working hours and stored in the office.
- ☐ Personal mobiles may only be used on a designated break and only in a child free area of the nursery.
- ☐ A mobile phone will be made available for outings.
- ☐ Personal mobiles must never be used to take photographs of any of the children, areas in the nursery, activities or any member of staff at work.
- ☐ It is the responsibility of all members of staff to be vigilant and report any concerns to the Manager or Designated Lead.
- ☐ Concerns will be taken seriously, logged and investigated appropriately.
- ☐ The Designated Lead reserves the right to check the image contents of a member of staff's mobile phone should there be any cause for concern over the appropriate use of it.
- ☐ Should inappropriate material be found, then our Local Authority Designated Officer (LADO) will be contacted immediately. We will follow the guidance of the LADO as to the appropriate measures for the staff member's dismissal.

Personal electronic device, including watches, that have imaging or sharing capabilities must not be used during working hours.

Photographs taken for the purpose of recording a child or group of children participating in activities or celebrating their achievements is an effective form of recording their progression in the Early Years Foundation Stage. However, it is essential that photographs are taken and stored appropriately to safeguard the children in our care. Only the designated setting's iPads and camera are to be used to take any photo within the setting or on outings.

Images taken must be deemed suitable without putting the child/children in any compromising positions that could cause embarrassment or distress.

All staff are responsible for the storage location of the electronic devices in the settings. See the following policies for the storage locations:

- ☐ Electronic Devices Policy for Fizzy Fish Nursery



- ☐ Electronic Devices Policy for Fizzy Fish Pre-School
- ☐ Electronic Devices Policy for Fizzy Fish Pre-School @ Peter Gladwin.

All electronic devices must be returned to the correct storage area at the end of each working day to be recharged.

Images taken and stored on the camera must be downloaded as soon as possible, ideally once a week. Images must only be downloaded by the Safeguarding Designated Practitioners and stored on the pre-school desktop computer.

Under no circumstances must cameras of any kind be taken into the toilet area without prior permission from a Safeguarding Designated Practitioner. If photographs need to be taken in this area, i.e. photographs of the children washing their hands, staff must be supervised whilst carrying out this activity. Cameras must be able to be seen at all times.

20. Confidentiality

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

21. Record Keeping and Sharing Information

All records, policies and procedures operating within the setting will be confidentially kept, securely stored, properly maintained and reviewed annually.

Records should be clear and legible, signed and dated with specific references to the circumstances in which the disclosure/observations took place.

Records should be concise and record where possible what was happening prior to the behaviour/disclosure.

Where possible records of the child's or adult's own words and include:

- ☐ Date, time and place
- ☐ What was seen or heard by whom
- ☐ Person(s) present
- ☐ What action was taken and by whom.

Records should be relevant, factual, concise. Accurate and objective, dated, signed and stored securely.

Parents will be informed of records held on their child. Safeguarding and child protection will be a standing item on all supervisions and team meeting agendas. If a parent/carer requests to see or have a copy of the information held about their child, they must put the request in writing to the Manager.

22. The Prevent Duty

Fizzy Fish has regard to the Prevent Duty 2015. This duty works alongside other Safeguarding policies and procedures as is required by Working Together To Safeguard Children (DfE 2015).

A Safeguarding Designated Lead Practitioner has oversight of the Prevent Duty at our setting.

See our separate The Prevent Duty Policy.

23. Fundamental British Values



Under the terms of The Prevent Duty, we recognize that we have a duty to uphold Fundamental British Values through our work and the setting's curriculum. These are:

- ☐ Democracy of Law
- ☐ The Rule of Law
- ☐ Individual Liberty
- ☐ Mutual Respect for and tolerance of those with different faiths and beliefs and for those without faith.

See our separate British Values Policy.

24. Safer Recruitment

We are vigilant in our recruitment procedures and follow a stringent procedure each and every time we recruit a new member to join our team.

See our Recruitment and Selection Policy.

25. Training

A Safeguarding Designated Lead Practitioner should have regular reviews of their own practice to ensure they improve over time and have face to face safeguarding training every two years. All other staff will undertake face to face safeguarding training every three years and receive regular updates on Safeguarding. Online safeguarding training should be undertaken by everyone annually on the years that face to face training doesn't take place. Fizzy Fish will not undertake face to face courses via Zoom to ensure that the staff member is fully involved with the course.

26. Policy Review

A Safeguarding Designated Lead Practitioner will review this policy annually or as and when required - such as after a safeguarding incident or if there is new statutory guidance referencing safeguarding issues.

When the policy has been reviewed, all staff must read the new policy and sign and date the Policies and Procedures file to confirm that they have done so.

27. Relevant Contact Details:

Front Door For Families (FDFF)

Unit 14, Woodingdean Business Park, Hunns Mere Way Brighton BN2 6AH.

Telephone: 01273 290400 E-mail: FrontDoorForFamilies@brighton-hove.gcsx.gov.uk

Opening hours 9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

Emergency out of hours 01273 335905 or 01273 335906

Police 01273 665502 or 0845 6070999 or 101

Nahida Shaikh - Prevent Coordinator, Partnership Community Safety Team

Telephone: 01273 290584 Email: Nahida.Shaikh@brighton-hove.gcsx.gov.uk

Mobile: 07717303292 _



Will Robey - Prevent Education Officer

Telephone: 01273 293926 Email: will.robey@brighton-hove.gov.uk

NSPCC Whistleblowing 0800 028 0285

Public concern at work 020 3117 2520

Local Authority Designated Officer (LADO)

ladoenquiries@brighton-hove.gov.uk

National Society for the Prevention of Cruelty to Children (NSPCC) 0808 800 5000

Safeguarding Designated Lead Practitioners contact details

Karen Fothergill 07710 443666 or 01273 227425

Sian Knight 07502 243112 or 01273 227425

Safeguarding Designated Deputy Practitioners contact details

Lucy Robins 01273 727129

Elliott Rowland 01273 227425

Corinne Bibby 01273 227425

Ellie Fothergill 01273 421417

Emma Buss 01273 421417

29. Relevant References:

- ☐ Children Act 1989 - www.legislation.gov.uk/ukpga/1989/41/contents
- ☐ Children Act 2004 - www.legislation.gov.uk/ukpga/2004/31/contents
- ☐ Children Act 2006 - www.legislation.gov.uk/ukpga/2006/21/contents
- ☐ Rehabilitation of Offenders Act 1974 - www.legislation.gov.uk/ukpga/1974/53
- ☐ Safeguarding Vulnerable Groups Act 2006 - www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf
- ☐ What to do if you're worried a child is being abused (HMG 2006) - www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_beibq_abused.pdf
- ☐ Information Sharing: Advice For Practitioners Providing Safeguarding Services DfE 2018
<https://www.gov.uk/government/publications/safeguarding-practitioners-information->

sharing-advice

- Mandatory Reporting Procedure for FGM -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf
- Duty to report 'known' cases of Female Genital Mutilation to the police -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf
- Working Together to Safeguard Children -
www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children
- EYFS Statutory Framework 2017 -
http://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf
- Keeping Children Safe In Education September 2019
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

30. Associated forms:

Complaints Log

Record of Complaint form

Internal Investigation form

Accident or Incident report on Family

Record of Concern

Record of Concern for a Child form

Record of Concern for an Adult form

Low Level Concern Monitoring form

Record of Existing Injury form

Record of Physical Intervention

Safeguarding and Child Protection Body Map

Education Report for Child Protection Conferences

Early Years Foundation Stage Transfer Document

Positive DBS Disclosure Decision Form (Risk Assessment)

Concern Flowchart

Review and update details

Date	R	U	Details	Q	Latest version
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11/1/21	✓	✓	Policy updated and quiz issued.	✓	Issue 12/January 2021
29/6/21		✓	Contact details updates		Issue 13/June 2021
25/5/22		✓	Child abuse linked to faith or belief		Issue 14/May 2022
3/11/2022		✓	Change of staff members		Issue 15/Nov 2022
5/4/2023	✓	✓	Removal of specific LADO details & updating of current forms. Inclusion of Concern Spreadsheet.		Issue 16/April 2023
June 23	✓		Updates made after attending Lead Safeguarding training		Issue 17/June 2023
16/11/23	✓		Specify inclusion of watches with sharing capabilities not be allowed		Issue 18/November 2023

R = policy reviewed, U = policy updated, Q = quiz issued to staff. Please tick the relevant boxes.

Note: A quiz should be issued for new or updated policies and at least once a year.