

This policy will be reviewed in full by the Management Team on an annual basis.

Date the policy was last reviewed and agreed by the Management Team	Senior Manager		Manager	
	Name	Signature	Name	Signature
September 2026	Natasha Smyth			

This policy is due for review up to 12 months from the above date

Safeguarding Children – Child Protection

Legal Basis: Related Sub Section in the Statutory framework for the early years foundation stage (March 2021)

Child protection

3.4. Providers must be alert to any issues of concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children. These should be in line with the guidance and procedures of the relevant local safeguarding partners (LSP). The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting. To safeguard children and practitioners online, providers will find it helpful to refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations'

1. INTRODUCTION

As an Early Years provider, we have clear legal duties to keep children safe.

Early years practitioners are trained, checked and required to act quickly to keep children safe, support their wellbeing, recognise signs of possible abuse (Appendix 1) and work with parents or carers every step of the way. Safety is part of everyday care, not just for emergencies. Passive oversight is not enough, it's about active supervision of children and a strong, well embedded, safeguarding culture that places children at the heart of practice.

We have clear safeguarding systems in place, including:

- A Designated Safeguarding Lead (DSL) responsible for child safety, managing concerns, and ensuring a strong, well embedded, safeguarding culture
- Regular safeguarding training for all staff including how to recognise signs of harm
- Clear processes for reporting concerns and taking action, ensuring they are taken seriously and investigated
- Ensuring all staff are properly checked, including obtaining references and undertaking appropriate DBS checks

Every adult in a setting has a role in actively keeping children safe.

Abuse is all forms of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Children may be abused in a family, in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Neglect is a form of abuse and 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.

Exploitation is a risk to children and young people that takes place outside of their families. Extra familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines and radicalisation.

NB the terms abuse, neglect, and exploitation, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap.

Providers must also take into account the government’s statutory guidance ‘Working Together to Safeguard Children’ and ‘Prevent duty guidance for England and Wales’.

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Childcare providers may also find it helpful to read the government’s statutory guidance ‘Keeping Children Safe in Education’.

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

2. SAFEGUARDING CONCERNS

There are many different ways you might come across safeguarding concerns.

For example, you might:

- see something worrying such as a mark, injury or bruise on a baby or young child
- notice unexplained injuries, and perhaps see a pattern when they happen
- notice changes in a child’s behaviour that cause you concern
- be worried about a child’s care, behaviour or health
- be concerned about the behaviour of a child towards another child
- be told something about a child or family that worries you
- be told something directly by a child – this is sometimes called direct disclosure

Even if a concern seems minor, small details can sometimes add to a bigger overall picture, and should always be recorded in a child’s chronology (Appendix 2).

Children’s behaviour to look out for:

Direct disclosures are less common because children face barriers that may mean they are unable to speak directly about harm and abuse, such as being too young to understand what has happened, not knowing the ‘right’ words to use, being afraid of what might happen if someone finds out, or thinking they won’t be taken seriously. This means that you need to be alert, and to make sure you listen to not only the words that children say, but also other signs, such as:

- how they behave and the feelings they show, such as seeming anxious
- how they respond to and play with other children, such as becoming withdrawn
- how they respond to adults, including their parents and carers
- how they play, including role play and drawings
- unexplained changes in behaviour, mood, or health
- knowledge of adult issues inappropriate for their age

Concerning staff behaviours to look out for

Alongside the strong safeguarding processes to make sure only suitable people are recruited to work with children, you are a vital part of noticing any potential safeguarding concerns among members of staff. There are different staff behaviours that could indicate a safeguarding concern.

This can include:

- being overly friendly with children
- frequently spending time alone with a child without due cause
- appearing to have 'favourites' where they behave differently towards those children, such as giving them special attention or often sitting the child on their lap
- blurring professional boundaries by making particular efforts to befriend a child's parents or family, or visit a child at home
- offering to transport children to and from the setting when this is outside the usual approach
- repeatedly breaching the staff code of conduct or behave in a way that makes others feel uncomfortable
- having inappropriate physical contact with a child
- using inappropriate sexualised language in the workplace
- making derogatory comments about a baby, child or their family
- using the setting's electronic devices inappropriately, for example using them for personal internet browsing
- using personal electronic devices inappropriately/against setting policy
- challenging or ignoring expectations around smoking or vaping on site
- using rude or aggressive language to other colleagues

Your role is not to decide if harm or abuse is happening; that is the role of other professionals, such as the LADO, social workers, or the police.

However, it is your responsibility to act if you have concerns that abuse or harm may be happening or are worried about something. If in doubt – speak out.

3. RAISING A CONCERN

If you have a concern about someone you trust or know well, including a colleague, it can be hard to believe and you may feel uncomfortable. You might worry about how it will affect your relationship, or you may find it difficult to believe what you are seeing/hearing. But it is important to take action.

Your role is not to decide if harm or abuse is happening; that is the role of other professionals, such as the LADO, social workers, or the police. However, it is your responsibility to act if you have concerns that abuse or harm may be happening or are worried about something.

Key areas to be aware of when thinking about safeguarding are:

- **recognise:** the signs and indicators of possible harm and abuse (Appendix 1) - this includes knowing what abuse is, what to look out for, and the importance of being vigilant at all times
- **respond:** quickly and appropriately to possible concerns, including what needs to happen immediately, such as an emergency response, but also what to do next, to ensure the child is safe and supported

- **report:** your concerns to the DSL as soon as possible, following our setting's safeguarding procedures as set out below
- **record:** all the details of your concern, including any actions you have taken and any conversations with parents, follow our setting's procedures

Raising a concern in a setting

If you have a direct disclosure, see something that worries you, or have any safeguarding concerns you must always pass these on to the DSL. If your concerns relate to the DSL, you should speak to the senior manager and/or following the Whistleblowing procedure (See Whistleblowing Policy for more information).

You should only share information on a need-to-know basis. This means that you only tell people who have a particular role in protecting the child, and only what is important for them to know. You should not tell any other people about it, such as your colleagues or friends.

In an emergency, if the DSL, their deputy, or the senior manager is not available, then you should report the concern directly yourself.

What to do if a parent raises a concern with you

When a parent raises a concern, it is important you closely listen to what they're saying. Parents, especially if they are upset or concerned, may not know the 'correct' words / phrases, so you need to really listen. For example, if a parent says they are not happy with the way a staff member has spoken or acted to a child it could be a safeguarding concern, even if the parent doesn't use these words. You must immediately make a written record of the parent's concerns, word for word.

What happens after raising a concern

The DSL will consider the details of the concern. If they feel that it may meet the 'threshold of harm' (Appendix 3), they will contact the Local Authority Designated Officer, also known as the LADO.

The LADO is an experienced social worker who will advise what needs to happen next. In some cases, this will mean also notifying the police. The LADO's role is to monitor the progress of each case and ensure it is dealt with quickly and fairly.

An investigation will be opened, and those responsible will decide what actions to take based on what is established. They will prioritise the welfare and safety of children and, in some cases, remove the adult from the home/setting while the investigation takes place.

Outcomes after raising a concern

No further action

It may be decided that there is no risk of harm and, therefore, no further action is needed at this point. If there are more concerns at a later date, these should still be passed on.

Early help

The concerns may indicate that the family need some additional support. In many cases, this will mean a referral to early help services. These vary in each area but include things such as parenting support groups, health services and services that help with developmental needs.

Assessment

Where there is a concern that a child may be at risk of significant harm, an assessment of the situation will take place. This is led by a social worker who will gather information about the family and speak with any professionals who know the family, such as nurseries, schools, health workers and the police.

Emergency intervention

There will be occasions when the situation needs a very quick response to ensure that a baby or child is safe. In these cases, there may be a response from the police, or a meeting led by children's social care to agree what needs to happen to protect the baby or child.

In a very small number of cases, it may be decided that the baby or child is removed from the family's care. This will only happen in the most serious cases.

If the concern relates to a member of staff, the steps taken by the DSL will be the same and it will be investigated as any other case would. The outcomes however will be focused on the provider and/or staff member, this could include improvements in the provider's systems, suspension of staff members, or disqualification.

4. PROCEDURE

1. Staff have a concern about a child or a parent/other person raises a concern about a child or family at the preschool.
If a parent/other person raises a concern, the staff member must write down their words exactly, without interpreting, or inferring, or editing.
2. The member of staff shares their concern, or the written concerns of the parent/other person, with the DSL.
3. The DSL records the concern, word for word, in the child's chronology.
4. The DSL makes a decision, based on that concern and any other information in the child's chronology, if they feel that it may meet the 'threshold of harm' (Appendix 3), they will make a safeguarding referral online or contact the LADO for further advice.

To report a child protection concern online: <https://www.hertfordshire.gov.uk/childprotection>

To report concerns about a member of staff to the LADO: <https://www.hertfordshire.gov.uk/services/schools-and-education/information-for-childcare-providers/providers/child-protection-and-lado-procedure.aspx>

If a child or adult is in immediate danger or risk of harm, call the Police 999

If you have concerns regarding a child: Contact Children's Services Customer Services 0300 123 4043.

If you have concerns regarding an adult: Report it online or call Adult Care Services on 0300 123 4042.

The DSL must make detailed notes of communications, including the first and last name of the person they spoke with, their role, the time and date of the conversation, the advice they were given, and any follow up information.

5. NOTIFYING OFSTED

The Registered Person will notify Ofsted when necessary, as per EYFS requirements.

EYFS 3.10 States:

Providers must inform Ofsted of any allegations of harm (*“Harm” is as defined by section 31(9) of the Children Act 1989 and means ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), or impairment of physical or mental health, or impairment of physical, intellectual, emotional, social or behavioural development. It also includes, for example, impairment suffered from seeing or hearing the ill-treatment of another.*) or abuse by anyone living, working, or looking after children at the premises. This must happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit.

Registered providers must also notify Ofsted of the action they have taken in response to the allegations. Ofsted must be notified as soon as is reasonably practicable, but in any event **within 14 days** of the allegations being made.

A registered provider who, without a reasonable excuse, fails to do this, commits an offence.

STAFF DECLARATION

I agree that I have read and understood the information set out in this policy, and will abide by it.

I understand that if I have any questions about this policy, I will raise them with my manager prior to signing my agreement below.

Staff Name	Staff Signature	Date

APPENDIX 1 – SIGNS OF ABUSE

Further information can be found here: <https://www.nspcc.org.uk/keeping-children-safe/types-of-abuse/>

NEGLECT

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

Types of neglect

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are four types of neglect.

- **Physical neglect** A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
- **Educational neglect** A parent doesn't ensure their child is given an education.
- **Emotional neglect** A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.
- **Medical neglect** A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Signs of neglect

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, they might show there's a serious problem. Children and young people who are neglected might have:

- Poor appearance and hygiene
 - being smelly or dirty
 - being hungry or not given money for food
 - having unwashed clothes
 - having the wrong clothing, such as no warm clothes in winter
 - having frequent and untreated nappy rash in infants.
- Health and development problems
 - anaemia
 - body issues, such as poor muscle tone or prominent joints
 - medical or dental issues
 - missed medical appointments, such as for vaccinations
 - not given the correct medicines
 - poor language or social skills
 - regular illness or infections
 - repeated accidental injuries, often caused by lack of supervision
 - skin issues, such as sores, rashes, flea bites, scabies or ringworm
 - thin or swollen tummy
 - tiredness
 - untreated injuries
 - weight or growth issues.
- Housing and family issues
 - living in an unsuitable home environment, such as having no heating
 - being left alone for a long time

- taking on the role of carer for other family members.
- Change in behaviour
 - becoming clingy
 - becoming aggressive
 - being withdrawn, depressed or anxious
 - changes in eating habits
 - displaying obsessive behaviour
 - finding it hard to concentrate or take part in activities
 - missing school
 - showing signs of self-harm
 - using drugs or alcohol.

A child might not understand they're being neglected.

PHYSICAL ABUSE

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:

- hitting with hands or objects
- slapping and punching
- kicking
- shaking
- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- drowning.

It's important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

Signs of physical abuse

Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips and falls. And there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Physical abuse symptoms include:

- bruises
- broken or fractured bones
- burns or scalds
- bite marks.

It can also include other injuries and health problems, such as:

- scarring
- the effects of poisoning, such as vomiting, drowsiness or seizures

- breathing problems from drowning, suffocation or poisoning.

Head injuries in babies and toddlers can be signs of abuse so it's important to be aware of these. Visible signs include:

- swelling
- bruising
- fractures
- being extremely sleepy or unconscious
- breathing problems
- seizures
- vomiting
- unusual behaviour, such as being irritable or not feeding properly.

EMOTIONAL ABUSE

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Types of emotional abuse

Emotional abuse includes:

- humiliating or constantly criticising a child
- threatening, shouting at a child or calling them names
- making the child the subject of jokes, or using sarcasm to hurt a child
- blaming and scapegoating
- making a child perform degrading acts
- not recognising a child's own individuality or trying to control their lives
- pushing a child too hard or not recognising their limitations
- exposing a child to upsetting events or situations, like domestic abuse or drug taking
- failing to promote a child's social development
- not allowing them to have friends
- persistently ignoring them
- being absent
- manipulating a child
- never saying anything kind, expressing positive feelings or congratulating a child on successes
- never showing any emotions in interactions with a child, also known as emotional neglect.

Signs of emotional abuse

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting.

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused.

But children who are being emotionally abused might:

- seem unconfident or lack self-assurance
- struggle to control their emotions
- have difficulty making or maintaining relationships
- act in a way that's inappropriate for their age.

The signs of emotional abuse can also be different for children at different ages.

Signs in babies and toddlers

- Babies and pre-school children who are being emotionally abused or neglected might:
 - be overly-affectionate to strangers or people they don't know well
 - seem unconfident, wary or anxious
 - not have a close relationship or bond with their parent
 - be aggressive or cruel towards other children or animals.

Signs in older children

- Older children might:
 - use language you wouldn't expect them to know for their age
 - act in a way or know about things you wouldn't expect them to know for their age
 - struggle to control their emotions
 - have extreme outbursts
 - seem isolated from their parents
 - lack social skills
 - have few or no friends.

SEXUAL ABUSE

When a child or young person is sexually abused, they're forced, tricked or manipulated into sexual activities. They might not understand that what's happening is abuse or that it's wrong for the abuser to do this to them. They might be afraid to tell someone or behave as though this is normal for them to experience, both are valid for the child to be displaying. Sexual abuse can happen anywhere – and it can happen in person or online.

It's never a child's fault they were sexually abused – it's important to make sure children know this.

Types of sexual abuse

There are two types of sexual abuse – contact and non-contact abuse. And sexual abuse can happen in person or online.

Contact abuse

Contact abuse is where an abuser makes physical contact with a child or forces the child to make physical contact with someone else. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Grooming and child sexual exploitation, although their definitions are slightly different to sexual abuse, they are all forms of child abuse.

Signs of sexual abuse

Knowing the signs of sexual abuse can help give a voice to children and can get support for that child earlier on. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some of the signs you might notice include:

- Emotional and behavioural signs
 - avoiding being alone with or frightened of people or a person they know
 - language or sexual behaviour you wouldn't expect them to know
 - having nightmares or bed-wetting
 - alcohol or drug misuse
 - self-harm
 - changes in eating habits or developing an eating problem
 - changes in their mood, feeling irritable and angry, or anything out of the ordinary
 - change in normal behaviour for the child, for example suddenly not attending education or avoiding wanting to go home/running away.
- Physical signs
 - bruises
 - bleeding, discharge, pains or soreness in their genital or anal area
 - sexually transmitted infections, including in the throat
 - pain/soreness in throat
 - pregnancy
 - difficulty in walking/sitting that are not usual for the child.

Online sexual abuse

If a child is being or has been sexually abused online, they might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- behaving as though they have to be online at a certain time, or rushing to get on their phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet
- Expressing the need for money, this may be used if they are being blackmailed.

Children and young people might also drop hints and clues about the abuse.

FEMALE GENITAL MUTILATION (FGM)

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

Other names for FGM

You might have heard female genital mutilation (FGM) be called a different name. Some common names for FGM include:

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

The National FGM Centre also has a [list of traditional terms \(PDF\)](#) that you might find helpful.

FGM terms: what they mean

You might have heard some FGM terms that you're not familiar with, including:

- **'Cutter'**
A 'cutter' is somebody who carries out FGM. They might use things like knives, scalpels, scissors, glass or razor blades to carry out the procedure.
- **'Cutting season'**
This refers to the summer months – often July, August and September – when many girls are on break from school. This is often the period when girls have time to undergo FGM. Girls might be flown abroad during this time, so it's important to be aware of this risk.

28 Too Many, a charity working to end FGM in Africa, has a list of [other FGM-related terms](#).

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

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

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

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

Find further information about types of abuse here: <https://www.nspcc.org.uk/keeping-children-safe/types-of-abuse/>

APPENDIX 2 – CHRONOLOGY FORM

SAFEGUARDING RECORD CHRONOLOGY

PAGE No ____

Pupil Name			Date of Birth	
Date of Event	Date Recorded	Event	Source of Information	Recorded By

APPENDIX 3 – THRESHOLD OF HARM

Visit Hertfordshire County Council Website and check the section called **‘Being clear about the level of need’** before referring on to the LADO or Children’s Services.

Professionals – report a concern about a child or young person | Hertfordshire County Council

<https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/professionals-report-a-concern.aspx#check>