



Safeguarding Children Policy & Procedure

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

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

(Definition taken from the HM Government document 'Working together to safeguard children 2015').

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the other nursery policies and procedures.

At PrepCare Day Nurseries we will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

To this end we will:

- Create an environment to encourage children to develop a positive self-image
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager at the earliest opportunity.

The legal framework for this policy is based on:

Safeguarding Vulnerable Groups Act (2006)
Early Years Foundation Stage (EYFS) (2023)
Working together to safeguard children (2023)

Practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff will often be the first people to sense that there may be a problem. They may well be the first people in whom children confide about abuse or to spot changes in a child's behaviour which may indicate abuse. The nursery has a duty to be aware that abuse does occur in our society.

This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

Our prime responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work as part of a multi-agency team, where needed, in the best interests of the child.

The nursery aims to:

- Ensure that children are never placed at risk while in the charge of nursery staff
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Ensure that all staff feel confident and supported to share information and seek the help that the child may need
- Ensure staff are trained to understand the safeguarding policy and procedure, are alert to identify possible signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children, i.e. bullying, discriminatory behaviour
- Ensure that all staff are familiar and updated regularly with child protection issues and procedures
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Keep the child at the centre of all we do
- Make any referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Local Safeguarding Children Board .
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by the Local Safeguarding Children Board.

Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group.

Types of abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them, or by failing to act to prevent harm. Children may be abused within a family, institution, or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries.

Recording suspicions of abuse and disclosures

Staff should make an objective record (supported by the nursery manager or Safeguarding Officer) of any observation or disclosure and include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the manager/deputy and/or safeguarding officer and then dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure it is vital details are logged accurately leaving no space for the records to be altered.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with the WCC, Lado and Ofsted, and/or a Early Help Assessment Framework (EHAF/CAF) needs to be initiated. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with the WCC, Lado and Ofsted in any way necessary to ensure the safety of the children.

Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery manager.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear unwell to obtain unnecessary treatment or specialist support.

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- The incident will be discussed with the parent at the earliest opportunity, where felt appropriate
- Such discussions will be recorded and the parent will have access to such records
- If there appear to be any queries regarding the injury, the local authority children's social care team will be notified in line with procedures set out by the Local Safeguarding Children Board (LSCB).

Sexual abuse

Action needs to be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the nursery manager
- The matter will be referred to the local authority children's social care team
- A sensitive and confidential discussion will be held with the parents/carers of any other children party to inappropriate play.

Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they are in a loving consensual relationship. They might be invited to parties and given drugs or alcohol. They may also be groomed and exploited on line.

Child sexual exploitation is a complex form of abuse and it can be difficult for those working with children to identify and assess. The indicators for a child exploitation can sometimes be mistaken for "normal" adolescent behaviours.

Emotional abuse

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Procedure:

- The concern should be discussed with the nursery manager and room leader.
- The concern will be discussed with the parent
- Such discussions will be recorded, and the parent will have access to such records
- An Early Help Assessment Framework (EHAF) form may need to be completed
- If there appear to be any queries regarding the circumstances, the matter will be referred to the local authority children's social care team.

Neglect

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded, and the parent will have access to such records
- A EHAF form may need to be completed
- If there appear to be any queries regarding the circumstances the local authority children's social care team will be notified.

Domestic Violence and Abuse Domestic violence and abuse (DVA) 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 DVA 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 a number of different ways. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DVA on them. Children are always affected by living or witnessing DVA. 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 DVA and to actively support victims and protect children. Staff will be trained in DVA and Hidden Harm (the effect of DVA on children), and one member of staff will be appointed a DVA link for the setting.

We will create an environment that raises awareness of DVA and communicate to all parents/carers that it is a safe place to ask for help. Public information posters, leaflets and stickers on DVA, with key telephone numbers and the name of the link contact staff member, will be displayed on the Parents Notice board.

Staff should be able to recognise the signs of DVA, 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.

Procedure

If staff suspect DVA, they should report to Safeguarding Lead, who will proceed with asking direct questions to suspected victims, using the CAADA RIC (Co-ordinated Action Against Domestic Abuse Risk Assessment Form.) (Downloadable) We do not assume someone else will ask them 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 DVA 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 DVA.

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 DVA as part of a coping mechanism. Staff should ask questions using the CAADA RIC checklist 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 DVA card or leaflet with helpline numbers. They should be prepared to ask again in the future.

The conversation should be recorded. If there are serious concerns about a victim's situation, they should refer the case to the MARAC (Multi-Agency Risk Assessment Conference), (Form

Downloadable) If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

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 or not 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 new born, during childhood, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk.

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 First Response 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.

Peer on Peer abuse

Children may be harmed by other children or young people. Staff will be aware of the harms caused and will use anti bullying procedure where necessary. However, there will be occasions where a child's behaviour warrants a response under child protection.

Abusive behaviour by one child to another will not be tolerated minimised or dismissed as banter or part of growing up.

Concerns should be recorded and given to the DSL as soon as possible.

When dealing with abuse of pupils by other pupils we must be mindful of the potential for prejudice-based bullying, racist, disability, homophobic, and gender based.

Members of staff who become concerned about a pupils sexualised behaviour including and any know online sexualised behaviour should record their concerns and report them to the DSL as soon as possible.

Staffing and volunteering

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will only allow an adult who is employed by the nursery to care for children and who has an enhanced clearance to be left alone with children. It won't allow volunteers to be alone with children or any other adult in the nursery regardless of whether or not they have a DBS clearance.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

We aim to provide clear direction to staff and others about expected codes of practice in dealing with child protection issues. The procedures within this policy are there to ensure that child protection concerns and referrals are handled sensitively, professionally and in a way that supports the needs of the child. All adults working with children have a responsibility to protect children in their care. It is our role to keep our eyes and ears open, to report anything suspicious or evidence of abuse to the Designated Lead Practitioner for safeguarding/child protection in our setting, and are excellent adult role models. Our Designated Lead Practitioners for safeguarding /child protection are (Mrs Zoe Holland Nursery Manager and Miss Leane Green). Through training, they have an understanding of how this process operates and will follow the procedures should any concerns about a child arise. These procedures can be found at <http://www.warwickshire.gov.uk/safeguardtraining>. Staff are also aware of meetings and these are put into place as and when necessary.

According to regulations ALL staff are subject to a satisfactory enhanced DBS check, before commencing employment. In addition to this, all staff submits an up to date CV, attend an interview and supply the names of two referees. [NB Identifying and investigating actual child abuse is the responsibility of the child protection Agencies.] We also consult the DBS official site which is updated every six months. Any new information is shared with all staff. "We are alert to issues for concern in the child's life at home or elsewhere.

We have two named lead practitioners within the nursery who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Lead Safeguarding Officer's. The nursery Lead Safeguarding Officer's liaise with the Local Safeguarding Children Board and the local authority children's social care team, undertake specific training, including a child protection training course, and receive regular updates to developments within this field.

The Safeguarding Officer's at the nursery are: Mrs Zoe Holland and Miss Leane Green . Both are trained up to level 2 in child protection.

- We provide adequate and appropriate staffing resources to meet the needs of children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We give staff members/volunteers and students opportunities to declare changes that may affect their suitability to care for the children including anything in their private life, family members or medical background during regular supervisions (bi-annually) unless needed earlier.
- This information is also stated within every member of staff's contract
- We request DBS checks every three years, or if on the update service checks on their DBS are done every three months.
- We abide by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced DBS checks conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised

- We abide by the requirements of the Safeguarding Vulnerable Groups Act (2006) and the Childcare Act 2006 in respect of any person who is disqualified from providing childcare, is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children
- All visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use
- All staff have access to a whistle blowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB does not allow this. This will usually be the case where the parent or family member is the likely abuser, or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the LSCB.

Support to families

The nursery takes every step in its power to build up trusting and supportive relations among families, staff, students and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate in line with guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

Employees, students or volunteers of the nursery or any other person living or working on the nursery premises

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the procedure below.

The allegation should be reported to the senior manager on duty. If this person is the subject of the allegation then this should be reported to the owner/deputy manager instead.

The Local Authority Designated Officer (LADO), Ofsted and the LSCB will then be informed immediately in order for this to be investigated by the appropriate bodies promptly:

- The LADO will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals (LADO, Ofsted, LSCB) to determine how this will be handled
- The nursery will follow all instructions from the LADO, Ofsted, LSCB and ask all staff members to do the same and co-operate where required
- Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice
- The nursery reserves the right to suspend any member of staff during an investigation
- All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
- Unfounded allegations will result in all rights being re-instated
- Founded allegations will be passed on to the relevant organisations including the local authority children's social care team and where an offence is believed to have been committed, the police, and will result in the termination of employment. Ofsted will be notified immediately of this decision. The nursery will also notify the Disclosure and Barring Service (DBS) to ensure their records are updated
- All records will be kept until the person reaches normal retirement age or for 10 years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary re-investigation
- The nursery retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
- Counselling will be available for any member of the nursery who is affected by an allegation, their colleagues in the nursery and the parents.

Coronavirus COVID-19- Pandemics.

During a pandemic or closure, we will ensure that we are still following all safeguarding procedures., alongside Warwickshire county council guidelines

We will endeavour to keep a DSL on site, if that is not possible a DSL will be available by phone or email to discuss any concerns.

Staff will be trained on how to act and identify new safeguarding concerns in order to follow the correct procedures and raise the alert if necessary

Any updated advice received from local authorities will be passed on to the team via Memos and notice boards and email.

We will ensure that all children who are not attending the setting, that are part of a child protection plan or who have social workers/support workers that we are making and recording regular contact with them. Any concerns to be logged and address accordingly.

We will be calling all parents to offer support and advice, if there are any safeguarding concerns, they will be dealt with following the normal procedures.

If we fail to have any contact with parents, we will offer a door to door visit to ensure all is well, if not, safeguarding procedures will be followed.

If staff or volunteers have any concerns about a member of staff or volunteer that may pose a safeguarding risk to children, yellow forms must be filled in a reported to the DSL.

Information, telephone numbers are available in the Orange COVID-19 Folder.

Outside Agencies and Contact Numbers

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| <i>Warwickshire Family Information Service</i> Information and advice on all services for children, young people and their families. https://www.warwickshire.gov.uk/wscb | 08450908044 |
| Children and Families Front Door (formerly MASH) | 01926 414144 |
| <i>Social Care: - Out of hours emergency duty team</i> For child and adult protection referrals out of hours | 0345 678 9040 |
| <i>Local Authority Designated Officer (LADO)</i> For allegations of abuse made against staff members | 01926 412523 |
| Ofsted Whistleblowing Hotline: (Monday to Friday from 8.00am to 6.00pm) | 0300 123 3155 |
| Ofsted - General Enquiries | 0300 123 1231 |
| The following numbers can also be contacted: | |
| Protecting Vulnerable People (West midlands Police): | 0300 333 3000 |
| NSPCC: | 0800 800 5000 |
| Childline: | 0800 1111 |
| Police - Rugby | 01788 541111 |
| If you think a child is in immediate danger then call the emergency services on: 999 | |

Date Autumn 2024

Review Autumn 2025

Signature

Position Deputy/Manager