



## Safeguarding and Child Protection Policy and Procedure (January 2020)

**Manager:**

Name: Kate Wilson  
Contact details: 01761 452142

**Designated safeguarding lead:**

Name: Kate Wilson  
Contact details: 01761 452142

**Deputy designated safeguarding lead:**

Name: Abbie Mitchell  
Contact details: 01761 452142

**Designated Looked After Children/Previously Looked After Children lead:**

Name: Kate Wilson  
Contact details: 01761 452142

### Safeguarding

*“Safeguarding is everyone’s responsibility”*

(Working together, 2018”)

“No single practitioner can have a full picture of the child’s needs and circumstances, if children are to receive the right help at the right time, everyone who comes into contact with children and families has a role to play”

(Working Together, 2018)

Safeguarding is:

- Protecting children from maltreatment
- Preventing impairment of children’s health or development

- Ensuring that children grow up in circumstances consistent with safe and effective care
- Taking action to enable all children to have the best life chances.

Practitioners have a duty to:

- Identifying concerns
- Sharing information
- Taking prompt action

**In addition to the information in this policy we follow and adopt practice as set out in the following documents and legislation:**

- Working together to safeguard Children (2018)
- Keeping Children Safe in Education (2019)
- Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers (2015)
- Statutory framework for the early years foundation stage (2017)
- Childcare Act 2006
- Children’s Act 1989
- ‘Prevent duty guidance for England and Wales’ (2015) and ‘The prevent duty: for schools and childcare providers’
  - What to do if you are worried a child is being abused (2015)

Little Star Nursery’s prime responsibility is the welfare and well-being of all children with whom we come into contact. We intend to create a safe environment in which all children are physically and emotionally secure.

Practices that we employ to ensure we work to **safeguard all children from harm are:**

- Identify groups of children who are at greater risk than others and target services and policies to keep them safe from harm
- We are committed to working in partnership with families and other agencies and feel that this is in the best interests of the children who use our services.
- Always ensure the child’s welfare is paramount and that we take into account first and foremost how the child feels and consider issues from the child’s perspective.

- Take into consideration all of the child's health and care needs, including medical conditions as well as mental health.
- Create a setting that promotes and instills a sense of emotional well being.
- Meet the needs of children who have special educational needs and/ or disabilities
- Ensure the setting and its employees take all due consideration and steps to ensure online safety
- Ensure the children's security, taking into account the local context.

Working within the boundaries of safeguarding we strive to identify a child in potential danger of harm and wherever possible will take preventative measures, such as use of CAF forms, outreach or other external agencies.

## **Child Protection**

Where a child is perceived to be "...suffering, or are likely to suffer, significant harm' (DCSF March 20120) it becomes a matter of Child Protection (under section 47 of the Children's Act 1989)

This policy is written following the Local Safeguarding Children Board (LSCB) Child Protection Procedures.

Children are reliant on adults for protection and have the right to achieve their full potential. The designated safeguarding officer for the setting is **Kate Wilson**. In the absence of the SG officer, the deputy manager, **Abbie Mitchell** will assume responsibility. In any instance where both are absent, the acting most senior member of staff will take the role.

Her role is to:

- Act as a first point of reference for all safeguarding children concerns

- Ensure that all relevant policies and procedures comply with regulations and “best practice”
- Liaise with other professional agencies as appropriate and necessary, social services, Local Area designated officer (LADO)
- Cascade all information and guidance regarding safeguarding children to all other members of staff.
- Complete initial referral forms and any subsequent documentation necessary for subsequent strategy meetings, case conference etc.
- To attend child protection training every 2 years. This also applies to the deputy manager. (The DSL will attend 2 day higher level and the DSL 1 day level training)

In addition to the designated person, all staff at the setting are able to recognise abuse and are aware of the procedures to follow in order to safeguard and protect children. All staff and volunteers should attend appropriate child protection training every 3 years.

The CP lead should attend inter agency safeguarding training every 2 years.

All practice and interventions reflect an approach which is child centred, rooted in child development and focused on positive outcomes for children. The purpose of all interventions is to achieve the best possible outcomes for every child, recognising that each is unique. These outcomes contribute to the key outcomes for all children set out in the Children Act 2004 which are:

- • Stay Safe
- • Be Healthy
- • Enjoy and Achieve
- • Make a positive contribution
- • Achieve economic well-being

#### Definitions of abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them

or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

There are four categories of abuse which are:

### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment.

It may include neglect of, or unresponsiveness to, a child's basic emotional needs.

Sources of stress within a family can have a negative impact on children and lead to abuse. This can include social isolation, history of domestic abuse, mental health problems of a parent/carer or drug and alcohol misuse.

- The manager should be aware of any on going/ frequent absences of the children and expect a reason for absences.

## **Identifying abuse and abusers**

When responding to suspicions of any of the above abuse, staff should always adopt an open mind and be open to the possibility that potential abusers can be family members, including siblings, or the children's peers.

Staff should be mindful of adults who display superficial or disguised compliance and be aware of the importance of family history and functioning.

Staff (through home visits and regular discussions with the family as well as any other agencies involved with the family) should make themselves aware of any misuse of alcohol, self harming, drug abuse, sexual exploitation or being vulnerable to radicalisation.

## **Early Help cases**

Staff will identify children who need extra help at an early stage and provide help and support in order to prevent concerns from escalating. In particular, staff will be aware

of the needs of the following groups of children whose circumstances may mean they will require early help:

- children with disabilities and additional needs, including those with special educational needs
  - young carers
  - children showing early signs of being drawn into anti-social or criminal behaviour, including gangs and organised crime;
  - children who frequently go missing from home, school or care;
  - children who are misusing drugs or alcohol;
  - children at risk of exploitation through modern slavery and trafficking;
  - children whose home circumstances are negatively affected by adult substance misuse or mental ill health or domestic abuse;
  - children who have returned home from care;
  - children who show early signs of abuse or neglect;
  - children at risk of radicalisation;
  - privately fostered children.
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- Where the child's extra needs require services, consideration will be given to what early help support can be offered to a child by the nursery.
  
  - If the child requires an early help service from another agency, the school/college will make a referral to the Early Help service for appropriate help and support. Staff will consult with parents prior to making any referral to discuss the matter and gain consent to refer the child.
  
  - Where the child is receiving an Early Help service, the nursery will work as part of the Team around the Child and take up the role of lead professional where this is appropriate.
  
  - Early help provision should be monitored and reviewed to ensure outcomes for the child are improving. If the nursery believes that this is not the case,

consideration should be given to making a referral for a statutory social work service.

- Reference should also be made to the Neglect Toolkit [Neglect Toolkit](#) (November 2018) and associated documents.  
[Neglect Toolkit Checklist](#) (Word doc to use)

### **Abuse and Children with a Disability**

Evidence in the UK on the extent of abuse among children with a disability suggests that they are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Disability may be defined as:

- • A major physical impairment, severe medical illness, and/ or a moderate to severe learning disability; or
- • An ongoing high level of dependency on others of personal care and the meeting of other basic needs.

Children with a disability may be especially vulnerable to abuse for a number of reasons. Some may:

- • Have fewer social contacts with other children;
- • Receive intimate personal care and other contacts, from a large number of caregivers
- • Have an impaired capacity to challenge abuse;
- • Have communication difficulties which may make it difficult to tell others what is happening;
- • Be inhibited about complaining because of a fear of losing services;
- • Be especially vulnerable to bullying and / or intimidation;
- • Be more vulnerable than other children to abuse by their peers.



Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with these procedures in the same way as with any other child. The same thresholds for action and the same timescales apply. It would be unacceptable if poor standards of care were tolerated for disabled children that would not be tolerated for non-disabled children.

### **Child sexual exploitation (CSE)**

This involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

**Female Genital Mutilation (FGM)** comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

### **Indicators**

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines

### **Actions**

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.. Where a practitioner discovers that an act of FGM appears to have been

carried out on a girl who is aged under 18 (either through disclosure by the victim or visual evidence), there will be a statutory duty upon that individual to report it to the police. Those failing to report such cases will face disciplinary sanctions.

### **Consent and confidentiality**

Sharing of information is vital if children are to be protected and receive the services that they require. Often it is only when information from a number of sources has been shared that it becomes clear a child is at risk of, or is suffering significant harm.

- All information must be shared in line with national and local procedures:
  - [LSCB Information Sharing Protocol](#) (June 2018)
  - [Information Guidance Part 1](#) (June 2018)
  - [Information Guidance Part 2: Case Studies](#)
  - [Information Sharing](#) : Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018

Information may be shared with other professionals:

- • If there is consent from either the child(ren) or someone who has parental responsibility for them to do so, or;
- • Where there is a statutory duty or court order requiring information to be shared, or;
- • Without the consent of either the child (ren) or someone who has parental responsibility for them if, in professional judgement, there is a need to do so to safeguard a child.

For child protection referrals, it is not necessary to obtain consent from either the child (ren) or someone who has parental responsibility for them. However, following best practice examples and where appropriate, inform the parents of any action to be taken providing that this will not increase the risk to the child. Information will only be shared on a “need to know” basis so that informed decisions can be made to protect the child (ren). The interests of the child will take priority over the interests of their parents/carers. If there is a choice between preserving confidentiality in respect of an adult and passing on information to enable a child to be protected, the child’s welfare will come first, as stated within our contract to parents.

### **Excluding known abusers**

It is made clear to applicants for all posts within the setting that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants for work, whether paid or voluntary, are interviewed before an appointment is made and are asked to provide two references; all such references are followed up before a position is offered. All appointments are subject to an Enhanced Disclosure check by the Criminal Records Bureau. More information on this can be found within our staffing policy.

### **Preventing abuse by means of good practice**

All staff at the setting are expected to become familiar with our Safeguarding Children Policy and Procedure upon appointment and to attend available training, updating their knowledge at regular intervals.

### **Respect**

Staff and volunteers must at all times:

- Show respect and understanding for individual's rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of Little Star Nursery.
- Listen to what a child or young person is saying
- Value each child and young person
- Encourage and praise each child or young person
- Recognise the unique contribution that each individual can make.

### **Setting a good example**

Staff and volunteers will:

- Provide an example, which we would wish others to follow
- Use appropriate language with the children and challenge any inappropriate language used by a young person or child, or another adult when working with young people.

- There should never be any derogatory language used: including language that is derogatory about disabled people, homophobic or racist. Such language if used by parents will always be challenged.
- Respect a young person's right to privacy.
- Never draw conclusions about others without checking facts
- Never exaggerate or trivialise child abuse issues or make suggestive remarks or gestures about, or to a child or young person, even in fun.

### **One to one contact**

The layout of the nursery rooms permits constant supervision of all children. Adults are not left alone for long periods with individual children or with small groups. An adult who needs to take a child aside, for example to change a nappy, one to one work or when privacy may be needed, they will inform other staff of where they are going and the nature of the meeting/ action.

### **Physical contact**

Staff and volunteers should never:

- Engage in sexually provocative or rough physical games.
- Do things of a personal nature for a child or young person that they can do for themselves.
- Children are encouraged to develop independence through adult support in making choices and in finding acceptable ways to express their feelings. This will enable children to have the self-confidence and support their developing vocabulary to resist inappropriate approaches.

### **Existing injuries**

If a child attending the setting arrives in the setting with his/her parent/carer has an obvious injury or mark, the member of staff will sensitively ask the parent/carer how it has been caused. The injury will be recorded on a pre-existing injury form and stored in the child's file, if the parent's explanation does not allay any concerns or suspicions, the member of staff will report the matter to the designated safeguarding officer who will contact Children's Social Care.

These records are monitored regularly by the nursery manager in order to identify any developing patterns of injury and ensure that the child's safety and well-being is not at risk.

Parents/Carers will be made aware that records will be kept on their child and of their entitlement to view that record, and of the possibility that the information in that record may be shared with other professionals.

## **Record keeping**

Whenever worrying changes are observed in a child's behaviour, physical condition or appearance, an INCIDENT REPORT RECORD will be completed, quite separate from the usual on-going records of children's progress and development. The form will include the name of the child, timed and dated observations objectively describing the child's behaviour/appearance without comment or interpretation, where possible the exact words spoken by the child and the dated name and signature of the recorder. These records are kept in a locked cabinet with the child's personal records, accessible only by approved members of staff. If possible, the parent/carer of the child will be informed of the concern and that it has been recorded. These records are monitored regularly to identify any patterns of injury/behaviour, etc. and to ensure that the child's safety and well-being are not at risk. A copy of the incident report form will be kept within each staff member's file so they are able to access them easily and discreetly.

Records of children's absences are kept.

## **Responding appropriately to suspicions of abuse and making a referral**

**There should never be any barriers to making a referral on suspicion of abuse**

We adhere to the procedure set out in the BANES Child Protection Guidance.

Assessment of risk to the child is carried out according to the BANES guidelines:

[https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold\\_for\\_assessment\\_.pdf](https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold_for_assessment_.pdf)

It is our duty to report any concern we may have regarding the children in our care. If a member of staff at the setting suspects or has knowledge that a child (including an unborn child) may be suffering or may be at risk or suffering significant harm then a referral to Children's Social Care must be made.

The first concern will be the child. Children whose condition or behaviour has given cause for concern will be listened to, reassured and helped to understand that they themselves are valued and respected and have not been at fault. They need to understand that the information cannot be kept confidential if of a serious enough nature.

Changes in a child's behaviour/appearance will be investigated. Parents/carers will normally be the first point of reference, but if they are not in a position to allay any legitimate concerns, information may also be shared with other work colleagues/professionals, as appropriate and only on a "need to know" basis.

The safety and well-being of children must always be of paramount importance and will override any other considerations. Parents/carers and the child (ren) should be informed by a member of staff that a referral to Children's Social Care Services will be made. The exceptions to this would be:

- if this would increase the risk to the child(ren)
- put the referrer in danger
  - Put any other family member in danger
- there are concerns about fabricated or induced illness

### **Reporting and making a referral**

- On discovering an allegation of abuse, or on initial suspicion of abuse, the member of staff with the concern/ allegation will refer his/ her concerns to the safeguarding officer.
- Staff are encouraged and supported to trust their professional judgement and if they suspect abuse has taken place, to report this
- Full written records of all reported incidents will be produced and maintained. Information recorded will include full details of the alleged incident, details of all the parties involved, any evidence of explanations offered by interested parties, relevant dates, times and locations and any supporting information or evidence from members

of staff. The setting will demonstrate great care in distinguishing fact and opinion when recording suspected incidents of child abuse

- Where this discloses information given by a child it should be attempted to record their exact words as accurately as possible.
- Essential information will be given including the child's name, address, date of birth, family composition, and reason for referral, name of the person receiving the referral and advice given. The written confirmation must be signed and dated by the referrer.

- If deemed a safeguarding case, officer will immediately refer the case to the Children & Families Assessment Intervention team, via telephone and completion of a C2 referral form within 48 hours, ideally 24hrs, with the consent and co operation of the family if deemed safe for the child to do so.
- The CP Officer will be responsible for ensuring that written records are dated, signed and kept confidentially. Any children involved in alleged incidents will be comforted and reassured. In circumstances where a child makes an allegation or a disclosure, the member of staff concerned will:

1. Listen fully to what the child has to say

2. Make no observable judgment

3. Ask open questions that encourage the child to speak in their own words

4. Ensure the child is safe, comfortable and not left alone

5. Make no promises that cannot be kept such as promising not to tell anybody what they are being told.

We will always consider the safety and welfare of a child or young person when making decisions to share information about them. Where there is a concern that the child is suffering or at risk of harm, the child's safety and welfare must be the overriding factor.

### **Allegation against a staff member**

If a member of staff at the setting is accused of any form of child abuse, the allegation will be recorded and the manager will contact the **Local Authority Designated Officer (LADO)**, at Local Safeguarding Children Board to discuss the incident, within

one working day, before informing the employee of the allegation. The member of staff will be suspended while the allegation is investigated and the LADO will advise on the action to be taken.

If an allegation of abuse is made against the Manager or the Child Protection Officer, the issue will be referred to Lydia Cockle, co-owner. She will then assume responsibility for the situation or delegate this role to a senior member of staff.

Ofsted will be informed immediately of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises during a visit or outing. If the matter cannot be discussed with either managers then the member of staff making the allegation should report to the LADO, as above.

Ofsted will be informed of any allegation of harm or abuse by any person with access to the premises or looking after children on the premises (whether relating to harm of abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises and the action taken in respect of these allegations. This will be done within at least 14 days of the allegations being made.



During working hours, referrals must be made to the duty officer at the **Initial Response Team** – see contact details at the end of this document. Out of hours referrals must be made to the **Emergency Response Team** – see contact details. Referrals must be made by telephone but confirmed in writing within 24 hours. If a member of staff, a child or parent is subject to any form of criminal behaviour then a 999 call should be made.

- Calling the duty telephone numbers: 01225 396312 or 01225 396313
- Please email the form to: [ChildCare\\_Duty@bathnes.gov.uk](mailto:ChildCare_Duty@bathnes.gov.uk). Send by Fax: 01225 395416 (this is received by the duty team via email)

Referrals for disabled children can also be made using the request for service form above or by calling (01225) 396967

If the DSL does not think the child's situation is improving within a reasonable timescale following referral, this should be taken up with Children Services via the designated safeguarding lead.

[LSAB & LSCB Escalation Protocol](#) (March 2019)

[Escalation Report Proforma](#) (March 2019)

### **British Values and The Prevent Duty**

What are British values and how are they used in the setting?

British Values are a set of five values introduced to keep children safe and promote their welfare.

- **Democracy:** making decisions together and listening to children's and parent's voices. For example: parent questionnaires are completed termly. Children are given opportunities to make decisions about choice of activities and resources they play with and giving opportunities to develop enquiring minds in an atmosphere where questions are valued.
- **Rule of law:** understanding that rules matter, as cited in Personal Social and Emotional Development. We consistently reinforce our high expectations of children. Children are taught the value and reasons behind our expectations (rules), that they are there to protect us, that everyone has a responsibility and the consequences when rules are broken.

- **Individual liberty:** freedom for all, for example reflecting on their differences and understanding that we are free to have different opinions. Children are actively encouraged to make choices, knowing that they are in a safe and supportive environment. We provide boundaries for young children to make choices safely, through our provision of a safe enabling environment and effective teaching.
- **Mutual respect:** treat others as you want to be treated. Children gain respect through interaction with caring adults who show and value their individual personalities. Positive, caring and polite behaviour will be encouraged and praised at all times in an environment where children learn to respect themselves, other people and their surroundings.
- **Tolerance of those of Different Faiths and Beliefs:** we aim to enhance children’s understanding of different faiths and beliefs by participating in a range of celebrations throughout the year. Children have the opportunity to dress-up in clothes and try foods from other cultures and we encourage parents and carers to participate and support.

### **What is the Prevent Duty?**

The Government has defined extremism in the Prevent Strategy as: vocal or active opposition to fundamental British Values.

The Counter Terrorism and Security Act also places a duty on early years providers “to have due regard to the need to prevent people from being drawn into terrorism”

The Prevent Duty effective from 1 July 2015.

The Department for Education has also produced some departmental guidance advice 'The Prevent Duty advice for schools and childcare providers'.

There is also advice on what is not acceptable, for example, failure to challenge gender stereotypes and routinely segregating girls and boys 'Fundamental British Values'.

Childcare and Early Years Providers subject to the Prevent duty will be expected to demonstrate activity in the following areas:

- assessing the risk of children being drawn into terrorism
- demonstrating that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies

- • ensuring that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board
- • making sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- • ensuring children are safe from terrorist and extremist material when accessing the internet.

Any suspicions of children or any member of their families being drawn into acts of terrorism or other concerns under the Prevent duty should be referred to the police if risk of immediate harm or for other concerns contact the children and families team, as below.

### Contact Details

#### Bath and North East Somerset Council

##### Deputy Safeguarding Lead and Local Authority Designated Officer (LADO):

Name: Sarah Hogan    Contact details: (01225) 396810  
 Email: [LADO@bathnes.gov.uk](mailto:LADO@bathnes.gov.uk)

##### Director of Safeguarding and Quality Assurance

Name: Lesley Hutchinson    Contact details: (01225) 396339

##### Director of Children Services

Name: Mary Kearney-Knowles    Contact details: (01225) 396289

##### Service Manager Care Outcomes

Name: Rachael Ward    Contact details: (01225) 477914

##### Service Manager Safeguarding Outcomes

Name: Leigh Zywek    Contact details: (01225) 477394

##### Children and Families Duty and Assessment Team Managers

Names: Vicki Treasure and Sarah Riley    Contact details: (01225) 396312 or (01225) 396313

Email: [ChildCare\\_Duty@bathnes.gov.uk](mailto:ChildCare_Duty@bathnes.gov.uk).

**Director for Education and Transformation**

Name: Margaret Simmonds-Bird      Contact details: (01225) 394290

**Virtual School Headteacher**

Name: Sarah Gunner      Contact details: (01225) 477395

Children & Families Assessment 01225 396312/ 313

Intervention Team (CAFAIT)      Out of hours 01454615165

Social Care – Out of Hours Duty 01454 615165

Team

Police Child Protection Team      01225 842786

Head of safeguarding      Stephen Mason 01225 396974

Ofsted

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