SAFEGUARDING POLICY

This policy reflects current legislation. It has been reviewed by the Board of Directors and is updated at least annually or sooner if there is a change in legislation, guidelines or practice.

The Children Act 1989 emphasises that safeguarding children is everyone's business and responsibility.

Guidance from "Working Together" – Circular 488 and subsequent legislation / statutory guidance including Keeping Children Safe in Education (September 2016) confirms that all agencies concerned with the care of children are aware of the need to adapt and change in response to the growth of knowledge and understanding and they must all share the responsibility for establishing and maintaining close working relationships for all types of cases involving the protection of children.

Children with disabilities are particularly vulnerable. Staff at Friends and Families of Special Children (FAFOSC) Charity should recognise that disabled children are at increased risk of abuse and neglect and that the presence of multiple disabilities appears to increase that risk. Staff are made aware of the definitions of abuse, the need to be alert to the possibility of abuse and to recognise potentially abusive situations. They are aware that safeguarding is a key responsibility whether in the children's home, school environment, or on outings and activities.

FAFOSC Charity staff have the responsibility whenever possible to raise the young people's awareness of potential risks in order to help them to recognise abusive situations. All the Charity's Policies must be adhered to and this policy and the guidelines must be read with other policies.

No one policy constitutes "safeguarding". The culture is led by utilising a mixture of policy and protocol guidance, safe recruitment, training, supervision, quality assurance and accurate observation of practice, within an open and transparent culture.

AIMS OF THIS POLICY

1. To ensure that staff understand that we ALL have an equal responsibility to act on any suspicion or disclosure that may suggest that a young person is at risk of harm.
2. To provide staff with all the necessary information to enable them to meet their child protection responsibilities.
3. To ensure consistent good practice.

4. To demonstrate Dame Hannah's commitment with regard to safeguarding to young people, parents and other stakeholders.
5. To demonstrate the Charity's view that the welfare of any young person is paramount.
6. To ensure that safeguarding practice applies equally to all regardless of age, gender, ability, culture, race, language, religion or sexual identity.
7. To make staff and young people aware of the appropriate support available to them.
8. To encourage a culture this enables challenge, candour and whistleblowing.

ROLES WITHIN FAFOSC

The Safeguarding Designated Lead (SDL)/Office Manager

• is an appropriately trained senior member of staff
• acts as a source of support and expertise to the Children's Home
• will lead on all aspects of referral
• will maintain requisite records
• attends meetings (as appropriate)
• develops and maintains links with relevant agencies
• ensures that the Safeguarding Children Policy is updated annually
• liaises with the Responsible Individual and the Directors for safeguarding
• keeps a record of staff attendance at child protection training
• ensures that the Safeguarding Children Policy and procedures are implemented and followed by all staff
• ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with whistle blowing procedures
• ensures that children and young peoples' safety and welfare are addressed through the policy and practices.
• makes the Safeguarding Children Policy available to parents
• Meets up to 6 times a year with the Deputy Safeguarding Designated Lead (see below) for professional discussion, practice review and supervision as required

The Deputy Safeguarding Designated Lead (DSDL)

• is appropriately trained
• in the absence of the SDL carries out those functions necessary to ensure the on-going safety and protection of children and young people (see above)

• In the event of the long-term absence of the SDL will assume all of the functions above

The Board of Trustees/Directors
• ensures that the charity has an SDL for child protection who is a member of the senior leadership team
• ensures that the Safeguarding Children Policy procedure is reviewed annually and is made available to parents on request
• ensures that procedures are in place for dealing with allegations of abuse made against members of staff, including allegations made against the Office Manager. The responsible Individual is responsible for liaising with the Local Authority Designated Officer (LADO / MASH) and other agencies in the event of an allegation being made against the Office Manager.
• Nominates a Trustee/Director to undertake the role of Safeguarding Trustee.
• confirms that a training strategy ensures all staff, including the Office Manager, receives child protection training, with refresher training at three-yearly intervals
• confirms that the SDL receives refresher training at two-yearly intervals

Child Abuse
The UK government guidance Working Together to Safeguard Children 2015 identifies four types of child abuse - **Physical abuse, Neglect, Emotional abuse and, Sexual abuse**.

Bullying / Cyber bullying is also recognised as abuse and is included within this policy.

Other concerns regarding abuse are raised by **Female Genital Mutilation (FGM) and Sexual Exploitation (CSE)**

Identification and Recognition of Child Abuse
Abuse is about power and may reflect an imbalance of power. Therefore, someone who feels disempowered, a failure, inadequate or lacking in recognition may bolster their ego and sense of power by picking on someone more vulnerable who cannot, or is less able, to fight back.
This can give a sense of power that is reinforced by the abuse.

Where a child has disabilities, abuse may take place because of:
• sheer frustration
• guilt
• anger

• child not understanding
• carers getting exhausted – reaching "screaming point"
• parents 24 hours plus with no respite
• not enough support
• abuse of power by staff / others
• child's lack of or poor communication
• the need for intimate care
• poorly co-ordinated and inconsistent care from multiple carers
• the views of disabled children not being valued or sought

The following signs and symptoms are for guidance only. It must be remembered that alternative medical or social explanations may exist for the problems listed here. With any child, there may be considerable overlap between one category of abuse and another.

Physical Abuse – including fabricated or induced injury / illness: Please note: Most injuries to children are accidental and can be readily explained but must be explored thoroughly. All children receive bumps and bruises as a result of the rough and tumble of normal play.

Factors associated with injuries which may arouse suspicion that they are not accidental include:
• where the explanation is not consistent with the injury, or with the child's age and stage of development;
• where there is no explanation at all, or the explanation offered changes;
• where there has been unreasonable delay in seeking medical advice;
• where there is a history of frequent injuries, even though the explanation of each individual occurrence may appear adequate. This can also indicate lack of supervision or possible medical problems;
• where the child has bruises or other injuries of different ages at the same time;
• where there is multiple facial bruising, particularly around the mouth, ears or eyes;
• where there are unexplained or inadequately explained burns or bite marks, or both;
• where there is evidence of 'finger-tip bruising', (i.e. bruising caused by part of a child's body being gripped tightly to shake it);
• ingestion of toxic substances, particularly when there is more than one incident.

Neglect

Neglect is defined as the failure to meet the basic needs of the child or to ensure their safety - it may be wilful or unintentional. It may include failure to provide food, warmth, clothing, appropriate stimulation or inconsistent care taking.

In the case of children with disability this may also include failure to ensure a safe environment, or maintain safe and reliable functioning of essential equipment e.g. Oxygen provision / hoists.

Signs of neglectful treatment may include:
• failure to thrive, for which no medical cause has been demonstrated;
• stealing or gorging of food (in older children);
• extreme hunger; or lack of appetite and increased feeding difficulties (in young babies);
• inappropriate or inadequate clothing;
• poor hygiene e.g. persistent head lice, scabies;
• lack of appropriate supervision;
• persistent failure to seek or to follow medical or nursing advice;
• developmental delay for which no medical cause has been demonstrated – particularly if language and social skills are disproportionately affected;
• inappropriately poor academic performance and poor school attendance;
• poor relationships with peers, but attention seeking from adults;
• physical signs of long-standing neglect, including poor growth, thinning hair, protuberant abdomen and persistently cold, reddened hands / feet;
• accidents or incidents of a frequency over and above that which would be expected for the child's age / developmental level e.g. frequent bruises / cuts / falls.

Emotional Abuse

All forms of abuse involve emotional harm. Some children, however, may be emotionally abused although their physical care is good. An emotionally abused child may be subjected to repeated criticism and 'scapegoating'. There may also be continuous withholding of approval and affection. Discipline may be severe and inappropriate; or non-existent with few boundaries set. The child may be exploited to fulfil the emotional needs of a parent:

Signs of emotional abuse may be:
• impaired ability for enjoyment and play;
• lack the normal curiosity and natural inquisitiveness;
• delayed in language development and play skills;
• low self-esteem;

• shows eating disturbances or growth failure;
• in severe cases may show physical signs of deprivation as described under "Neglect".
• impairment of the ability to make appropriate relationships.

These may occur even though physical care appears adequate and there may be no physical cause;
• substance abuse e.g. alcohol / drugs;
• poor sleep pattern;
• poor hygiene;
• over compliance;
• withdrawal.

Sexual Abuse
Where there are worries about a child's behaviour which cannot be explained satisfactorily, the possibility of sexual abuse should be borne in mind.

Physical signs which may be present include:
• genital or anal lacerations, bleeding or other trauma;
• genital or peri-anal inflammation or irritation;
• persistent or recurrent vaginal discharge;
• sexually transmitted disease, including peri-anal or genital warts;
• pregnancy;
• female genital mutilation (FGM).

Medical problems such as:
• recurrent urinary problems or 'cystitis';
• secondary enuresis or encoporesis (wetting or soiling) in a normally continent child;
• recurrent unexplained abdominal pain.

Behavioural problems can include:
• overt sexualised behaviour
• compulsive masturbation
• acting out aggressive behaviour
• drawings or play activity which are explicitly sexual
• inappropriate language
• withdrawn
• overtly compliant behaviour ie eager to please
• depression and suicidal behaviour
• self-mutilation
• running away

• school refusal and truancy
• drug and alcohol abuse
• promiscuity
• a sudden change in normal behaviour patterns, or sexual awareness
• sexual knowledge in advance of what would be expected at the child's age.

Remember, children who are being sexually abused may only display subtle changes in behaviour and staff should be alert to these.

Bullying/Cyber-bullying
Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.

It can take many forms, but the three main types are physical, verbal and emotional. The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self harm).

All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies. (NSPCC June 2010).

Cyber bullying is recognised as a form of bullying using email, social network sites such as Facebook, Twitter and its impact can be profound on the individual concerned. (See e-safety statement).

Sexual Exploitation
Guidance has been issued in relation to the safeguarding of children and young people and sexual exploitation by HM Government – it is a supplement to Working Together to Safeguard Children. Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people; victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It can be linked to child trafficking. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the SDL.

If these are likely or actual issues for the young person / people then the child protection procedures must be followed including referral to the LADO / MASH.

Assessment of risk, planning, review, staffing, training, risk management, education, involvement of all professionals and most importantly the young person will be utilised.

Female genital mutilation (FGM)
FGM is illegal in the UK and it's prevalence in the UK is difficult to assess because of the hidden nature of the crime. An awareness of its presence and potential within vulnerable female groups is essential. Staff in DHRC will be briefed and furnished with extracts from the Multi Agency Practice Guidelines (2016)

As from 30th October 2015 there is a legal requirement on all teachers, nurses, midwives and doctors to report all cases of FGM to the police. (Home Office - Mandatory reporting of Female Genital Mutilation – procedural information. October 2015)

Breast Ironing
"Breast ironing" refers to the painful practice of massaging or pounding young girls' breasts with heated objects to suppress or reverse the growth of breasts. The objects used include plantains, wooden pestles, spatulas, coconut shells, and grinding stones heated over coals. Breast ironing is often performed by mothers or female relatives of victims misguidedly wishing to protect their young relatives from rape, unwanted sexual advances, early sex.

Breast binding
Breast binding refers to the painful practice of binding young girls for extended periods of time for concealment of breasts or breast development, during this process side effects can include rashes or yeast infections under the breasts. Unsafe binding may also lead to permanent deformation of the breast and long-term binding may adversely affect the outcome of a future mastectomy.

Domestic Abuse
Children can suffer directly and indirectly when they live in households where there is violence. Staff need to be trained to recognise that this is a safeguarding issue and to respond accordingly, as per guidelines.

Prevent Duty

Within the Counter Terrorism Act and Prevent Duty of 2015, 'specified authorities' have due regard to the need to prevent children and young people from being drawn into terrorism. This should be reflected throughout the ethos
of the Charity within a promotion of the physical, spiritual, moral, cultural and mental development of children and young people.

Within the Charity's setting children and young people should feel safe in their environment to understand and discuss topics which could include terrorism, extremist ideas, and views which can lead to such acts so that they should know how to challenge such ideas.

Within the Charity, the cognitive development of children and young people is usually severely delayed and they cannot take on board abstract ideas or for the majority concrete functions of thought and expression. It is our responsibility to be aware of their profound vulnerability and to adapt accordingly to accommodate their cognitive disability and express ideas in ways that they can understand or access.

Staff are made aware of the issues which can arise and all are trained regarding the unacceptable use of the internet and various other media and equipment.

The Organisation embraces the ideas and values encapsulated within Fundamental British Values and are expressed and shared at the appropriate level of understanding. Staff are made aware of the wider need to stop individuals being drawn into terrorism and to be aware of voiced or active opposition to fundamental British Values e.g. the rule of law, liberty, tolerance and respect – underpinned by democratic processes. Such concerns should be reported within the Charity to the SDL or the DSDL, or other line manager as required /available.

WHENEVER SOMEONE TELLS YOU THEY HAVE BEEN ABUSED

Immediate Response

DO

- Believe the person
- Stay calm
- Listen patiently
- Let them take their time
- Reassure them that they are doing the right thing in telling you

• Explain to them what you are going to do now and continue to keep them informed.

• Write down what they have told you as soon as you can, using their own words as far as possible **SEE "RECORD KEEPING".** Ensure you keep these original notes.

Follow guidance in respect of keeping legally compliant notes – information given at induction training; safeguarding training; see DSL.

DON'T

• Appear shocked, horrified, disgusted or angry
• Make comments or judgements, other than to show sympathy and concern
• Ask leading questions
• Promise to keep secrets
• Give sweeping reassurances
• Ask the child / young person to repeat allegations to anyone other than the SDL
• Discuss with anyone else (other than the SDL or Deputy SDL or your manager see flow chart)

You are now "the Alerter"

Next Action:

• **"The Alerter"** must now inform the **Safeguarding Designated Lead (SDL)** or **Deputy Safeguarding Designated Lead (DSDL)** or **other manager**.
• If indicated, urgent medical attention should be sought by dialling **999**
• SDL or DSDL to inform parents unless otherwise indicated.
• If abuse is suspected the **SDL or DSDL** will then either:

a) Refer to Local Authority Designated Officer / Multi Agency Safeguarding Hub (**LADO / MASH**)

Or

b) Re-assure the child that other relevant agencies will be consulted when the allegation is not deemed to be a matter for Child Protection.

• If a crime is suspected the Police (Safeguarding Team) should be notified by the SDL or DSDL or LADO or MASH.
• Once a referral is received by the LADO / MASH, a strategy meeting should be convened to determine the nature and scope of the investigation into the allegation. This will be determined by the LADO / MASH and they will be responsible for communications unless participants at the meeting are delegated to do so.
• In the rare event that the LADO / MASH feels that a strategy meeting is not indicated, but the SDL feels it is, then the SDL has the right to call a strategy meeting.

• A written record will be kept of all action taken.
• The SDL / DSDL (and relevant staff) should attend all Strategy Meetings and case conferences that discuss a child from the Charity. The SDL / DSDL should ensure the best possible outcomes for the young person as per the strategy decisions and be prepared to challenge other agencies.
• All main agencies will be notified via the Multi Agency Safeguarding Hub (MASH) or Local Authority Designated Officer (LADO).

THE FLOW CHART PROCESS APPLIES TO ALL THE FOLLOWING SITUATIONS AND REQUIRES ACTION BY THE ALERTER, THE SDL or DSDL, THE LADO, THE MASH

A) Child/Young Person Disclosures regarding people other than FAFOSC staff members

• A young person may disclose details of incidents, concerns, anxieties which they may have and it is the Alerter's responsibility to follow the process designated and relay the information to the Safeguarding Designated Lead who will follow appropriate processes in referring to the LADO / MASH or putting in place the support the child needs to deal with the issue.

B) Staff Disclosures regarding people other than FAFOSC Staff members

• Staff must be aware that there is a duty on them to disclose any information to the Charity the substance of which may impinge on their capacity to carry on working with children or young people. This may include the behaviour, convictions of a partner, family member.

Depending on circumstances and information gathered, the SDL may make a referral to the LADO / MASH and / or invoke the Charity's Disciplinary Procedure and liaise Children's with the Trustees/Directors.

Staff have a duty to report such suspicions or disclosures to the SDL however difficult it may be.

C) Allegations of Abuse by Members of FAFOSC Staff

• All staff involved in the provision of care for children in residential settings must be alert to the possibility of abuse by other children, visitors, volunteers, and **members of staff**.
• It is regrettably the case that some members of staff in childcare settings have been found to have committed child abuse. Trust has been breached and it is vital that if there is a suspicion that a staff member has been involved in the abuse of a child, it **MUST** be reported to the SDL.

• If a child makes a formal complaint against a member of staff, alleging abuse, the staff to whom the complaint has been made will **IMMEDIATELY NOTIFY THE SDL**.
• The SDL will immediately ensure the safety of the child who has made the complaint and any other children who may be affected. The need for medical action will be assessed.
• The SDL will immediately:
a) Report the matter to the LADO / MASH or
b) Invoke the Charity's Disciplinary Procedure liaising with the Trustees/Directors

Any members of staff suspected of abuse may be suspended from duty (as a neutral act) whilst an investigation takes place.

• Staff can be supported in these circumstances by nominated Director.
• Contact by a designated member of staff will be made on a regular basis.
• The Office Manager will inform the Responsible Individual and Trustees/Directors.
• All main agencies will be notified.

D) Allegations against the Office Manager (SDL)
• Such an allegation should be made to the Chair of Trustees/Directors
• Any such allegation would result in the suspension of the Office Manager as a neutral act and does not imply guilt. This process is for the protection of all concerned whilst an investigation takes place.
• Appropriate referral processes would be initiated to the LADO / MASH (if required). This process would be carried out by the Chair of Trustees/Directors or designated Director.
• Policies and procedures in relation to any disciplinary processes, engagement with the strategy process would be followed and fully implemented.
• The Office Manager would be offered appropriate levels of support by someone not directly involved in any part of the investigation or disciplinary process.

Reporting directly to Child Protection Agencies:
Staff should follow the reporting procedures on the Flow Chart in situations A, B, C, and D. However, they may also share information directly with Children's Social Care, Police, or the NSPCC if:
• the situation is an emergency and the SDL, DSDL, or Chair of Trustees/Directors are all unavailable.

• they are convinced that a direct report is the only way to protect a young person's safety.

E) Allegations made by external agencies of abuse by members of FAFOSC staff

In certain circumstances it may occur that allegations are made against members of staff directly to the Safeguarding Team.

The FAFOSC SDL will be required to attend Strategy Meetings and keep staff informed in line with instructions from the Strategy Team. This may include the Chair of Trustees/Directors.

An appropriate person will offer support to the staff member against whom allegations have been made.

Support and Communication for the Child or Young Person and their Family

It is essential to be aware of the short, medium and long term impact that issues related to disclosure may have both on and for the child or young person and their families.

The needs of each young person will be INDIVIDUALLY assessed and a package of support put in place.

The Charity will normally seek to discuss any concerns about a child or young person with their parents. This must be handled sensitively and the SDL / DSDL will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the Charity believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's services.

As our young people have special additional needs, our relationships with the family are especially important. Subsequent dealings with and expectations of the parents must be handled with particular care.

It is important that staff should be aware that under these circumstances we are led by the external agencies and are obliged to follow their procedures and advice.

THE CONTRIBUTION OF TRAINING AND SUPERVISION

Staff:

Mandatory training undertaken by all Charity staff includes Child Protection / Safeguarding training.

Regular supervision has been shown to be a protective factor in Safeguarding.

Staff will receive regular supervision as detailed in the Charity's policies re:
• Performance monitoring.
• Performance management. NB Staff may seek advice and support at **any** time outside regular supervision sessions.

Guidance documentation for staff and managers is also lodged on:
• public folders
• policies and procedures current

OTHER SAFEGUARDING PROCESSES

A) E-safety

It is the responsibility of the Charity to ensure that staff are aware of online risk , particularly as the young people at FAFOSC may not have this level of cognitive awareness themselves. Staff will need to be aware that children and young people need to be supported in safeguarding themselves, their personal information and support them to mitigate risk.

Staff will receive annual training / updates re acceptable use of equipment and e-safety awareness.

B) Confidentiality and Data Protection

The Data Protection Act does not prevent Staff from sharing information with relevant agencies, where that information may help protect a child.

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the SDL or DSDL (depending on who is the subject of the concern) who will disseminate the information on a 'need-to-know' basis.

Safeguarding information will be stored and handled in line with Data Protection Act 2018 principles. Information is:
• processed for limited purposes
• adequate, relevant and not excessive

• accurate
• kept within the legal requirements / timeframe for children's records. ie up to 80 years
• processed in accordance with the data subject's rights
• secured in a locked facility
• electronic information will be password protected and only made available to relevant individuals.

C) Records Keeping of Safeguarding Issues

Safeguarding records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. Any request from a Child or young person or parent to see safeguarding records will be referred to the SDL.

Guidance for Record Keeping:
• Objective (any personal opinion expressed must be identified as such e.g. write (my opinion)
• Legible
• Written in black ink
• Be titled with the child's full name and date of birth
• Written as soon after events as possible – contemporaneous
• Avoid jargon and explain all abbreviations used
• All rough notes should be kept
• Notes should be signed, dated and include job title date and time of event, and the date and time of the written recording.

<u>The safeguarding / child protection file will contain the following:</u>
• A record of the young person's core data
• Chronology: a log of your day-to-day contacts with social care and other agencies - to include names and contact details and dates
• Date (including year) and time of the event / concern
• The nature of the concern raised
• As full an account as possible of what the child said
• An account of questions put to the child
• Time and place of disclosure - where the child was taken and where returned to at the end of disclosure
• Who was present at time of disclosure
• The demeanour of the child
• The action taken and by whom
• Outcome of any action
• Name and position of the person making the record
• Relevant body maps

• Minutes of meetings with parents / carers, professionals, staff

• Confidential reports and minutes of inter-agency meetings e.g. case conferences.
• A log of contact with parents – this is particularly important when you are seeking permission from a parent for a referral to take place – failure to contact a parent should not preclude contacting social care where you have concerns
• Correspondence including copies of all emails
• Records of all related telephone conversations
• Copy of the formal referral to LADO / MASH

Abbreviations:
FAFOSC – Friends & Families of Special Children
LADO-Local Authority Designated Officer
MASH-Multi Agency Safeguarding Hub
SDL - Safeguarding Designated Lead
DSDL - Deputy Safeguarding Designated Lead

FRIENDS & FAMILIES OF SPECIAL CHILDREN, THE VIRGINIA HOUSE CENTRE, VIRGINIA HOUSE, PEACOCK LANE, PLYMOUTH, PL4 0DQ Tel. No. 01752 204369

SAFEGUARDING REFERRAL

Strictly Confidential

To: The Safeguarding Manager (LADO or MASH) cc: Placing Authority Social Services Department, Early Intervention,

.....

.....

CHILD'S NAME.....DOB.....

HOME ADDRESS.....

.....

.....

PARENT'S/GUARDIAN'S NAMES .....

Telephone Number .....

GP (If known) .....

I am confirming my telephone call of the (date).....

Nature Of referral:.....

.....

.....

.....

Signed .....Designation ..... Date .....

LADO, MASH, Early Intervention, Other - ACKNOWLEDGEMENT & REPLY

To: ..... **Strictly Confidential**

Thank you for your referral regarding .....

DOB .....

The following action is being taken:.....

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A contact for further information is:.....

Signed..... Designation.....Date .....

DETAILS OF INCIDENT AND AREAS OF CONCERN:

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The key contacts in respect of reporting concerns are:

Roles and Responsibilities-Key personnel

The Safeguarding Designated Lead for child protection (and SOVA) is:

Mrs Gillian Parker
email: gill@friendsandfamilies.org.uk
Tel:01752 204369

The Deputy Safeguarding Designated Lead is:
Mrs Nicky Harris
email: nicky@friendsandfamilies.org.uk
Tel: 01752 204369

The Chair of Trustees/Directors is:
Mrs Kay O'Shaughnessy
email: kay@friendsandfamilies.org.uk
Tel: 01752 204369

Key Contact numbers
Multi Agency Safeguarding Hub (MASH) 0345 1551071
LADO's office 01392 384964
Emergency Duty Team 0845 6000 388
NSPCC 0808 800 5000
NSPCC Whistle Blower Contact 0800 0280285

SAFEGUARDING

FLOWCHART