



Safeguarding and Child Protection Policy and Procedures

1. Safeguarding Policy

1.1. Policy Statement

1.1.1 The Springfield Project recognises that the safety and wellbeing of children is of paramount importance. It is the policy of The Springfield Project to provide a safe and secure environment in which children can thrive and develop, and where all aspects of their welfare will be protected. The Springfield Project is committed to providing early help to children and families with emerging problems, through the provision of universal and targeted services, and through coordinated support with other agencies. The Springfield Project will take immediate steps to protect children who are suffering, or at risk of suffering, significant harm. In line with the Department for Education publication “Working Together to Safeguard Children” (2015) the Springfield Project accepts the following as the definition of safeguarding and promoting the welfare of children:

- 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

1.1.2 This policy is consistent with the Department for Education publication: “Working Together to Safeguard Children” (2015) and with the procedures of the Birmingham Safeguarding Children Board and EYFS welfare requirements. It is also consistent with “Keeping Children Safe in Education 2016”. The Springfield Project recognises that safeguarding policy, procedures and practice need to be reviewed regularly to improve the way safeguarding issues are managed and improve outcomes for the most vulnerable children.

1.1.3 Any child using the services of the Springfield Project may disclose to a staff member or volunteer any abuse they may be suffering elsewhere in their lives and staff and volunteers will be vigilant for the signs of abuse.

1.1.4 Any indicators that a child may be suffering from abuse will immediately trigger the Safeguarding Procedures detailed in this policy, (see Appendix C). These procedures are consistent with the guidelines and procedures of the Birmingham Safeguarding Children Board (BSCB).

1.2 Recruiting Staff and Volunteers

1.2.1 In recruiting staff and volunteers the Springfield Project will follow a systematic selection process designed to assess the applicant’s suitability for the post and to work with children. All recruitment will be in line with Safer Recruitment guidelines.

1.2.2 This includes applicants providing two satisfactory references from suitable referees, documentary evidence of identity and right to work in this country, documentary evidence of qualifications, a medical declaration and a satisfactory check from the Disclosure and Barring Service. Please see the Recruitment and Selection Policy for more details.

- 1.2.3 All staff appointments to the Springfield Project will be subject to a six month probationary period during which time they will be closely supervised. Thereafter all staff will have an annual staff appraisal which will be recorded and filed in their personnel file, along with their qualifications and training received.
- 1.2.4 All paid staff and volunteers of the Springfield Project will have clear job roles detailed for them.
- 1.2.5 The supervision of staff and volunteers will be used as a means of ensuring that the children using the services of the Springfield Project receive adequate and appropriate protection and support.
- 1.2.6 All senior staff taking part in recruitment and selection will undertake Safer Recruitment training.
- 1.2.7 At least one member of the leadership team will be a qualified social worker with experience of statutory social work and child protection.
- 1.2.8 Professionals who are contracted to provide a service within Project premises, but are employed by another organisation, are required to provide a copy of their DBS certificate and their details will be added to the Single Central Record. They will be required to read the Springfield Project Safeguarding Policy and to comply with the Project's policies and procedures.

1.3 Training of Staff and Volunteers

- 1.3.1 The induction procedure for all new staff and volunteers will include basic information about recognising and responding to child protection issues. Staff and volunteers will be introduced to the Designated Safeguarding Leads during their induction.
- 1.3.2 Staff at all levels of the organisation will be expected to undertake mandatory child protection training through the Birmingham Children's Trust or the Birmingham Safeguarding Children Board. Child protection awareness workshops will be provided by the Designated Safeguarding Leads at least once per term, to all new staff and volunteers. All new staff and volunteers are required to attend this training within 3 months of their start date.
- 1.3.3 The Designated Safeguarding Leads, and the Deputy Safeguarding Leads will attend Child Protection training for managers at least every 2 years to update their knowledge and inform practice in the Project.
- 1.3.4 The Springfield Project will ensure that issues of child protection receive continuous attention and will regularly review the way that the organisation operates to support this principle.
- 1.3.5 All staff, volunteers and students are made aware of the conduct expected of them, which is detailed below in section 2.8.
- 1.3.6 All staff will receive child protection updates via email and via team meetings as and when required.

1.4 Designated Safeguarding Leads

- 1.4.1 For Mini-Springers Nursery the Designated Safeguarding Lead is the Nursery Manager Fiona Walsh, and the Deputy Designated Safeguarding Leads are the Deputy Nursery Manager, Baljit Kalsi and Helen Cremins, SENCO. For Park Road Nursery the Designated Safeguarding Lead is the Nursery Manager, Sarah Mullis. For all other Project services the Designated Safeguarding Lead is the District Children's Centre Manager, Carol Ferron Smith, and the Deputy Designated Safeguarding Leads are the Family Support Manager Sayma Bibi, Early Years Manager Fuazia Azad, Senior Family Support Worker Michelle Henson and Family Support Worker Mina Tanna.
- 1.4.2 The Designated Safeguarding Leads are responsible for ensuring that safeguarding is seen as a priority by all staff and volunteers, and for ensuring that all staff and volunteers are aware of what steps they need to take if they are concerned about the welfare of a child.
- 1.4.3 Details of the Designated Safeguarding Leads and Deputy Safeguarding Leads will be displayed in all office areas and staff areas including outreach venues. They will also be displayed in public areas, with information for the public on what they should do if they are concerned about the welfare of a child.

- 1.4.4 A DSL timetable with contact details is displayed in the main office and in the staff whereabouts.
- 1.4.5 The Designated Safeguarding Leads will ensure that at least one Designated Safeguarding Lead is on duty at all times. During holiday periods clear information will be provided for staff at all outreach venues which Designated Safeguarding Leads are on duty.
- 1.4.6 The Designated Leads will meet on a termly basis to share information, and ensure that any changes in legislation or practice are incorporated into policy, procedure and practice.

1.5 Under 18's

Everyone between the ages of 16 to 18 working or volunteering in our setting in whatever capacity is afforded the protection of this policy. It is inappropriate for any staff to undertake a relationship with anyone between 16 and 18 "working in our setting". It may be construed as an abuse of power (Sexual Offences Act 2003).

1.6 Wider Issues

- 1.6.1 The Springfield Project recognises that, in providing services, it has a responsibility beyond detecting and reporting individual cases of child abuse. It has a duty to prevent abuse and neglect through the services it offers to support and educate parents and families about the safety and welfare of children. The Springfield Project has a responsibility to provide children and young people with relevant information, skills and attitudes to help them to keep themselves safe and communicate concerns and feelings. The Project hopes that children will feel confident that they can confide in staff or volunteers on issues of neglect, abuse and deprivation. Through effective internal communication and information sharing, families with needs beyond universal services will be identified and assessed with effective packages of support put in place.
- 1.6.2 The Springfield Project aims to work in partnership with parents and carers to build an understanding that it is everyone's responsibility to ensure the welfare and safety of all children. Parents will be informed on a routine basis that safeguarding children is a priority and that the Project has a duty to refer on issues of concern about the safety of children. The Springfield Project will always respect the wishes and feelings of parents and no action will be taken in respect of a child without parental consent, unless there are concerns about the safety and wellbeing of the child.
- 1.6.3 The Springfield Project will promote safeguarding to all professionals visiting the building. Professional visitors to the building will be asked to wear a visitor's badge, containing our safeguarding statement.
- 1.6.4 The Springfield Project has a responsibility to monitor children who have been identified as 'at risk' and to work closely with other agencies to safeguard children. The Children's Centre will take an active part in any core group, or inter-agency group relating to children that are known to us. The Project representatives will attend all Child Protection Conferences, core group meetings, and Our Family Plan meetings except in exceptional circumstances. Where attendance is not possible, a written report will be provided.
- 1.6.5 The Children's Centre plays an active role in the locality Early Help Panel.

1.7 Non-attendance

- 1.7.1 If a child is absent from Nursery longer than 2 days and no telephone call or message is received we will contact the parent/carer to enquire why the child is not at nursery. This enables us to keep a record on all children within the nursery.
- 1.7.2 If a parent/carer or child is booked in to a course or group at the Children's Centre, and does not attend, the course leader will contact the parent/carer to enquire why they did not attend. If non-attendance is a cause for concern, the course leader should consider making an internal

referral for Family Support. Action taken in relation to non-attendance will be proportionate to the level of concern.

1.7 E-safety

- 1.8.1 The project will take steps to ensure that children are safe online and will provide information to parents on e-safety.
- 1.8.2 All computer equipment contains appropriate filters and monitoring systems.
- 1.8.3 Age appropriate information will form part of the curriculum in The Springfield Project nurseries.

1.8 Child Sexual Exploitation

The project recognises that Child Sexual Exploitation is an issue that may affect families that we work with. Any concerns in relation to Child Sexual Exploitation will be followed up in accordance with Child Protection Procedures and in line with the specific guidance from the Birmingham Safeguarding Children Board:

http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_sexual_exploit.html

<http://www.lscbbirmingham.org.uk/index.php/cse>

The Project will ensure that key members of staff receive training around Child Sexual Exploitation.

1.9 Violent Extremism

The project recognises that children and adults may be vulnerable to being drawn towards violent extremism. Concerns about extremism will be dealt with in accordance with Child Protection Procedures. The Project will ensure that key members of staff receive training around Preventing Violent Extremism.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

1.10 Female Genital Mutilation

The project recognises that girls in our community may be at risk of Female Genital Mutilation. Concerns about FGM will be followed up in accordance with Child Protection Procedures and in line with the specific guidance from Birmingham Safeguarding Children Board:

http://www.lscbbirmingham.org.uk/images/P_and_P_2015/FGM_Mandatory_Reportिंग_Protocol.pdf

1.11 Domestic Violence and Abuse

- 1.12.1 The Project aims to provide a safe environment where women and men can seek support for issues around domestic violence and abuse. The Project provides specialist support for domestic violence through the Freedom Programme and a lead worker within the Family Support Team. The Project is represented on the local Domestic Violence forum and has strong links with specialist domestic violence providers.
- 1.11.2 The most effective way to protect children from the impact of domestic violence is to support their non-abusing parent to make informed choices and to empower them to act in the best interests of themselves and their children. In the majority of cases, the non-abusing parent is able to prioritise their children's safety and they should be supported to do so. In some situations it will be necessary to apply child protection procedures in situations of domestic violence. The decision to make a referral should be made in conjunction with the Children's Trust's Right Help, Right Time guidance relating to domestic violence.

- 1.11.3 Staff should be aware that seeking support around domestic violence can increase risk for the parent and their children. The safety of non-abusing parent and children should be the priority at all times, and conversations with perpetrators should not take place without the parent's consent and specialist advice.

1.12 Honour-based violence, forced marriage

The project recognises that children and adults may be vulnerable to honour-based violence or forced marriage. Concerns about honour-based violence will be dealt with in accordance with Child Protection Procedures. The Springfield Project keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation. The Birmingham Safeguarding Board has issued a Forced Marriage Protocol which can be found here: http://www.lscbbirmingham.org.uk/images/Forced_Marriage_Protocol.pdf

1.14 Gangs and Youth Violence

The project recognises that young adults may be vulnerable to gangs and youth violence. Concerns about gangs and youth violence will be dealt with in accordance with Child Protection Procedures. Further guidance in this area can be found on the Birmingham Safeguarding Children board website:

<http://westmidlands.procedures.org.uk/pkpzs/regional-safeguarding-guidance/children-affected-by-gang-activity-and-youth-violence#>

1.15 Young Carers

The project recognises that children and young people may be young carers. A lead worker within the Family Support Team will ensure that The Springfield Project remains up to date on the latest advice and guidance provided to assist young carers, and is aware of local agencies that provide specialist support for young carers.

1.16 Looked After Children

Staff training will ensure an awareness of looked after children. The designated Leads for LAC are the Nursery Manager and the Children's Centre Manager.

1.17 Children with SEND

Children with SEND may face additional safeguarding challenges. DSLs will be aware of specific services and issues for these children. Nursery also has a Designated SENCO role.

2. Child Protection Procedures

2.1 Identifying concerns

Child protection procedures must be implemented if a child is suffering, or is likely to suffer significant harm. A child may be harmed by parents, other relatives or carers, professionals and other children. Abuse can occur in any family, in any area of society.

2.2 Child Protection Definitions

There are four categories of significant harm to children:

- 2.2.1 **Physical abuse** may involve hitting, throwing, shaking, poisoning, burning, scalding, drowning, suffocating or any form of physical harm to a child. Physical harm may also be caused by adults

- feigning children's symptoms of illness or deliberately causing, or fabricating, illness in a child they are caring for.
- 2.2.2 **Emotional abuse** is the persistent emotional ill treatment of a child which causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless, unloved, inadequate, or valued only as far as they meet the needs of another person. Expectations inappropriate to the age or developmental stage of the child may be imposed. It may involve children feeling frightened or in danger. Some level of emotional abuse is involved in all types of abuse. Children living with domestic violence are likely to be suffering emotional harm.
- 2.2.3 **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. This may involve physical contact, including penetrative and non-penetrative acts or activities such as watching sexual activities, pornographic materials or being involved in their production, or encouraging children to behave in sexually inappropriate ways.
- 2.2.4 **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the impairment of the child's health or development. It can involve failing to provide adequate food, shelter, clothing, failure to protect a child from physical harm or the failure to ensure access to appropriate medical care or treatment. It may involve neglect of a child's basic emotional needs.

If any category of abuse is suspected the following procedure should be put into action:

- 2.2.5 If you are concerned that a child is being abused or neglected then it is your responsibility to alert your Designated Safeguarding Lead immediately.
- 2.2.6 The Designated Safeguarding Lead will listen to the information, and make a decision on the next course of action. The information and decision will be recorded in line with section 2.3 below. Where abuse is suspected the Designated Safeguarding Lead will ensure that the matter is referred to the Children's Trust, Children's Advice & Support Service on the same day. See appendix A for contact details. A referral must be made by telephone to CASS in the first instance, and followed up in writing within 24 hours. Request for support is found on the website of Birmingham Safeguarding Children's Board:
www.lscbbirmingham.org.uk/index.php/safeguarding-concerns
- 2.2.7 Whilst the Designated Safeguarding Lead is the responsible person for ensuring that action is taken, there may be times where a member of staff does not agree with the course of action chosen. If a member of staff is not satisfied with the decision of the Designated Safeguarding Lead, and is still concerned for the safety and welfare of a child, they have a duty to make a referral to Children's Services themselves (Refer to Appendix B and follow procedures). No member of staff will be disadvantaged or penalised for taking this action. Safeguarding is everyone's responsibility.
- 2.2.8 Where it is unclear whether a referral should be made, a telephone consultation should take place with the CASS. If there are still concerns following the telephone consultation then a Referral should still be submitted to CASS.
- 2.2.9 Where concerns are around the neglect of a child, due to inadequate care over time, an Early Help Assessment may be the most appropriate course of action. Where the neglect places the child in immediate danger a referral should be made to CASS.
- 2.2.10 It is best practice to share with parents that a referral is to be made to CASS. Where possible parents should be asked to give consent to referrals. Parents should not be informed of referrals where the sharing of this information places the child or another adult at risk of harm. If there is doubt about this, a telephone consultation should take place with the CASS, before speaking to

parents. When communicating with parents about a referral to CASS it must be stressed that the action is taken in order to assist positive and constructive change for children, not to punish or disadvantage parents.

- 2.2.11 The Designated Safeguarding Lead, or a nominated worker, will ensure that the referral has been received by CASS. If no feedback is received within 24 hours, contact must be made with CASS to confirm what action will be taken.
- 2.2.12 Where there is disagreement between agencies about action to be taken, staff will follow the Birmingham Safeguarding Children Board Resolution and Escalation Protocol [http://www.lscbbirmingham.org.uk/images/P and P 2015/Resolution and Escalation Protocol July 2015.pdf](http://www.lscbbirmingham.org.uk/images/P_and_P_2015/Resolution_and_Escalation_Protocol_July_2015.pdf)
- 2.2.13 A flowchart of the action to be taken where there are concerns about a child, can be found at Appendix C.

2.3 Where an Our Family Plan is in place (following Early Help Assessment)

Where a referral is made in relation to a child on an Our Family Plan, the Our Family Plan is suspended until the outcome of the CASS decision is known.

2.4 Continuing working relationships with families

In the vast majority of cases the Project will continue to have a relationship with the family after a referral has been made. Whilst relationships with the family may suffer in the short term, they will improve over time and concern about the continuing relationship is **not** a reason to not refer.

2.5 What to Do if a Child Discloses They Are Being Abused

- 2.5.1 Keep eye contact with the child at their level.
- 2.5.2 Listen carefully to what the child is saying.
- 2.5.3 Do not panic or show any feelings other than concern.
- 2.5.4 Believe the child - they rarely lie about abuse.
- 2.5.5 Reassure the child that what has happened to them was not their fault but do not pass comment on the abuser.
- 2.5.6 Tell the child what you are going to do and say you will let them know what will happen next.
- 2.5.7 Write down exactly what they said as soon as possible to keep the account accurate. Date and sign it and pass it on to the Designated Safeguarding Lead immediately.
- 2.5.8 Report immediately to the Designated Safeguarding Lead, as detailed above.

2.6 Recording a Child Protection concerns and information sharing

- 2.6.1 When recording child protection concerns you need to take into account the following golden rules: Be open & honest; Seek Advice; Share with informed consent where appropriate; consider safety & wellbeing; Necessary proportionate, relevant, adequate, accurate, timely and secure; keep a record. (Source: Information Sharing; Guidance for Practitioner's and Managers. HM Government 2015).
Follow link to access Request for Support form to be completed and sent to CASS.
[http://www.lscbbirmingham.org.uk/images/Request for Support/Request for Support v20170602 FORM.docx](http://www.lscbbirmingham.org.uk/images/Request_for_Support/Request_for_Support_v20170602_FORM.docx)
- 2.6.2 Data Protection is not a barrier to justified Information sharing
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information sharing advice safeguarding practitioners.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

2.7 Recording Information

- 2.7.1 All child protection records will be securely stored in a locked filing cabinet in the main office. If the child attends Nursery the record will be stored separate from the child's normal file. Child protection records relating to family support cases will be kept within a confidential section of the main family support file. The Designated Safeguarding Lead will maintain a record of all referrals made to Children's Services for monitoring purposes.
- 2.7.2 The Designated Safeguarding Lead will maintain a record of all referral made to CASS for monitoring purposes

2.8 Support for staff and volunteers

The Springfield Project recognises that dealing with safeguarding issues and disclosure of abuse is stressful for staff or volunteers and will offer support as appropriate, particularly to debrief after an incident.

2.9 Concerns Regarding Persons in a Position of Trust

- 2.9.1 For the purpose of safeguarding children, all staff, volunteers, students and trustees are regarded as 'persons in a position of trust'.
- 2.9.2 If a concern arises against any person in a position of trust, this must be notified to the Designated Safeguarding Lead and the CEO. This also applies to concerns arising against a member of the Board of Trustees.
- 2.9.3 If the concern relates to the Designated Safeguarding Lead and/ or the CEO, the concern must be notified to the Designated Safeguarding Trustee, Yvonne Gordon.
- 2.9.4 If any concern raises a query as to a person's suitability to work with children that person will immediately be taken to one side and informed that an allegation has been made against them. At this point they will not be told of the nature of the allegation.
- 2.9.5 They will be removed from any direct contact with children, which may result in suspension without prejudice, in accordance with the staff handbook.
- 2.9.6 They will be offered support from a designated colleague.
- 2.9.7 If the parent of the child is not already aware of the concern they will immediately be informed and if at all possible confidentiality of all parties concerned will be maintained.
- 2.9.8 The Designated Safeguarding Lead for the Springfield Project will refer the matter to the Local Authority Trust Designated Officer (LADO) team. The referral form is available through the BSCB website. Where it is unclear whether a referral is required, telephone consultation should take place with the LADO team on 0121 675 1669. If the allegation is made out of office hours, the Emergency Duty Team Children's Trust (0121 675 4806) will be contacted and made aware of the situation.
- 2.9.9 Where an incident constitutes a notifiable incident, Ofsted will be informed of the concern and the actions taken (0300 123 3155).
- 2.9.10 The Springfield Project will fully co-operate at all times with any external investigation, which may include a multi-agency "Position of Trust Co-ordination Meeting" and will take on board any advice given in relation to the allegation.
- 2.9.11 If the allegation is founded, the perpetrator will be taken through the disciplinary process and immediately dismissed for gross misconduct. Their name will be referred to the Secretary of State for possible inclusion in the list of people barred from working with children.
- 2.9.12 If not proven the advice given by the principal officer for Children's Trust and the Local Authority Designated Officer for Early Years will be followed.
- 2.9.13 These procedures also apply where concerns arise within the personal life of the person in a position of trust, which relate to concerns about possible risk to children.
- 2.9.14 Staff should also be aware of the Whistle Blowing Policy.

2.9 Child Death Procedure

- 2.9.1 Where Project staff become aware of the death of a child known to the centre, unless through an official notification, the child's death must be notified to the Birmingham Safeguarding Children Board, using the Child Death Overview Panel Form A notification form (available through the BSCB website).
- 2.9.2 Where the injury, serious accident or death of a child occurs within the Project childcare provision, this must be notified to Ofsted and to the Local Authority Designated Officer. For more detailed information on this requirement please see the Ofsted guidance: https://ofstedonline.ofsted.gov.uk/outreach/Ofsted_Serious_Notification.ofml

2.10 Code of conduct for all staff, volunteers and students

Staff, volunteers and students on placement are expected to adhere to the following code of conduct in respect of their contact with children, young people and families:

- 2.10.1 All children are to be treated with dignity and respect, their opinions and preferences will be listened to and taken into consideration.
- 2.10.2 Staff, students and volunteers must not make discriminatory remarks at any time, and must not show favouritism to any individual child or group of children.
- 2.10.3 In line with the Professional Boundaries Guidance, staff and volunteers should make their Line Manager/Supervisor/Co-ordinator aware when they know children in a context outside the setting as it could lead to a conflict of interests and are reminded that they should always maintain confidentiality and act in a professional manner.
- 2.10.4 Staff, students and volunteers are not permitted to take mobile phones, smart watches or personal cameras into any area where children are likely to be present. Phones, smart watches or personal cameras must be locked in the locker or desk drawer provided for safe storage of personal items. Anyone needing to make calls should do so during their break. Staff needing to receive urgent phone calls may give out the main Project number (0121 777 2722) and the receptionist will take a message and email the appropriate person. For messages for Mini-Springers Nursery staff email Fiona Walsh Nursery Manager. For messages for Park Road Nursery staff email Sarah Mullis Nursery Manager.
- 2.10.5 Physical contact with children is a necessary part of the care of young children. Staff and volunteers need to ensure that all physical contact is appropriate and professional. Refer to Safe Touch Guidelines.
- 2.10.6 Staff, students and volunteers should use discretion when a child is upset and let the child take the lead. Not all children want to be comforted. This must be in full view of everyone else and should only be necessary with young children.
- 2.10.7 If a child needs help with toileting, or if clothing has to be removed to administer first aid, then wherever possible another adult should be present. All first aid and non-routine personal care will be recorded and parents informed.
- 2.10.8 Staff, students and volunteers have a responsibility to ensure that the Springfield Project is a safe and secure environment for all. They are expected to ensure that children do not experience abuse or bullying and should refer to the Behaviour Management Policy for strategies to deal with bullying and in Staff Handbook for Adults.
- 2.10.9 No punishment or sanctions are to be used apart from those set out in the Springfield Project's Behaviour Management Policy or a child's individual education plan.
- 2.10.10 If a volunteer or member of staff brings their own child to the Project, the child will be afforded the same protection as detailed above. The parent must adhere to these guidelines, to include not showing favouritism or giving punishments or sanctions apart from those in the Behaviour Management Policy.

3 Recording Accidents or injuries

- 3.10.1 Every member of staff or volunteer should record any injuries on an Incident Sheet. Very often parents explain visible bruises themselves on arrival, e.g. 'Simon bumped his head yesterday when he fell against the table.' Where parents do not volunteer the information, they should be asked about the origin of injuries. 'Appreciative inquiry' in respect of children's health and wellbeing should be seen as a normal part of communicating with parents.
- 3.10.2 The nature of the injury and the date should be recorded, as well as any information provided by the parent, even though this may seem trivial. At a later date a pattern to these types of injuries may emerge, or frequency noticed, and without records this could not be identified.
- 3.10.3 All accidents that happen within the Centre should be recorded on an Accident Report Form and parents notified on collection of the child and asked to sign the form to say that they have read and understood what has been recorded.
- 3.10.4 As well as recording injuries staff and volunteers must keep clear records of disclosures, changes in behaviour etc. All information should be recorded accurately: what has been observed, heard or disclosed, and the record must be dated and signed. Any actions taken in relation to concerns for a child's welfare must be recorded, signed and dated.
- 3.10.5 When children in Nursery move on to another setting all their records will be transferred and records are requested from previous settings a child has attended. At transition times any concerns regarding safeguarding will be passed to the new setting's Child Protection Officer.

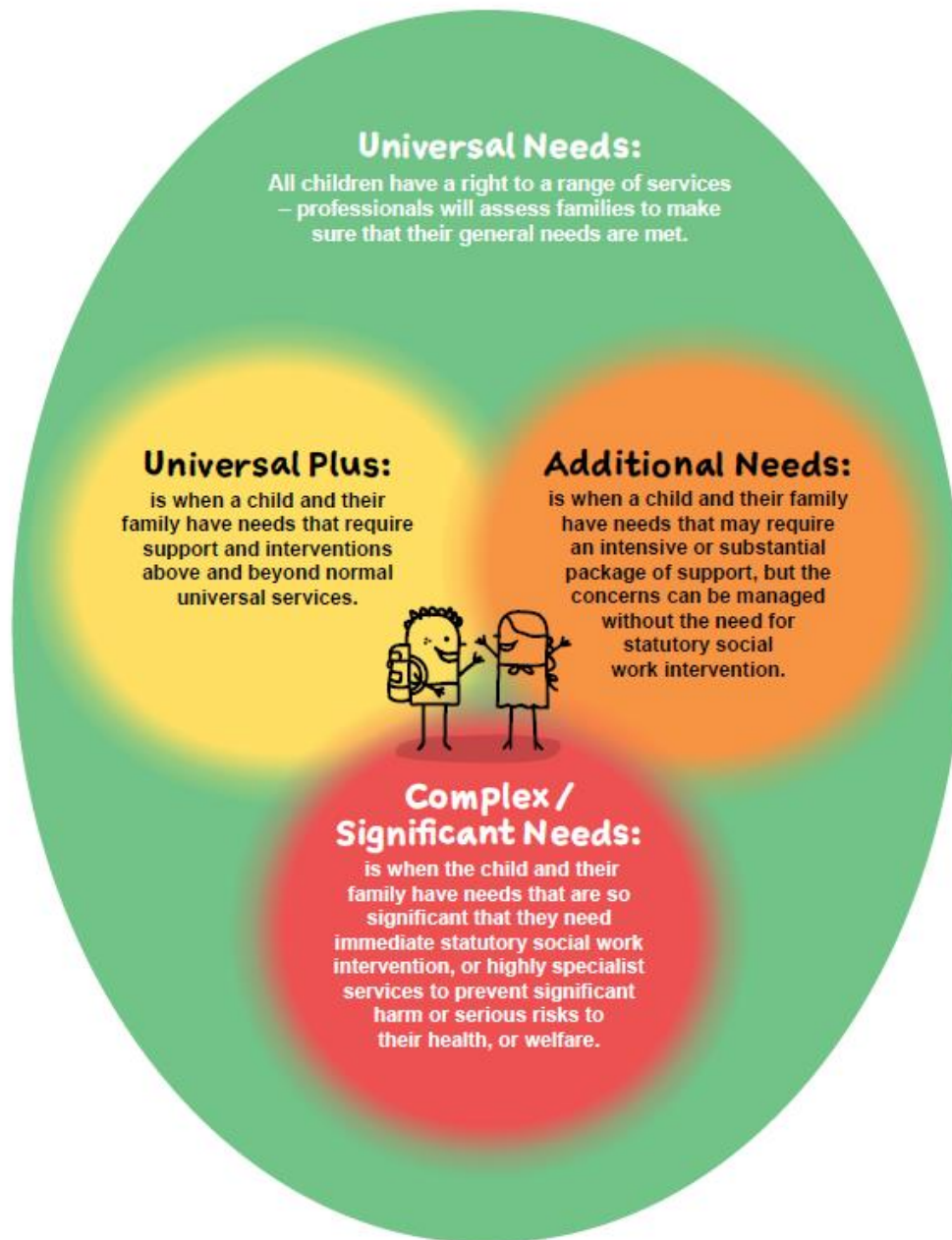
This policy is to be reviewed annually by the Springfield Project Designated Safeguarding Leads and the Board of Trustees with input from parents, staff, volunteers and children.

This policy was revised and updated September 2019.

Review date: September 2020

Right Help, Right Time

In January 2018, the Birmingham Safeguarding Children Board published the refreshed threshold guidance *“Right Help, Right Time” – Delivering effective support for children and families in Birmingham*. (Version 3). The framework provides everyone with clear advice about what to do and how to respond if a child and their family need extra support.



Children's Advice and Support Service (CASS)

- CASS is the first port of call for services relating to children, young people and their families
- Priority is given to calls relating to safeguarding (MASH). Calls are also sign posted for universal services including;
 - advice and guidance
 - school holiday / leisure activities
 - school admission
 - support groups for struggling families
- How to contact CASS –

☎ - 0121 303 1888

✉ familyinformation@birmingham.gov.uk

outside office hours Emergency Duty Team on 0121 675 4806

Searchable website: www.mycareinbirmingham.org.uk

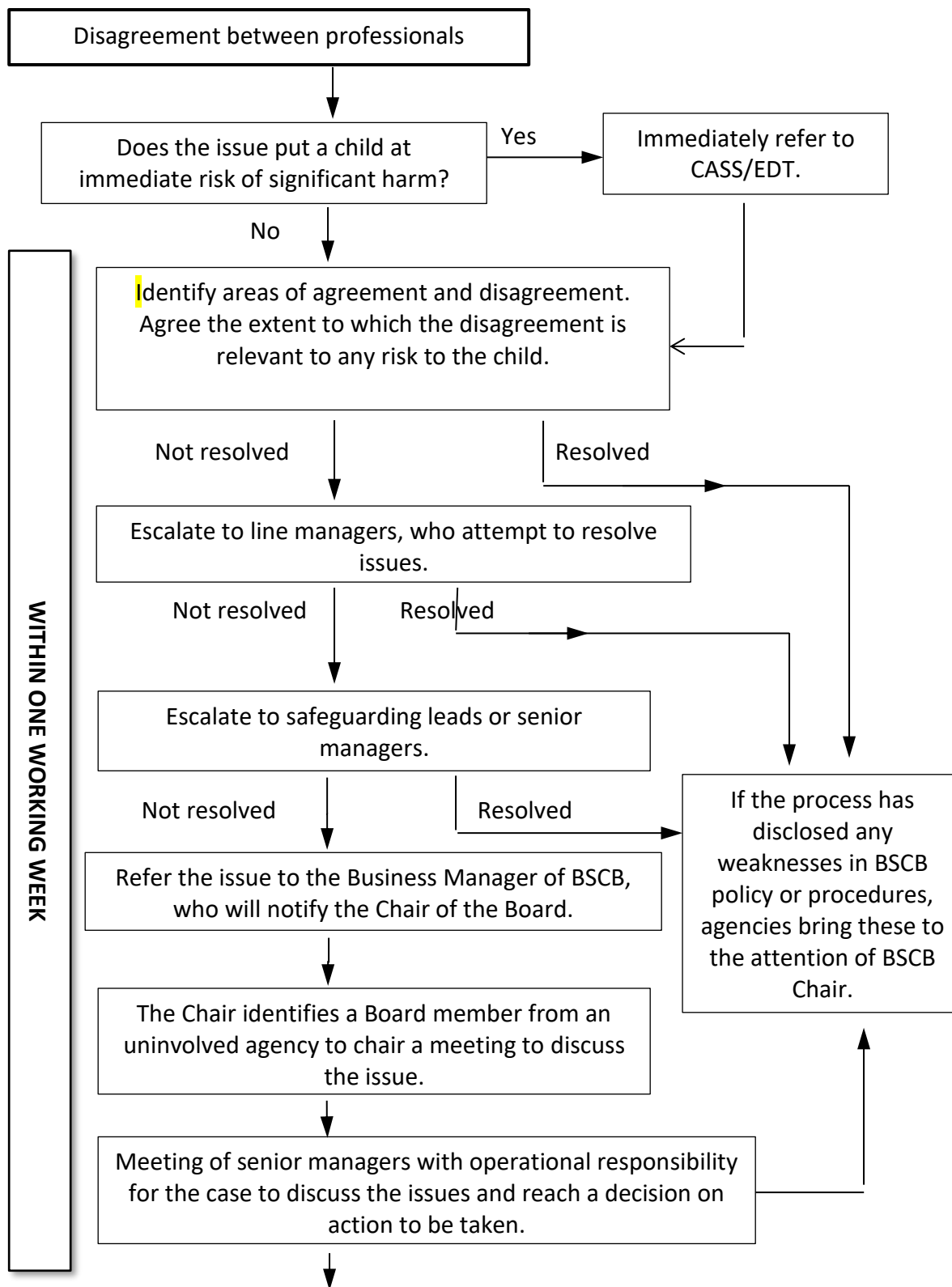


www.lscbbirmingham.org.uk



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WITHIN ONE WORKING WEEK



Chair of meeting reports back to chair of BSCB.

Appendix C

RESPONDING TO CONCERNS ABOUT A CHILD

